



*Honorary Chairman  
Representative Richard Burr*

*Honorary Advisory Board  
Senator Lauch Faircloth • Representative Fred Heineman • Governor Tim Holshouser  
Governor Jim Martin • Representative Alex McMillan*

August 17, 2005

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

To Whom It May Concern:

Today, August 17, 2005, we electronically submitted amendments to several FEC Form 3X Reports for the Next Century Fund (FEC ID. No. C00343947). However, one of our electronic filings would not be accepted by your computer filing system due to a "Bad Format Invalid Superseded Specification" although there were no errors found during the validation process.

Accordingly, please accept the attached filing as an amendment to our July 15, 2002 Quarterly FEC Report 3X for the Next Century Fund

Please contact me if you have any questions regarding this request.

Sincerely,

Mary T. Fauth

2503884643

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2005 AUG 22 A 10:52

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
NEXT CENTURY FUND

ADDRESS (number and street) **116 S ROYAL STREET**  
Check if different than previously reported. (ACC) **ALEXANDRIA VA 22314**

2. FEC IDENTIFICATION NUMBER **C00343947** 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 (12G)  
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 04 01 2002 through 06 30 2002

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 Mary T. Fauth

Signature of Treasurer *Mary T. Fauth*  
Electronically Filed by Mary T. Fauth

Date 08 17 2005

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							
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**FEC FORM 3X**  
(Rev. 02/2003)

25038884644

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
**NEXT CENTURY FUND**

Report Covering the Period: From: 

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

 To: 

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="0"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>2</td></tr></table>	Y	Y	Y	Y	2	0	0	2		28728.22
Y	Y	Y	Y							
2	0	0	2							
(b) Cash on Hand at Beginning of Reporting Period .....	29822.81									
(c) Total Receipts (from Line 19) .....	25659.30	31645.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55482.11	60373.32								
7. Total Disbursements (from Line 31) .....	22807.87	27699.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	32674.24	32674.24								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

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**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
**NEXT CENTURY FUND**

Report Covering the Period: From: **MM 04 DD 01 Y 2002** To: **MM 06 DD 30 Y 2002**

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) .....	1500.00	1500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	1500.00	1500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	24159.30	30145.10
(d) Total Contributions (add Lines 11(a)(ii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	25659.30	31645.10
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.) .....	0.00	0.00
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)) .....	25659.30	31645.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25659.30	31645.10

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6307.87	11199.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6307.87	11199.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	15500.00
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.....	1000.00	1000.00
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))..	22807.87	27699.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	22807.87	27699.08

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**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 5

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 .....	25859.30	31645.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25659.30	31645.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6307.87	11199.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6307.87	11199.08

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

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

FOR LINE NUMBER:		PAGE 6 / 18	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)  
**NEXT CENTURY FUND**

Full Name (Last, First, Middle Initial) <b>A. Wight H. Andrews</b>		Date of Receipt M / M / D - D / Y - Y - Y - Y <b>04 / 29 / 2002</b>	
Mailing Address <b>8008 Algarve St.</b>		Transaction ID: <b>SA11A1.4325</b>	
City <b>McLean</b>	State <b>VA</b>	Zip Code <b>22102</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Butera &amp; Andrews</b>	Occupation <b>Attorney</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>		

Full Name (Last, First, Middle Initial) <b>B. Timothy Rupil</b>		Date of Receipt M / M / D - D / Y - Y - Y - Y <b>04 / 29 / 2002</b>	
Mailing Address <b>1938 Great Falls St.</b>		Transaction ID: <b>SA11A1.4326</b>	
City <b>McLean</b>	State <b>VI</b>	Zip Code <b>22101</b>	Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Unknown</b>	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>		

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SUBTOTAL of Receipts This Page (optional) .....	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	<b>1500.00</b>

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

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

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NEXT CENTURY FUND**

Full Name (Last, First, Middle Initial) <b>A. American Academy of Ophthalmology PAC</b>		Date of Receipt M / M / D / D / Y / Y / Y / Y <b>06 / 27 / 2002</b>
Mailing Address <b>1101 Vermont Avenue, NW Suite 700</b>		Transaction ID: <b>SA11C.4334</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>
FEC ID number of contributing federal political committee. <b>C C00196246</b>		Amount of Each Receipt this Period <b>2000.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. American Hospital Association PAC</b>		Date of Receipt M / M / D / D / Y / Y / Y / Y <b>06 / 27 / 2002</b>
Mailing Address <b>325 7th Street, NW</b>		Transaction ID: <b>SA11C.4335</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20004</b>
FEC ID number of contributing federal political committee. <b>C C00106146</b>		Amount of Each Receipt this Period <b>5000.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>5000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. American Society of Anesthesiologists PAC</b>		Date of Receipt M / M / D / D / Y / Y / Y / Y <b>05 / 24 / 2002</b>
Mailing Address <b>520 Northwest Highway</b>		Transaction ID: <b>SA11C.4330</b>
City <b>Park Ridge</b>	State <b>IL</b>	Zip Code <b>60068</b>
FEC ID number of contributing federal political committee. <b>C C00255752</b>		Amount of Each Receipt this Period <b>1500.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1500.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>8500.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)  
**NEXT CENTURY FUND**

Full Name (Last, First, Middle Initial) <b>A. GalaxoSmithKline PAC</b>		Date of Receipt M M / D D / Y Y - Y Y <b>05 24 2002</b>
Mailing Address <b>Five Moore Drive</b>		Transaction ID: <b>SA11C.4331</b>
City <b>Research Triangle</b>	State <b>NC</b>	Zip Code <b>27709</b>
FEC ID number of contributing federal political committee. <b>C C00199703</b>		Amount of Each Receipt this Period <b>4000.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>4000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Household International, Inc. PAC</b>		Date of Receipt M M / D D / Y Y - Y Y <b>04 29 2002</b>
Mailing Address <b>1730 K Street, NW Suite 1106</b>		Transaction ID: <b>SA11C.4329</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>
FEC ID number of contributing federal political committee. <b>C C00033423</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. National Association of Insurance And Financial Advisors PAC</b>		Date of Receipt M M / D D / Y Y - Y Y <b>06 27 2002</b>
Mailing Address <b>2901 Telestar Court</b>		Transaction ID: <b>SA11C.4336</b>
City <b>Falls Church</b>	State <b>VA</b>	Zip Code <b>22042</b>
FEC ID number of contributing federal political committee. <b>C C00005249</b>		Amount of Each Receipt this Period <b>5000.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>5000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 9 / 18  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NEXT CENTURY FUND**

**A.** Full Name (Last, First, Middle Initial)  
National Emergency Medicine PAC  
Mailing Address 1125 Executive Circle

City Irving State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1159.30

Date of Receipt: 05 01 2002  
Transaction ID: SA11C.4338  
Amount of Each Receipt this Period: 1159.30  
In-kind - Dinner

**B.** Full Name (Last, First, Middle Initial)  
National Emergency Medicine PAC  
Mailing Address 1125 Executive Circle

City Irving State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3659.30

Date of Receipt: 06 27 2002  
Transaction ID: SA11C.4337  
Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
National Home Equity Mortgage Association PAC  
Mailing Address PO Box 982

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C C00331025**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 29 2002  
Transaction ID: SA11C.4327  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4659.30**

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

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

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

FOR LINE NUMBER:				PAGE 10 / 18			
(check only one)							
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input checked="" 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)  
**NEXT CENTURY FUND**

Full Name (Last, First, Middle Initial)  
**A. The Society of Thoracic Surgeons**

Mailing Address **2025 M Street, NW  
Suite 800**

City	State	Zip Code
<b>Washington</b>	<b>DC</b>	<b>20036</b>

FEC ID number of contributing federal political committee. **C C00325936**

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

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

Date of Receipt  
M M / D D / Y Y . Y Y  
**05 / 24 / 2002**

Transaction ID: **SA11C.4332**

Amount of Each Receipt this Period  
**1000.00**

25038884653

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	<b>24159.30</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 18

21b    22    23    24    25    26  
 27    28a    28b    28c    29    30b

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

Full Name (Last, First, Middle Initial) <b>A. 116 S. Royal St. Partners</b>		Transaction ID: SB21B.4369 Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2002	
Mailing Address    116 S. ROYAL STREET		Amount of Each Disbursement this Period  800.00	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement Rent		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:		

Full Name (Last, First, Middle Initial) <b>B. MARY T. FAUTH</b>		Transaction ID: SB21B.4359 Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2002	
Mailing Address    409 LLOYDS LANE		Amount of Each Disbursement this Period  464.10	
City ALEXANDRIA	State VA	Zip Code 22302	Category/ Type
Purpose of Disbursement Payroll		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:		

Full Name (Last, First, Middle Initial) <b>C. MARY T. FAUTH</b>		Transaction ID: SB21B.4363 Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2002	
Mailing Address    409 LLOYDS LANE		Amount of Each Disbursement this Period  928.20	
City ALEXANDRIA	State VA	Zip Code 22302	Category/ Type
Purpose of Disbursement Payroll		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) .....	<b>2192.30</b>
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)

PAGE 12 / 18

<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

Full Name (Last, First, Middle Initial) <b>A. National Emergency Medicine PAC</b>		Transaction ID: SB21B.4339	
Mailing Address 1125 Executive Circle		Date of Disbursement 05 / 01 / 2002	
City Irving	State TX	Zip Code 75038	Amount of Each Disbursement this Period  1159.30
Purpose of Disbursement In-kind - Dinner		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:		

Full Name (Last, First, Middle Initial) <b>B. R. J. Reynolds Tobacco PAC</b>		Transaction ID: SB21B.4365	
Mailing Address PO Box 178		Date of Disbursement 06 / 12 / 2002	
City Winston-Salem	State NC	Zip Code 27102	Amount of Each Disbursement this Period  2057.50
Purpose of Disbursement Travel Reimbursement		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:		

Full Name (Last, First, Middle Initial) <b>C. R. J. Reynolds Tobacco PAC</b>		Transaction ID: SB21B.4366	
Mailing Address PO Box 178		Date of Disbursement 06 / 12 / 2002	
City Winston-Salem	State NC	Zip Code 27102	Amount of Each Disbursement this Period  0.00
Purpose of Disbursement Travel Reimbursement		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:		

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	<b>3216.80</b>
<b>TOTAL This Period (last page this line number only)</b> .....	

25038884855

**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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21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>		Transaction ID: SB21B.4361 Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2002	
Mailing Address P.O. BOX 17577		Amount of Each Disbursement this Period 89.07	
City BALTIMORE	State MD	Zip Code 21297	Category/ Type
Purpose of Disbursement Telephone		Candidate Name	
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:			

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>		Transaction ID: SB21B.4362 Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2002	
Mailing Address P.O. BOX 17577		Amount of Each Disbursement this Period 93.11	
City BALTIMORE	State MD	Zip Code 21297	Category/ Type
Purpose of Disbursement Telephone		Candidate Name	
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:			

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>		Transaction ID: SB21B.4367 Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2002	
Mailing Address P.O. BOX 17577		Amount of Each Disbursement this Period 90.39	
City BALTIMORE	State MD	Zip Code 21297	Category/ Type
Purpose of Disbursement Telephone		Candidate Name	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>272.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

25038884856

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 14 / 18
	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

Full Name (Last, First, Middle Initial) A. Virginia Department of Taxation			Transaction ID: SB21B.4371 Date of Disbursement 06 / 30 / 2002	
Mailing Address P. O. BOX 1777				
City RICHMOND	State VA	Zip Code 23218	Amount of Each Disbursement this Period 60.00	
Purpose of Disbursement State Withholding		Candidate Name	Category/ Type	
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:			

Full Name (Last, First, Middle Initial) B. Wachovia Bank			Transaction ID: SB21B.4360 Date of Disbursement 04 / 29 / 2002	
Mailing Address P. O. BOX 27886				
City RALEIGH	State NC	Zip Code 27611	Amount of Each Disbursement this Period 161.80	
Purpose of Disbursement Federal Withholding		Candidate Name	Category/ Type	
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:			

Full Name (Last, First, Middle Initial) C. Wachovia Bank			Transaction ID: SB21B.4370 Date of Disbursement 06 / 30 / 2002	
Mailing Address P. O. BOX 27886				
City RALEIGH	State NC	Zip Code 27611	Amount of Each Disbursement this Period 323.60	
Purpose of Disbursement Federal Withholding		Candidate Name	Category/ Type	
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) .....	545.40
TOTAL This Period (last page this line number only) .....	6227.07

25038884657

**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)  
**NEXT CENTURY FUND**

Full Name (Last, First, Middle Initial) <b>A. BALLENGER, THOMAS CASS</b>		Transaction ID: SB23.4355	
Mailing Address <b>867 20TH AVENUE DRIVE NW</b>		Date of Disbursement 06 / 07 / 2002	
City <b>HICKORY</b>	State <b>NC</b>	Zip Code <b>28601</b>	Amount of Each Disbursement this Period <b>2500.00</b>
Purpose of Disbursement		Category/Type	
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2002</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>NC</b>	District: <b>10</b>		

Full Name (Last, First, Middle Initial) <b>B. STEVEN BUYER</b>		Transaction ID: SB23.4351	
Mailing Address <b>2105 AIRPORT ROAD</b>		Date of Disbursement 05 / 01 / 2002	
City <b>MONTICELLO</b>	State <b>IN</b>	Zip Code <b>47690</b>	Amount of Each Disbursement this Period <b>4000.00</b>
Purpose of Disbursement		Category/Type	
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2002</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>IN</b>	District: <b>04</b>		

Full Name (Last, First, Middle Initial) <b>C. FERGUSON, MIKE</b>		Transaction ID: SB23.4354	
Mailing Address <b>6 Broken Arrow Road</b>		Date of Disbursement 06 / 07 / 2002	
City <b>WARREN</b>	State <b>NJ</b>	Zip Code <b>07059</b>	Amount of Each Disbursement this Period <b>2500.00</b>
Purpose of Disbursement		Category/Type	
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2002</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>NJ</b>	District: <b>07</b>		

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	<b>9000.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	

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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)

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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)  
NEXT CENTURY FUND

Full Name (Last, First, Middle Initial) <b>A. KATHERINE HARRIS</b>		Transaction ID: SB23.4352	
Mailing Address P. O. Box 25187		Date of Disbursement 06 / 07 / 2002	
City Sarasota	State FL	Zip Code 34277	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL	District: 13		

Full Name (Last, First, Middle Initial) <b>B. HAYES, ROBERT C. (ROBIN)</b>		Transaction ID: SB23.4356	
Mailing Address P.O. Box 2000		Date of Disbursement 06 / 07 / 2002	
City Concord	State NC	Zip Code 28026	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC	District: 8		

Full Name (Last, First, Middle Initial) <b>C. MATSON FOR CONGRESS</b>		Transaction ID: SB23.4350	
Mailing Address 855 Trosper Rd #108-126		Date of Disbursement 04 / 29 / 2002	
City Olympia	State WA	Zip Code 98512	Amount of Each Disbursement this Period 0.00
Purpose of Disbursement		Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WA	District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

25038884659

**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)  
NEXT CENTURY FUND

Full Name (Last, First, Middle Initial)  
A. SUNUNU, JOHN E

Transaction ID: SB23.4353  
Date of Disbursement  
06 / 07 / 2002

Mailing Address 53 OSCEOLA ROAD

City WATERVILLE VALLEY State NH Zip Code 03215

Amount of Each Disbursement this Period  
2000.00

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: NH District: 00

Disbursement For: 2002  
 Primary  General  
 Other (specify) ▼

25038884660

SUBTOTAL of Disbursements This Page (optional) .....	2000.00
TOTAL This Period (last page this line number only) .....	15500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

Full Name (Last, First, Middle Initial) <b>A. Steve Largent</b>		Transaction ID: SB29.4357	
Mailing Address PO Box 14742		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2002	
City Oklahoma City	State OK	Zip Code 73113	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: State: OK	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District:	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

2503884661

SUBTOTAL of Disbursements This Page (optional) .....	1000.00
TOTAL This Period (last page this line number only) .....	1000.00

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i> PREPARER	<i>8/22/05</i> DATE PREPARED

25033384562