SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page 1 RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

2000 MAY 18 P 3:17

Name of Committee (in Full): AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

C 00000 422

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
MOORE INFORMATION 10200 S.W. EASTRIDGE PORTLAND, OR 97225	SURVEY	5/18/2000	10,800.00	MARGE ROUKEMA NJ-R-05 ☒ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ 10,800.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ _____

(c) TOTAL Independent Expenditures ..... $ 10,800.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature: [signature] Date: 5/18/00

Subscribed and sworn to before me this 18th day of May, 2000

My Commission expires:

My Commission Expires July 31, 2000

[signature] NOTARY PUBLIC

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