SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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 of the American College of Emergency Physicians

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Stupak For Congress PO Box 143 Menominee, MI 49858	Rep Bart Stupak MI 1st Dist Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	4/5/00	1,000.00
B. Friends of Lois Capps c/o Colleen Huber 1000 G Street, NW Suite 900 East Washington, DC 20001	Rep Lois Capp CA 22nd Dist Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	4/18/00	1,000.00
C. Mike McIntyre For Congress PO Box 1 Lumberton, NC 28359	Rep Mike McIntyre NC 7th Dist Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	4/18/00	500.00
D. Reelect Congressman Joe Moakley Campaign PO Box 1073 Boston, MA 02205	Rep JOe Moakley MA 9th Dist Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	4/18/00	850.00
E. Hilda Solis For Congress 4016 Rosemead Blvd Rosemead, CA 91770	Rep Hilda Solis CA 31st Dist Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	4/27/00	1,000.00
F. Committee to Re-Elect Ed Towns 442 New Jersey Ave, SE Washington, DC 20003	Rep Ed Towns NY 10th Dist Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	4/27/00	500.00
G. Martha Walker For Congress PO Box 643 Charleston, WV 25323	Rep Martha Walker WV 2nd Dist Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	4/27/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 5,850-

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

FEDAN102