

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

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 08 16 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		815920.52
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	815920.52									
(c) Total Receipts (from Line 19)	107006.79	107006.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	922927.31	922927.31								
7. Total Disbursements (from Line 31)	213972.74	213972.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	708954.57	708954.57								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	49646.54	49646.54
(ii) Unitemized	57278.29	57278.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)	106924.83	106924.83
(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)	106924.83	106924.83
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	81.96	81.96
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))	107006.79	107006.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	107006.79	107006.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	212500.00	212500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1472.74	1472.74
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))..	213972.74	213972.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	213972.74	213972.74

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)	106924.83	106924.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106924.83	106924.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Victor R R Abuel

Mailing Address 909 Ballantyne Rd

City State Zip Code
Gross Pointe Shore MI 48236-1217

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Emerg Med Spec PC 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
01 / 25 / 2010

Transaction ID: C869064

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Crystal Arthur

Mailing Address 906 Rowland

City State Zip Code
Leonard MI 48367-2212

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Med Ctr Emer Svcs 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
01 / 25 / 2010

Transaction ID: C869068

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City State Zip Code
Lexington MA 02420-2115

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Sturdy Memf 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
01 / 22 / 2010

Transaction ID: C849825

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 850.00

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 7 / 96
(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) Bruce S S Auerbach</p> <p>Mailing Address 8 Saddle Club Rd</p> <p>City Lexington State MA Zip Code 02420-2115</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Sturdy Meml Hosp Occupation Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0</p> <p>Transaction ID: C877300</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Bruce S S Auerbach</p> <p>Mailing Address 8 Saddle Club Rd</p> <p>City Lexington State MA Zip Code 02420-2115</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Sturdy Meml Hosp Occupation Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 1 0</p> <p>Transaction ID: C892773</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Ty Babcock</p> <p>Mailing Address 4608 Indiana Ave</p> <p>City Nashville State TN Zip Code 37209-2328</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Vanderbilt University Occupation Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 0</p> <p>Transaction ID: C901278</p> <p>Amount of Each Receipt this Period 250.00</p>
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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 8 / 96

(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)

Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City State Zip Code
Midlothian VA 23113-6047

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

Name of Employer Occupation
Henrico Doctor's Hospital 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
0 1 / 2 5 / 2 0 1 0

Transaction ID: C869069

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City State Zip Code
Midlothian VA 23113-6047

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

Name of Employer Occupation
Henrico Doctor's Hospital 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
0 2 / 2 5 / 2 0 1 0

Transaction ID: C879553

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City State Zip Code
Midlothian VA 23113-6047

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

Name of Employer Occupation
Henrico Doctor's Hospital 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
0 3 / 3 0 / 2 0 1 0

Transaction ID: C903377

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 96
(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 ▼ 250.00

Date of Receipt 03 / 10 / 2010

Transaction ID: C889501

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address Emerson Hosp
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 ▼ 250.00

Date of Receipt 01 / 25 / 2010

Transaction ID: C869071

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Spgs FL 33071-5826

FEC ID number of contributing federal political committee. C

Name of Employer Inphynet Team Hlth Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 01 / 25 / 2010

Transaction ID: C869072

Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) 583.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 96
(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 I I Bern

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Spgs FL 33071-5826

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

Name of Employer: Inphynet Team Hlth
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: C879552

Amount of Each Receipt this Period
83.33

B.

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

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Spgs FL 33071-5826

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

Name of Employer: Inphynet Team Hlth
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C903376

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 16449 Akron St

City State Zip Code
Pacific Plsds CA 90272-2304

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

Name of Employer: Cedars Sinai Medical Center
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: C895173

Amount of Each Receipt this Period
1000.00

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 11 / 96

(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)

Gregory J J Bjerke

Mailing Address 2973 Peterson Pkwy

City State Zip Code
Fargo ND 58102-1752

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

Name of Employer Occupation
Sanford-Meritcare 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
03 / 17 / 2010

Transaction ID: C891623

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 State Zip Code
Morgantown WV 26508-1454

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

Name of Employer Occupation
RCB-HSC Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
01 / 25 / 2010

Transaction ID: C869073

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 State Zip Code
Morgantown WV 26508-1454

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

Name of Employer Occupation
RCB-HSC Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
02 / 25 / 2010

Transaction ID: C879550

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 12 / 96
(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)
Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City State Zip Code
Morgantown WV 26508-1454

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

Name of Employer RCB-HSC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: C903348

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Brooks F F Bock

Mailing Address 1700 Lions Ridge Loop

City State Zip Code
Vail CO 81657-5757

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

Name of Employer Dr. Brooks F Bock Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: C895114

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Brian M Boesiger

Mailing Address 419 E Cave Ct

City State Zip Code
Boise ID 83702-5064

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

Name of Employer ID Emerg Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: C869176

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1333.33**

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

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

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

FOR LINE NUMBER: PAGE 13 / 96
(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)
Ashley E E Booth

Mailing Address 3915 Riverside Ave

City Jacksonville State FL Zip Code 32205-9336

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 ▼ 250.00

Date of Receipt 01 / 25 / 2010
Transaction ID: C869074
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 ▼ 249.99

Date of Receipt 01 / 25 / 2010
Transaction ID: C869075
Amount of Each Receipt this Period 83.33

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 ▼ 249.99

Date of Receipt 02 / 25 / 2010
Transaction ID: C879579
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 14 / 96

(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)
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 ▼ 249.99

Date of Receipt 03 / 30 / 2010

Transaction ID: C903375

Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
Michael J J Bresler

Mailing Address 1025 Wilmington Way

City Emerald Hills State CA Zip Code 94062-4069

FEC ID number of contributing federal political committee. C

Name of Employer Mills Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2010

Transaction ID: C901302

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Yvonne Marie Marie Brutger

Mailing Address 9615 Wyoming Cir

City Bloomington State MN Zip Code 55438-1628

FEC ID number of contributing federal political committee. C

Name of Employer North Memorial Medical Center Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2010

Transaction ID: C901836

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 583.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 96
(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)
Joseph J Calabro

Mailing Address 15 Hance Rd

City State Zip Code
Fair Haven NJ 07704-3206

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

Name of Employer Occupation
Phys Pract Enhancement Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C901298

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jason E E Cheatham

Mailing Address 3351 Indian Dr

City State Zip Code
Portsmouth OH 45662-2408

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

Name of Employer Occupation
Southern Ohio Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C869076

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Adam R Corley

Mailing Address 2619 Summer Rain Dr

City State Zip Code
Marvel TX 77578-3117

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

Name of Employer Occupation
Brazosport Reg Hlth Syst Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868960

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 16 / 96

(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 S S Davis

Mailing Address 164 N Brentwood Blvd

City State Zip Code
Clayton MO 63105-3741

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

Name of Employer Occupation
ECI EP

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

Date of Receipt

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

Transaction ID: C866279

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Stephen J J DeHorn

Mailing Address 750 Laprairie

City State Zip Code
Ferndale MI 48220-3215

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

Name of Employer Occupation
Med Ctr Emer Svcs 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
0 1 / 2 8 / 2 0 1 0

Transaction ID: C869182

Amount of Each Receipt this Period

500.00

C.

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 ▼ 500.00

Date of Receipt

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

Transaction ID: C903141

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 96
(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) Irv E Edwards, MD, FACEP</p> <p>Mailing Address 111 N Sepulveda Ste 210 Ste 210</p> <p>City State Zip Code Manhattan Bch CA 90266-6849</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Chino Valley 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 ▼ 2500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 01 / 25 / 2010</p> <p>Transaction ID: C869079</p> <p>Amount of Each Receipt this Period 2500.00</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>B. Full Name (Last, First, Middle Initial) Clifford Erickson</p> <p>Mailing Address 31 Forest Dr</p> <p>City State Zip Code Voorheesville NY 12186-9530</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Dr. Clifford Erickson 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 ▼ 249.99</p>	<p>Date of Receipt M M / D D / Y Y Y Y 01 / 25 / 2010</p> <p>Transaction ID: C869080</p> <p>Amount of Each Receipt this Period 83.33</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>C. Full Name (Last, First, Middle Initial) Clifford Erickson</p> <p>Mailing Address 31 Forest Dr</p> <p>City State Zip Code Voorheesville NY 12186-9530</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Dr. Clifford Erickson 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 ▼ 249.99</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2010</p> <p>Transaction ID: C879580</p> <p>Amount of Each Receipt this Period 83.33</p>
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SUBTOTAL of Receipts This Page (optional)	2666.66
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 18 / 96
(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)
Clifford Erickson

Mailing Address 31 Forest Dr

City State Zip Code
Voorheesville NY 12186-9530

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

Name of Employer: Dr. Clifford Erickson Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 03 / 30 / 2010
Transaction ID: C903374
Amount of Each Receipt this Period: 83.33

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

Mailing Address 731 Red Lion Way

City State Zip Code
Bridgewater NJ 08807-1668

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

Name of Employer: Morristown Mem Hosp ED Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 07 / 2010
Transaction ID: C889509
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 79 Lakeside Green

City State Zip Code
The Woodlands TX 77382-2078

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: C869081
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 1183.33

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 19 / 96
(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 Siler Siler Fisher
Mailing Address 79 Lakeside Green
City State Zip Code
The Woodlands TX 77382-2078
FEC ID number of contributing federal political committee. **C**
Name of Employer Greater Houston Emer Phys Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 25 / 2010
Transaction ID: C879544
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Angela Siler Siler Fisher
Mailing Address 79 Lakeside Green
City State Zip Code
The Woodlands TX 77382-2078
FEC ID number of contributing federal political committee. **C**
Name of Employer Greater Houston Emer Phys Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 03 / 29 / 2010
Transaction ID: C903349
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Juan Francisco Francisco Fitz
Mailing Address 6021 90th St
City State Zip Code
Lubbock TX 79424-0814
FEC ID number of contributing federal political committee. **C**
Name of Employer Covenant Med Grp Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 274.98
Date of Receipt 01 / 25 / 2010
Transaction ID: C869082
Amount of Each Receipt this Period 91.66

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 20 / 96
(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 ▼ 274.98

Date of Receipt: 02 / 25 / 2010
Transaction ID: C879546
 Amount of Each Receipt this Period: 91.66

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 ▼ 274.98

Date of Receipt: 03 / 29 / 2010
Transaction ID: C903351
 Amount of Each Receipt this Period: 91.66

C.

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

Mailing Address 1133 Pond Cypress Dr

City Virginia Bch State VA Zip Code 23455-6859

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

Name of Employer Emer Phys of Tidewater Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: C869084
 Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► **308.32**

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 / 96
(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, MD, FACEP

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 Emer Phys of Tidewater Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 02 / 25 / 2010
Transaction ID: C879554
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Kelly Foley, MD, FACEP

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 Emer Phys of Tidewater Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 03 / 29 / 2010
Transaction ID: C903345
Amount of Each Receipt this Period: 125.00

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

Mailing Address 71 Sunnyside Ave

City State Zip Code
Mill Valley CA 94941-1924

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

Name of Employer Alameda Co Med Ctr Highland Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: C868969
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 96

(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)
Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City State Zip Code
Grapevine TX 76051-7100

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

Name of Employer Occupation
UTMB Univ of TX Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: C869086

Amount of Each Receipt this Period

125.00

B.

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

Mailing Address 1914 Fair Field Dr

City State Zip Code
Grapevine TX 76051-7100

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

Name of Employer Occupation
UTMB Univ of TX Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: C879584

Amount of Each Receipt this Period

125.00

C.

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

Mailing Address 1914 Fair Field Dr

City State Zip Code
Grapevine TX 76051-7100

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

Name of Employer Occupation
UTMB Univ of TX Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: C902989

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

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 / 96

(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)

Brent F F Gardner

Mailing Address 640 E Club Cir

City State Zip Code
Longwood FL 32779-2256

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

Name of Employer Occupation
FL Emer Phys 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
0 3 / 2 6 / 2 0 1 0

Transaction ID: C902270

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jason Timothy Garrison

Mailing Address 7 Callis Ln

City State Zip Code
Poguoson VA 23662-1406

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

Name of Employer Occupation
Sentara Hampton Careplex 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
0 1 / 0 8 / 2 0 1 0

Transaction ID: C869208

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ann Marie Marie Garritano

Mailing Address 19001 Audette St.

City State Zip Code
Dearborn MI 48124

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

Name of Employer Occupation
MCES physician

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

Date of Receipt

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

Transaction ID: C881292

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 24 / 96
(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)
Marianne Gausche-Hill

Mailing Address 1931 Power St

City State Zip Code
Hermosa Bch CA 90254-2915

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

Name of Employer Harbor UCLA Med Ctr ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868908

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Kelly Jester Jester Geldmacher

Mailing Address 127 Savannah Ct

City State Zip Code
Glen Carbon IL 62034-4068

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

Name of Employer Anderson Hosp Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C901249

Amount of Each Receipt this Period
250.00

C.

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868913

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 25 / 96

(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 Occupation
Emer Med Assoc 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
0 3 / 3 0 / 2 0 1 0

Transaction ID: C903380

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Benjamin T German

Mailing Address 9814 Macon Rd

City State Zip Code
Raleigh NC 27613-6132

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

Name of Employer Occupation
Wake Emerg Phys PA 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
0 1 / 2 5 / 2 0 1 0

Transaction ID: C868973

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Casey M Glass

Mailing Address 822 Hartford Ave

City State Zip Code
Charlotte NC 28209-2304

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

Name of Employer Occupation
CMC Emer Dept 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
0 1 / 2 5 / 2 0 1 0

Transaction ID: C868978

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 26 / 96

(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)
Myliissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code
Delray Bch FL 33446-4403

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

Name of Employer Occupation
Coral Springs Med Ctr Emergency Physician

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

Date of Receipt

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

Transaction ID: C869087

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Myliissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code
Delray Bch FL 33446-4403

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

Name of Employer Occupation
Coral Springs Med Ctr Emergency Physician

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

Date of Receipt

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

Transaction ID: C879556

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Myliissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code
Delray Bch FL 33446-4403

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

Name of Employer Occupation
Coral Springs Med Ctr Emergency Physician

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

Date of Receipt

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

Transaction ID: C903162

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 96
(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)
Stephen A D A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code
Aiken SC 29803-5688

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

Name of Employer: Aiken Emer Med Phys Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 01 / 25 / 2010
Transaction ID: C868916
Amount of Each Receipt this Period: 83.33

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

Mailing Address 1 Cherry Hills Dr

City State Zip Code
Aiken SC 29803-5688

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

Name of Employer: Aiken Emer Med Phys Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 02 / 25 / 2010
Transaction ID: C879555
Amount of Each Receipt this Period: 83.33

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

Mailing Address 1 Cherry Hills Dr

City State Zip Code
Aiken SC 29803-5688

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

Name of Employer: Aiken Emer Med Phys Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 03 / 29 / 2010
Transaction ID: C903161
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ► 249.99

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 96

(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)

Lynda Gail Gail Gray

Mailing Address 2896 W Kensington Ln

City State Zip Code
Fresno CA 93711-1159

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

Name of Employer Occupation
Kaiser Permanente 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
0 3 / 2 6 / 2 0 1 0

Transaction ID: C902975

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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: C889503

Amount of Each Receipt this Period

250.00

C.

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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: C888293

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 29 / 96
(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)
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
Dr. Andrea L Green

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C903379

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Scott & White
2401 S 31st St

City State Zip Code
Temple TX 76508-0001

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

Name of Employer
Dept of Emer Med

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868919

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 4827 Pebworth PI

City State Zip Code
Saginaw MI 48603-9306

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

Name of Employer
MI State Univ Colg of Hmn
Medn

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C903381

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 30 / 96
(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)
Daniel A Aaron Handel

Mailing Address 12716 NW 26th Ave

City State Zip Code
Vancouver WA 98685-2005

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

Name of Employer OR Hlth & Science Univ CD-W-EM 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
0 1 / 2 5 / 2 0 1 0

Transaction ID: C868921

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City State Zip Code
Scotts MI 49088-8340

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

Name of Employer SW Michigan Emerg Svcs PC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: C868924

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City State Zip Code
Scotts MI 49088-8340

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

Name of Employer SW Michigan Emerg Svcs PC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: C879562

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 31 / 96

(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)

Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City State Zip Code
Scotts MI 49088-8340

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

Name of Employer Occupation
SW Michigan Emerg Svcs PC Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2010

Transaction ID: C903382

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Josh Heller

Mailing Address 26 Cherry Lane Dr

City State Zip Code
Englewood CO 80113-4231

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

Name of Employer Occupation
Carepoint physician

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 23 / 2010

Transaction ID: C893592

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Charles W W Henrichs, III

Mailing Address Margaret R Pardee Meml Hosp
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) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 25 / 2010

Transaction ID: C868922

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 96
(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) Theodore W Heyming		Date of Receipt MM / DD / YYYY 01 / 25 / 2010
Mailing Address 1626 Malcolm Ave Apt 203		Transaction ID: C868990
City Los Angeles	State Zip Code CA 90024-7831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer LAC Harbor/UCLA Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Jon Mark Mark Hirshon		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
Mailing Address 1062 River Bay Rd		Transaction ID: C903160
City Annapolis	State Zip Code MD 21409-4830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of MD ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Larry Hobbs		Date of Receipt MM / DD / YYYY 01 / 25 / 2010
Mailing Address 12717 Brewster Dr		Transaction ID: C868923
City Ft Myers	State Zip Code FL 33908-1809	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer SW Florida 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 ▼ 249.99	

SUBTOTAL of Receipts This Page (optional)	583.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 96
(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)
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code
Ft Myers FL 33908-1809

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

Name of Employer Occupation
SW Florida Reg Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: C879561

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code
Ft Myers FL 33908-1809

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

Name of Employer Occupation
SW Florida Reg Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: C903159

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address Caritas Carney Hosp Dept of EM
2100 Dorchester Ave

City State Zip Code
Dorchester MA 02124-5615

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

Name of Employer Occupation
Caritas Carney Hosp Dept of EM Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868930

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 96

(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 Peter Peter John

Mailing Address Caritas Carney Hosp Dept of EM
2100 Dorchester Ave

City State Zip Code
Dorchester MA 02124-5615

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

Name of Employer Occupation
Caritas Carney Hosp Dept of 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
0 1 / 2 5 / 2 0 1 0

Transaction ID: C868998

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1998 Rivergate Dr

City State Zip Code
Orange Park FL 32003-8686

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

Name of Employer Occupation
Southeast Emer Consultant Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.03

Date of Receipt

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

Transaction ID: C868925

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 1998 Rivergate Dr

City State Zip Code
Orange Park FL 32003-8686

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

Name of Employer Occupation
Southeast Emer Consultant Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.03

Date of Receipt

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

Transaction ID: C879583

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 35 / 96
(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)
Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City State Zip Code
Orange Park FL 32003-8686

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

Name of Employer Southeast Emer Consultant Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.03

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2010

Transaction ID: C903369

Amount of Each Receipt this Period
83.37

B.

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

Mailing Address 300 Oak Ave

City State Zip Code
San Anselmo CA 94960-2703

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

Name of Employer CEP America Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 349.99

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2010

Transaction ID: C868931

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 300 Oak Ave

City State Zip Code
San Anselmo CA 94960-2703

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

Name of Employer CEP America Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 349.99

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2010

Transaction ID: C879720

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **266.70**

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 36 / 96
(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 ▼ 349.99
Date of Receipt 02 / 25 / 2010
Transaction ID: C879563
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 ▼ 349.99
Date of Receipt 03 / 29 / 2010
Transaction ID: C903347
Amount of Each Receipt this Period 83.33

C. 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 ▼ 216.64
Date of Receipt 03 / 10 / 2010
Transaction ID: C888354
Amount of Each Receipt this Period 54.17

SUBTOTAL of Receipts This Page (optional) ► 220.83
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 / 96

(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 State Zip Code
Brighton MI 48116-7728

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 216.64

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: C888374

Amount of Each Receipt this Period
54.17

B.

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

Mailing Address 4619 Oak Pointe Dr

City State Zip Code
Brighton MI 48116-7728

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 216.64

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: C889498

Amount of Each Receipt this Period
54.17

C.

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

Mailing Address 4619 Oak Pointe Dr

City State Zip Code
Brighton MI 48116-7728

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 216.64

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2010

Transaction ID: C903370

Amount of Each Receipt this Period
54.13

SUBTOTAL of Receipts This Page (optional)

162.47

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 / 96
(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)
Juliet La Mers

Mailing Address 2655 Mace Rd

City State Zip Code
Camino CA 95709-9609

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

Name of Employer Occupation
Marshall Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: C879590

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert T T Malinowski

Mailing Address 660 Norborne Ave

City State Zip Code
Dearborn Hts MI 48127-3707

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

Name of Employer Occupation
Med Ctr Emer Svcs Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: C902982

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Angela F F Matke

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code
Mableton GA 30126-5612

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

Name of Employer Occupation
NE Tower Ste 2100 Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868932

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 39 / 96
(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)
Angela F F Matke

Mailing Address 1080 Pebblebrook Rd SE

City Mableton State GA Zip Code 30126-5612

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

Name of Employer NE Tower Ste 2100 Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: C879564

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Angela F F Matke

Mailing Address 1080 Pebblebrook Rd SE

City Mableton State GA Zip Code 30126-5612

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

Name of Employer NE Tower Ste 2100 Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: C903158

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Joseph T T McCaslin

Mailing Address 16402 Ridgemont St

City Omaha State NE Zip Code 68136-4020

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

Name of Employer Meth Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C901602

Amount of Each Receipt this Period
250.00

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 40 / 96

(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)
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 ▼ 500.00

Date of Receipt

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

Transaction ID: C868927

Amount of Each Receipt this Period

250.00

B.

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 ▼ 500.00

Date of Receipt

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

Transaction ID: C903156

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 103 Hidden Hills Dr

City Greenville State NC Zip Code 27858-8635

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt

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

Transaction ID: C868928

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

584.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 96

(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 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 Occupation
Emerg Med, PCMH, 3ED-311 Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 252.00

Date of Receipt

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

Transaction ID: C879565

Amount of Each Receipt this Period
84.00

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 Occupation
Emerg Med, PCMH, 3ED-311 Emergency Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 252.00

Date of Receipt

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

Transaction ID: C903383

Amount of Each Receipt this Period
84.00

C.

Full Name (Last, First, Middle Initial)
David L L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code
Baltimore MD 21209-4421

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

Name of Employer Occupation
EmCare Inc 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
0 1 / 2 5 / 2 0 1 0

Transaction ID: C868929

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

268.00

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 / 96
(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 L L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code
Baltimore MD 21209-4421

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: C889535

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
David L L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code
Baltimore MD 21209-4421

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C903391

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Kevin Monfette

Mailing Address 2954 Island Point Dr

City State Zip Code
Metamora MI 48455-9625

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

Name of Employer St Joseph Mercy Oakland Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868934

Amount of Each Receipt this Period
250.00

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 43 / 96

(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 C C Moorhead

Mailing Address 4138 SW Hamilton Ter

City Portland State OR Zip Code 97239-4110

FEC ID number of contributing federal political committee. C

Name of Employer Oregon Hlth Sci Univ CDW-EM Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2010

Transaction ID: C868935

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address Unit A
1408 Vermont St

City Houston State TX Zip Code 77006

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 ▼ 300.00

Date of Receipt 01 / 25 / 2010

Transaction ID: C868937

Amount of Each Receipt this Period 100.00

C.

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

Mailing Address Unit A
1408 Vermont St

City Houston State TX Zip Code 77006

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 ▼ 300.00

Date of Receipt 02 / 25 / 2010

Transaction ID: C879566

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 44 / 96

(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 Unit A
1408 Vermont St

City State Zip Code
Houston TX 77006

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

Name of Employer Occupation
Dr. Ira R Nemeth Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2010

Transaction ID: C903346

Amount of Each Receipt this Period

100.00

B.

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 Occupation
Pro Emer Phys Inc Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
01 / 25 / 2010

Transaction ID: C868938

Amount of Each Receipt this Period

83.33

C.

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 Occupation
Pro Emer Phys Inc Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
02 / 25 / 2010

Transaction ID: C879567

Amount of Each Receipt this Period

83.33

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 45 / 96

(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)
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 Occupation
Pro Emer Phys Inc Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2010

Transaction ID: C903384

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
Amanda P Nylund

Mailing Address 4415 Tropper Ct

City State Zip Code
Spring TX 77386-3414

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

Name of Employer Occupation
Amanda P Nylund, MD 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
01 / 25 / 2010

Transaction ID: C869028

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 515 Foxdale Ln

City State Zip Code
Charlottesville VA 22903-9201

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

Name of Employer Occupation
Univ of VA Hlth Svc-Dept of EM 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
01 / 25 / 2010

Transaction ID: C868939

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

583.33

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 96
(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)
Erik L Olsen

Mailing Address 323 Pearson St

City Ferndale State MI Zip Code 48220-1824

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

Name of Employer Wayne State Univ/Detroit Rec
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 25 / 2010
Transaction ID: C879597
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Matthew Orr

Mailing Address 2179 Quinanetzin St

City South Lake Tahoe State CA Zip Code 96150-9353

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

Name of Employer Lance Matthew Orr, MD
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: C869033
Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address NE Emer Med Spec
245 E Rock Rd

City New Haven State CT Zip Code 06511-1230

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

Name of Employer NE Emer Med Spec
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 01 / 25 / 2010
Transaction ID: C868936
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ► **1333.33**

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

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

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

FOR LINE NUMBER: PAGE 47 / 96
(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)
Jorge E Otero

Mailing Address NE Emer Med Spec
245 E Rock Rd

City State Zip Code
New Haven CT 06511-1230

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

Name of Employer NE Emer Med Spec Occupation Emergency Physician

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

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

Transaction ID: C879577

Amount of Each Receipt this Period
83.33

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

Mailing Address NE Emer Med Spec
245 E Rock Rd

City State Zip Code
New Haven CT 06511-1230

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

Name of Employer NE Emer Med Spec Occupation Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: C903134

Amount of Each Receipt this Period
83.33

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

Mailing Address St Joseph Hosp
360 Broadway

City State Zip Code
Bangor ME 04401-3979

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

Name of Employer St Joseph 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
0 1 / 2 5 / 2 0 1 0

Transaction ID: C868941

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **416.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 96

(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)
Lee E E Payne

Mailing Address 4199 Douglass Way

City State Zip Code
USAF Academy CO 80840-1099

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

Name of Employer Occupation
HQ Air Force Space Command Emergency Physician

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

Date of Receipt

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

Transaction ID: C868942

Amount of Each Receipt this Period

83.33

B.

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

Mailing Address 4199 Douglass Way

City State Zip Code
USAF Academy CO 80840-1099

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

Name of Employer Occupation
HQ Air Force Space Command Emergency Physician

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

Date of Receipt

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

Transaction ID: C879568

Amount of Each Receipt this Period

83.33

C.

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

Mailing Address 4199 Douglass Way

City State Zip Code
USAF Academy CO 80840-1099

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

Name of Employer Occupation
HQ Air Force Space Command Emergency Physician

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

Date of Receipt

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

Transaction ID: C903155

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) ▶

249.99

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

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

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

FOR LINE NUMBER: PAGE 49 / 96
(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)
Pamela K K Peak

Mailing Address 3250 W 100 S

City Franklin State IN Zip Code 46131-8681

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

Name of Employer Major Hosp ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt 01 / 25 / 2010
Transaction ID: C868943
Amount of Each Receipt this Period 167.00

B. Full Name (Last, First, Middle Initial)
Pamela K K Peak

Mailing Address 3250 W 100 S

City Franklin State IN Zip Code 46131-8681

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

Name of Employer Major Hosp ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt 02 / 25 / 2010
Transaction ID: C879593
Amount of Each Receipt this Period 167.00

C. Full Name (Last, First, Middle Initial)
Pamela K K Peak

Mailing Address 3250 W 100 S

City Franklin State IN Zip Code 46131-8681

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

Name of Employer Major Hosp ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt 03 / 29 / 2010
Transaction ID: C902985
Amount of Each Receipt this Period 167.00

SUBTOTAL of Receipts This Page (optional) ▶ 501.00

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 / 96
(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)
Alberto Perez

Mailing Address 59 Windswept Way

City State Zip Code
Coventry CT 06238-3622

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

Name of Employer Occupation
Windham Cmnty Meml Hosp Emergency Physician

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

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

Transaction ID: C868944

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Alberto Perez

Mailing Address 59 Windswept Way

City State Zip Code
Coventry CT 06238-3622

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

Name of Employer Occupation
Windham Cmnty Meml Hosp Emergency Physician

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

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

Transaction ID: C879570

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Alberto Perez

Mailing Address 59 Windswept Way

City State Zip Code
Coventry CT 06238-3622

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

Name of Employer Occupation
Windham Cmnty Meml Hosp Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: C903154

Amount of Each Receipt this Period
83.33

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 96

(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 J J Pillow, Jr

Mailing Address 5332 Wateka Dr

City State Zip Code
Dallas TX 75209-5512

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

Name of Employer Occupation
St Paul Univ 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
03 / 29 / 2010

Transaction ID: C903143

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jason S Pope

Mailing Address 411 Tattnall St

City State Zip Code
Savannah GA 31401-4865

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

Name of Employer Occupation
Jason S Pope, MD 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
02 / 23 / 2010

Transaction ID: C879531

Amount of Each Receipt this Period

250.00

C.

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

Date of Receipt

M M / D D / Y Y Y Y
01 / 25 / 2010

Transaction ID: C868945

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

833.33

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 52 / 96

(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 ▼ 249.99

Date of Receipt

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

Transaction ID: C879571

Amount of Each Receipt this Period

83.33

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 ▼ 249.99

Date of Receipt

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

Transaction ID: C903153

Amount of Each Receipt this Period

83.33

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 ▼ 250.00

Date of Receipt

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

Transaction ID: C868946

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

416.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 96
(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 H Proctor, MD, MBA, F

Mailing Address 320 Old Hickory Blvd
#1200

City Nashville State TN Zip Code 37221-1310

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

Name of Employer Team Health Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: C892883

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 872 Golden Bell Pl

City Lexington State KY Zip Code 40515-1198

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

Name of Employer Marshall Emer Svc Assoc PSC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C903365

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Claudette Rodriguez, MD

Mailing Address 519 W 6th St
Apt 108D

City Tempe State AZ Zip Code 85281-2862

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

Name of Employer Dr. Claudette Rodriguez Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C901250

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 54 / 96
(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) Alexander Max Max Rosenau		Date of Receipt MM / DD / YYYY 03 / 30 / 2010
Mailing Address Lehigh Valley Hosp PO Box 689 JDMCC Ste 214		Transaction ID: C903371
City Allentown	State PA	Zip Code 18105-1556
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lehigh Valley Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) David William William Ross		Date of Receipt MM / DD / YYYY 01 / 25 / 2010
Mailing Address 15340 Raton Rd		Transaction ID: C868947
City Colorado Spgs	State CO	Zip Code 80921-2140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Front EM Specialties Inc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Scott Edward Edward Rudkin		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
Mailing Address 6731 E Boscana Ct		Transaction ID: C903152
City Orange	State CA	Zip Code 92867-6406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ CA Irvine	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 / 96

(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 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) ▼ 252.00

Date of Receipt

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

Transaction ID: C849876

Amount of Each Receipt this Period
84.00

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) ▼ 252.00

Date of Receipt

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

Transaction ID: C877905

Amount of Each Receipt this Period
84.00

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) ▼ 252.00

Date of Receipt

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

Transaction ID: C894092

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ▶

252.00

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 / 96

(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)

Tracy G G Sanson

Mailing Address 812 Lorena Rd

City State Zip Code
Lutz FL 33548-4589

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

Name of Employer Occupation
TEAMHealth 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
0 1 / 3 0 / 2 0 1 0

Transaction ID: C869740

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Luke Chris Chris Crai Saski

Mailing Address 27861 Hopkins Dr

City State Zip Code
Novi MI 48377-2563

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

Name of Employer Occupation
Med Ctr Emer Svcs 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
0 1 / 0 7 / 2 0 1 0

Transaction ID: C841819

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)

Nathaniel R R Schlicher

Mailing Address 1012 Sharewood Ct

City State Zip Code
Kettering OH 45429-4409

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

Name of Employer Occupation
Wright State Univ 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
0 3 / 3 0 / 2 0 1 0

Transaction ID: C903362

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 57 / 96
(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)
Gillian Schmitz

Mailing Address 1102 La Canada

City San Antonio State TX Zip Code 78258-2955

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

Name of Employer Wilford Hall Emer Dept 59-MDW Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 24 / 2010

Transaction ID: C895174

Amount of Each Receipt this Period: 1000.00

B.

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

Mailing Address Univ TN Colg of Med-Deans Ofc
960 E 3rd St Ste 100

City Chattanooga State TN Zip Code 37403-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868949

Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City Storrs State CT Zip Code 06268-2756

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

Name of Employer Windham Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868950

Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ► **1333.33**

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

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

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

FOR LINE NUMBER: PAGE 58 / 96
(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 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.99

Date of Receipt

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

Transaction ID: C879573
 Amount of Each Receipt this Period
 83.33

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

Date of Receipt

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

Transaction ID: C903387
 Amount of Each Receipt this Period
 83.33

C. Full Name (Last, First, Middle Initial)
David P Sklar

Mailing Address 25 Cedar Hill PI NE

City State Zip Code
Albuquerque NM 87122-1906

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

Name of Employer Occupation
Dept Emerg Med MSC08 4770 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
0	3	/	1	1	/	2	0	1	0

Transaction ID: C889537
 Amount of Each Receipt this Period
 1000.00

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 59 / 96
(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)
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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868951

Amount of Each Receipt this Period
100.00

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: C879574

Amount of Each Receipt this Period
100.00

C.

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C903389

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 96
(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)
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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868952

Amount of Each Receipt this Period
100.00

B.

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: C879581

Amount of Each Receipt this Period
100.00

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 Occupation
Wheeling Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: C902988

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 96

(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)

Daniel C C Smith

Mailing Address 7347 Maka'a St

City State Zip Code
Honolulu HI 96825-3108

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

Name of Employer Occupation
The Emer Grp 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
03 / 30 / 2010

Transaction ID: C901246

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Peter Erik Erik Sokolove

Mailing Address 3889 Exmoor Cir

City State Zip Code
Sacramento CA 95864-5904

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

Name of Employer Occupation
Univ of CA - Davis 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
01 / 25 / 2010

Transaction ID: C868953

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Steven Joseph Stack

Mailing Address 2083 Bridgeport Dr

City State Zip Code
Lexington KY 40502-2615

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

Name of Employer Occupation
St Joseph East Hosp ED Med Dir 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
01 / 27 / 2010

Transaction ID: C869128

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 62 / 96

(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)

Jillian J Stearman

Mailing Address 1002 Cobblestone Way

City State Zip Code
Shepherdsville KY 40165-9275

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

Name of Employer Occupation
Emer Med Assoc Emergency Physician

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

Date of Receipt

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

Transaction ID: C889540

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Eric William Stern

Mailing Address 611 S Wells St #2403

City State Zip Code
Chicago IL 60607

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

Name of Employer Occupation
DES ED Attending

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

Date of Receipt

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

Transaction ID: C839142

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Eric William Stern

Mailing Address 611 S Wells St #2403

City State Zip Code
Chicago IL 60607

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

Name of Employer Occupation
DES ED Attending

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

Date of Receipt

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

Transaction ID: C866658

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 63 / 96

(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)
Eric William Stern

Mailing Address 611 S Wells St
#2403

City State Zip Code
Chicago IL 60607

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

Name of Employer Occupation
DES ED Attending

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 02 / 2010

Transaction ID: C879870

Amount of Each Receipt this Period

100.00

B.

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
EMP Physician

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2010

Transaction ID: C890075

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Thomas A A Sweeney

Mailing Address 206 Fairhill Dr

City State Zip Code
Wilmington DE 19808-4311

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

Name of Employer Occupation
Doctors for Emerg Svcs 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
03 / 17 / 2010

Transaction ID: C904002

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: (check only one)	PAGE 64 / 96
	<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) Ronald G G Thomas		Date of Receipt
	Mailing Address 1310 Alexander 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 0 2 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Guilford	CT	06437-5031
	FEC ID number of contributing federal political committee. C		Transaction ID: C879587
Name of Employer Hosp of Saint Raphael		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"/> 250.00

B.	Full Name (Last, First, Middle Initial) Roger D Tillotson		Date of Receipt
	Mailing Address 3311 Darrah 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 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Morgantown	WV	26508-9187
	FEC ID number of contributing federal political committee. C		Transaction ID: C869053
Name of Employer WV Univ Hosp ED		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"/> 250.00

C.	Full Name (Last, First, Middle Initial) John A A Tyrrell		Date of Receipt
	Mailing Address 3 Cedar Tree Ln		<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 0 1 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Chester	NJ	07930-2218
	FEC ID number of contributing federal political committee. C		Transaction ID: C869434
Name of Employer Overlook Emer Svcs Union Camp		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"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
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 65 / 96

(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 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 Synergy Med Educ Alliance Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
03 / 10 / 2010

Transaction ID: C889500

Amount of Each Receipt this Period 250.00

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 Synergy Med Educ Alliance Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C903386

Amount of Each Receipt this Period 250.00

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 MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868955

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 66 / 96
(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 E E Wilcox

Mailing Address 8 Aspen Dr

City State Zip Code
S Glastonbury CT 06073-2938

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

Name of Employer Occupation
Dr. David E Wilcox Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: C902983

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dean Wilkerson

Mailing Address 538 Rolling Hills Rd

City State Zip Code
Coppell TX 75019-4049

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

Name of Employer Occupation
Mr. Dean Wilkerson Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: C889536

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Louise Wilkinson

Mailing Address 820 Laurel Dr

City State Zip Code
Rolla MO 65401-3814

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

Name of Employer Occupation
Texas Cnty Meml Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C902243

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 67 / 96
(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)
Mildred J J Willy

Mailing Address 5576 Hickory Lane

City State Zip Code
Bay City MI 48706

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

Name of Employer
Timberline Emergency Physicians, P.C.

Occupation
Emergency physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: C889504

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Christopher D Yao

Mailing Address 544 Kumukahi Pl

City State Zip Code
Honolulu HI 96825-1106

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

Name of Employer
Tripler Army Med Ctr

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: C889534

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City State Zip Code
Coppell TX 75019-4188

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

Name of Employer
Dr. Shane Edward Zatkalik

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.03

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: C868956

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **1583.33**

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 68 / 96
(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)
Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City State Zip Code
Coppell TX 75019-4188

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

Name of Employer: Dr. Shane Edward Zatkalik Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.03

Date of Receipt: 02 / 25 / 2010
Transaction ID: C879585
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial)
Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City State Zip Code
Coppell TX 75019-4188

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

Name of Employer: Dr. Shane Edward Zatkalik Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.03

Date of Receipt: 03 / 30 / 2010
Transaction ID: C903366
Amount of Each Receipt this Period: 83.37

C. Full Name (Last, First, Middle Initial)
Andrew R R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code
Minneapolis MN 55410-2117

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

Name of Employer: Health Partners Occupation: Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 01 / 25 / 2010
Transaction ID: C868957
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 250.03

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 / 96
(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)
Andrew R R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code
Minneapolis MN 55410-2117

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

Name of Employer Health Partners Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: C879575

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Andrew R R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code
Minneapolis MN 55410-2117

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

Name of Employer Health Partners Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C903373

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Amanda J J Zopp

Mailing Address 2120 Hastings Dr

City State Zip Code
Charlotte NC 28207-2426

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

Name of Employer Cabarrus Emerg Med Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: C896184

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	1166.66
TOTAL This Period (last page this line number only)	49646.54

**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) Adler For Congress	Transaction ID: D92863 Date of Disbursement
	Mailing Address PO Box 1024	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Mount Laurel State NJ Zip Code 08054	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Mr. John Adler	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: D93046 Date of Disbursement
	Mailing Address P.O. Box 2232	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="1500.00"/>
	Candidate Name Rep. Allyson Y. Schwartz	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERIPAC	Transaction ID: D92695 Date of Disbursement
	Mailing Address 499 South Capitol, SW Suite 414	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal PACs/Committees	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contributions

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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) Andy Harris For Congress	Transaction ID: D93383 Date of Disbursement 03 / 24 / 2010
	Mailing Address PO Box 1527	Amount of Each Disbursement this Period 4000.00
	City Annapolis State MD Zip Code 21404	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mr. Andrew Harris	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bera for Congress	Transaction ID: D93458 Date of Disbursement 03 / 26 / 2010
	Mailing Address PO Box 582496	Amount of Each Disbursement this Period 2500.00
	City Elk Grove State CA Zip Code 95758	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Blue Dog Coalition	Transaction ID: D92701 Date of Disbursement 02 / 24 / 2010
	Mailing Address 236 Massachusetts Ave., NE Suite 603	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution

SUBTOTAL of Disbursements This Page (optional)	▶	11500.00
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) Cecile Bledsoe for Congress	Transaction ID: D93456 Date of Disbursement 03 / 26 / 2010
	Mailing Address PO Box 624	
	City Rogers State AR Zip Code 72757	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE FOR A DEMOCRATIC FUTURE	Transaction ID: D92871 Date of Disbursement 03 / 03 / 2010
	Mailing Address 25 ROYDON ROAD	
	City New Haven State CT Zip Code 06511-2806	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: D91978 Date of Disbursement 01 / 13 / 2010
	Mailing Address 430 S Capitol St SE	
	City Washington State DC Zip Code 20003-4024	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution

SUBTOTAL of Disbursements This Page (optional)	▶	22500.00
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) Democratic Senatorial Campaign Committee	Transaction ID: D91981 Date of Disbursement
	Mailing Address 430 S Capitol St SE	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003-4024	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal PACs/Committees	<input type="text" value="15000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Annual contribution	

B.	Full Name (Last, First, Middle Initial) Diana DeGette For Congress Inc.	Transaction ID: D92870 Date of Disbursement
	Mailing Address P.O. Box 61337	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Denver State CO Zip Code 80206	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="4000.00"/>
	Candidate Name Rep. Diana DeGette	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Annual contribution	

C.	Full Name (Last, First, Middle Initial) Duncan for Congress	Transaction ID: D92860 Date of Disbursement
	Mailing Address PO Box 732	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Clinton State SC Zip Code 29325	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Annual contribution	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="21500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Bennie Thompson</p> <p>Mailing Address 236 Massachusetts Ave NE Ste 603</p> <p>City Washington State DC Zip Code 20002-4971</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Bennie G. Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MS District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92687 Date of Disbursement 02 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee</p> <p>Mailing Address PO Box 1949</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Sen. Richard J. Durbin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92867 Date of Disbursement 03 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Gillibrand for Senate</p> <p>Mailing Address 3422 Porter Street, NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92872 Date of Disbursement 03 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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) John Carney for Congress	Transaction ID: D93200 Date of Disbursement 03 / 17 / 2010
	Mailing Address 426 C St NE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20002-5839	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress	Transaction ID: D92861 Date of Disbursement 03 / 03 / 2010
	Mailing Address 205 N Main St.	Amount of Each Disbursement this Period 2500.00
	City Oregon City State OR Zip Code 97045	
	Purpose of Disbursement Contributions for federal candidates Candidate Name Mr. Kurt Schrader	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Markey Committee, The	Transaction ID: D92874 Date of Disbursement 03 / 03 / 2010
	Mailing Address PO Box 526	Amount of Each Disbursement this Period 2500.00
	City Medford State MA Zip Code 02155	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Edward J. Markey	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Markey Committee, The	Transaction ID: D92875 Date of Disbursement 03 / 03 / 2010
	Mailing Address PO Box 526	Amount of Each Disbursement this Period 5000.00
	City Medford State MA Zip Code 02155	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Edward J. Markey	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Martin Heinrich for Congress	Transaction ID: D92608 Date of Disbursement 02 / 17 / 2010
	Mailing Address 2118 CENTRAL AVENUE SE #71	Amount of Each Disbursement this Period 1000.00
	City ALBUQUERQUE State NM Zip Code 87106	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) McCotter Congressional Committee	Transaction ID: D92693 Date of Disbursement 02 / 24 / 2010
	Mailing Address P.O. Box 530788	Amount of Each Disbursement this Period 1500.00
	City Livonia State MI Zip Code 48153	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Thaddeus G. McCotter	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael Burgess For Congress

Transaction ID: D91977

Date of Disbursement

Mailing Address PO Box 2334

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

City Denton State TX Zip Code 76202

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contributions for Federal candidates

011

Category/
Type

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: TX District: 26

B.

Full Name (Last, First, Middle Initial)
Michael Burgess For Congress

Transaction ID: D92862

Date of Disbursement

Mailing Address PO Box 2334

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

City Denton State TX Zip Code 76202

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: TX District: 26

C.

Full Name (Last, First, Middle Initial)
MINNICK FOR CONGRESS

Transaction ID: D93384

Date of Disbursement

Mailing Address 7964 W Fairview Avenue

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

City Boise State ID Zip Code 83704

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: ID District: 01

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mission PAC	Transaction ID: D92699 Date of Disbursement 02 / 24 / 2010
	Mailing Address 38 Ivy Street, SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contributions for Federal PACs/Committees	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution

B.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: D92639 Date of Disbursement 02 / 19 / 2010
	Mailing Address 320 1st St SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003-1838	
	Purpose of Disbursement Contributions to Federal PACs/Committees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution

C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: D92638 Date of Disbursement 02 / 19 / 2010
	Mailing Address 425 2nd St NE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20002-4914	
	Purpose of Disbursement Contributions to Federal PACs/Committees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution

SUBTOTAL of Disbursements This Page (optional)	32500.00
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) Pat Meehan for Congress	Transaction ID: D92858 Date of Disbursement 03 / 03 / 2010
	Mailing Address 5035 Township Line Rd	Amount of Each Disbursement this Period 2500.00
	City Drexel Hill State PA Zip Code 19026-4821	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PRESERVING AMERICA'S TRADITIONS (PATPAC)	Transaction ID: D93204 Date of Disbursement 03 / 17 / 2010
	Mailing Address 610 S. BOULEVARD	Amount of Each Disbursement this Period 2000.00
	City TAMPA State FL Zip Code 33606	
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution

C.	Full Name (Last, First, Middle Initial) FATTAH FOR CONGRESS	Transaction ID: D92868 Date of Disbursement 03 / 03 / 2010
	Mailing Address 400 South Capitol Street, SW	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Chaka Fattah	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input 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

<p>A. Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92859 Date of Disbursement 03 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) KILDEE FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. Box 317</p> <p>City Flint State MI Zip Code 48501</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Dale E. Kildee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D93048 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010</p> <p>Mailing Address 2501 Wisconsin Ave., NW Number 304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Dave Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D93206 Date of Disbursement 03 / 17 / 2010</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. PERLMUTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

PERLMUTTER FOR CONGRESS

Mailing Address 3440 Youngfield St #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Contributions for Federal Candidates

011
Category/
Type

Candidate Name
Rep. Ed Perlmutter

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CO District: 07

Transaction ID: D93050

Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

1500.00

B. WHITFIELD FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement
Contributions for Federal Candidates

011
Category/
Type

Candidate Name
Rep. Ed Whitfield

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: KY District: 01

Transaction ID: D93195

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

2500.00

C. PALLONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contributions for Federal Candidates

011
Category/
Type

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NJ District: 06

Transaction ID: D93385

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) PETERS FOR CONGRESS	Transaction ID: D92698 Date of Disbursement
	Mailing Address PO BOX 226	<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City BLOOMFIELD HILLS State MI Zip Code 48303	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Gary C. Peters Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS	Transaction ID: D93207 Date of Disbursement
	Mailing Address 3161 Dixie Highway	<input type="text" value="03"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Erlanger State KY Zip Code 41018	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Geoff Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONGRESS	Transaction ID: D92700 Date of Disbursement
	Mailing Address 729 15th Street, NW Ste 300	<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20005-2105	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Gerry E. Connolly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. FRIENDS OF GINNY BROWN-WAITE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Ginny Brown-Waite

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 05

Transaction ID: D93201

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. JIM GERLACH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 700 12th Street, NW
Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Jim W. Gerlach

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 06

Transaction ID: D92864

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. JOE WILSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
Contributions for Federal candidates

Candidate Name
Rep. Joe Wilson

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: SC District: 02

Transaction ID: D93457

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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)
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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)
JOHN CAMPBELL FOR CONGRESS

Mailing Address 4590 Macarthur Boulevard

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. John Campbell

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 48

Transaction ID: D93051

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
KATHY DAHLKEMPER FOR CONGRESS

Mailing Address PO Box 1045

City Erie State PA Zip Code 16512

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Kathy Dahlkemper

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 03

Transaction ID: D93202

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
KATHY DAHLKEMPER FOR CONGRESS

Mailing Address PO Box 1045

City Erie State PA Zip Code 16512

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Kathy Dahlkemper

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 03

Transaction ID: D91980

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

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**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)
KEVIN MCCARTHY FOR CONGRESS**

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contributions for Federal Candidates

Category/
Type

Candidate Name
Rep. Kevin McCarthy

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CA District: 22

Transaction ID: D93205
Date of Disbursement

/

Amount of Each Disbursement this Period

**B. Full Name (Last, First, Middle Initial)
LANCE FOR CONGRESS**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Contributions for Federal Candidates

Category/
Type

Candidate Name
Rep. Leonard Lance

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NJ District: 07

Transaction ID: D93208
Date of Disbursement

/

Amount of Each Disbursement this Period

**C. Full Name (Last, First, Middle Initial)
WOOLSEY FOR CONGRESS**

Mailing Address P.O. Box 750176

City Petaluma State CA Zip Code 94975

Purpose of Disbursement
Contributions for Federal Candidates

Category/
Type

Candidate Name
Rep. Lynn C. Woolsey

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CA District: 06

Transaction ID: D93381
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)

<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) SOUDER FOR CONGRESS INC.	Transaction ID: D92692
	Mailing Address P.O. BOX 40233	Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	City FORT WAYNE State IN Zip Code 46804	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/Type
	Candidate Name Rep. Mark E. Souder	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.	Transaction ID: D93199
	Mailing Address PO Box 682185	Date of Disbursement MM / DD / YYYY 03 / 17 / 2010
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/Type
	Candidate Name Rep. Marsha Blackburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MIKE HONDA FOR CONGRESS	Transaction ID: D93197
	Mailing Address P.O. Box 8180	Date of Disbursement MM / DD / YYYY 03 / 17 / 2010
	City San Jose State CA Zip Code 95155	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/Type
	Candidate Name Rep. Michael M. Honda	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PATRICK MURPHY FOR CONGRESS	Transaction ID: D93049
	Mailing Address P.O. Box 868	Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	City Levittown State PA Zip Code 19058	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Patrick Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE	Transaction ID: D93459
	Mailing Address P.O. Box 1512	Date of Disbursement MM / DD / YYYY 03 / 26 / 2010
	City Athens State GA Zip Code 30601	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Paul C. Broun	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Larsen for Congress	Transaction ID: D93386
	Mailing Address PO Box 326	Date of Disbursement MM / DD / YYYY 03 / 24 / 2010
	City Everett State WA Zip Code 98206	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Rick Larsen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2010 <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) KLEIN FOR CONGRESS	Transaction ID: D93196
	Mailing Address 21301 POWERLINE ROAD SUITE 204	Date of Disbursement 03 / 17 / 2010
	City BOCA RATON State FL Zip Code 33433	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Ron Klein	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	Transaction ID: D92865
	Mailing Address 2345 Grand, Suite 2400	Date of Disbursement 03 / 03 / 2010
	City Kansas City State MO Zip Code 64108	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Sam B. Graves, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS	Transaction ID: D93203
	Mailing Address 1600 Roosevelt Avenue	Date of Disbursement 03 / 17 / 2010
	City Niles State OH Zip Code 44446	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	<input type="checkbox"/> Category/ Type
	Candidate Name Rep. Tim J. Ryan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Scott Brown for U.S. Senate Committee	Transaction ID: D93382 Date of Disbursement 03 / 24 / 2010
	Mailing Address 200 Reservoir St	Amount of Each Disbursement this Period 2500.00
	City Needham Heights State MA Zip Code 02494-3191	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC	Transaction ID: D93455 Date of Disbursement 03 / 26 / 2010
	Mailing Address PO BOX 1000	Amount of Each Disbursement this Period 1000.00
	City DES MOINES State IA Zip Code 50304	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA 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) DAVID VITTER FOR US SENATE	Transaction ID: D92873 Date of Disbursement 03 / 03 / 2010
	Mailing Address PO BOX 8175	Amount of Each Disbursement this Period 1000.00
	City METAIRIE State LA Zip Code 70011	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) EVAN BAYH COMMITTEE	Transaction ID: D93791 Date of Disbursement 03 / 31 / 2010
	Mailing Address 1070 Thomas Jefferson St NW Apt 202	Amount of Each Disbursement this Period -2500.00
	City Washington State DC Zip Code 20007-3809	
	Purpose of Disbursement VOID CK 7134 Candidate Name Sen. Evan Bayh Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 00	VOID CK 7134

B.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: D92694 Date of Disbursement 02 / 24 / 2010
	Mailing Address P.O. BOX 19163	Amount of Each Disbursement this Period 2500.00
	City LAS VEGAS State NV Zip Code 89132	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Harry Reid Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 00	

C.	Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE	Transaction ID: D92696 Date of Disbursement 02 / 24 / 2010
	Mailing Address P.O. Box 848	Amount of Each Disbursement this Period 2500.00
	City Union City State NJ Zip Code 07087	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Robert Menendez Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 00	

SUBTOTAL of Disbursements This Page (optional)	2500.00
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) MENENDEZ FOR SENATE Mailing Address P.O. Box 848 City Union City State NJ Zip Code 07087 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Robert Menendez Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D92866 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE Mailing Address 122 C St NW Ste 505 City Washington State DC Zip Code 20001-2109 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D92869 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 4000.00
C.	Full Name (Last, First, Middle Initial) Simmons for Senate Mailing Address PO Box 268 City Stonington State CT Zip Code 06378-0268 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D92609 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	11500.00
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) Stivers For Congress	Transaction ID: D93198 Date of Disbursement 03 / 17 / 2010
	Mailing Address 217 3rd St SE	
	City Washington State DC Zip Code 20003-1904	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mr. Steve Stivers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Taking the Hill PAC	Transaction ID: D91976 Date of Disbursement 01 / 13 / 2010
	Mailing Address 499 S Capitol St SW Ste 404	
	City Washington State DC Zip Code 20003-4004	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution	

C.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress	Transaction ID: D93209 Date of Disbursement 03 / 17 / 2010
	Mailing Address PO Box 24551	
	City Pttsburgh State PA Zip Code 15234	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Tim F. Murphy	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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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) Tuesday Group PAC	Transaction ID: D91979 Date of Disbursement 01 / 13 / 2010
	Mailing Address c/o Goegas and Associates 1707 Prince Street, #5	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution

B.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: D92691 Date of Disbursement 02 / 24 / 2010
	Mailing Address PO Box 5458	Amount of Each Disbursement this Period 2500.00
	City Springfield State IL Zip Code 62705	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. John M. Shimkus	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WE THE PEOPLE PAC	Transaction ID: D92697 Date of Disbursement 02 / 24 / 2010
	Mailing Address P.O. Box 2232	Amount of Each Disbursement this Period 2500.00
	City Jenkintown State PA Zip Code 19046	
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution

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)

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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)
WEDGE PAC

Mailing Address PO Box 680063

City Franklin State TN Zip Code 37068

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D93047

Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

212500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CHASE BANK	Transaction ID: D93123 Date of Disbursement
	Mailing Address 545 E John Carpenter Fwy	<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Irving State TX Zip Code 75062-8114	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Taxes	<input type="text" value="203.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHASE BANK	Transaction ID: D93914 Date of Disbursement
	Mailing Address 545 E John Carpenter Fwy	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Irving State TX Zip Code 75062-8114	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees JAN 10	<input type="text" value="495.41"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHASE BANK	Transaction ID: D93915 Date of Disbursement
	Mailing Address 545 E John Carpenter Fwy	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Irving State TX Zip Code 75062-8114	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees FEB 10	<input type="text" value="668.02"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1366.43"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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		Transaction ID: D93917	
	Mailing Address 545 E John Carpenter Fwy		Date of Disbursement 03 / 31 / 2010	
	City Irving	State TX	Zip Code 75062-8114	Amount of Each Disbursement this Period 106.31
	Purpose of Disbursement Bank Fees MAR 10		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶

106.31

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

1472.74