



NEMPAC

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

National Emergency Medicine
Political Action Committee
1125 Executive Circle
Irving, Texas 75038-2522
(972) 550-0911

AUG 3 2 28 PM '97

July 23, 1997

Federal Election Commission
999 E Street NW
Washington, DC 20463

RE: FEC Identification No.
C00140061 75-1734245

Dear Sirs:

The enclosed reports are submitted for filing:

FEC Form 3X Covering Period 01/01/97 - 06/30/97

Should you have questions or need additional information, please
contact me at:

1125 Executive Circle
Irving, Texas 75038

PH: 972-550-0911

Sincerely,

Phyllis L. Edans
Assistant Treasurer

CERTIFIED MAIL 2 163 252 560

NEMPAC puts your voice on Capitol Hill

Washington Office - 1111 19th Street NW #650 - Washington, DC 20036 - (202) 728-0610 - (800) 320-0610

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 3 2 26 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|
| 1. NAME OF COMMITTEE (in full) National Emergency Medicine Political Action Committee of the American College of Emergency Physicians | | 2. FEC IDENTIFICATION NUMBER 00140061 75-1734245 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1125 Executive Circle | | |
| CITY, STATE and ZIP CODE Irving, TX 75038 | | |
| 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) criteria met prior 1/94 | | |

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Covering Period <u>Jan. 01, 1997</u> through <u>June 30, 1997</u> | | | |
| 6. (a) | Cash on Hand January 1, 19 <u>97</u> | | \$ 47,065.69 |
| (b) | Cash on Hand at Beginning of Reporting Period | \$ 47,065.69 | |
| (c) | Total Receipts (from Line 19) | \$ 59,885.76 | \$ 59,885.76 |
| (d) | Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 106,951.45 | \$ 106,951.45 |
| 7. | Total Disbursements (from Line 30) | \$ 57,367.44 | \$ 57,367.44 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 49,584.01 | \$ 49,584.01 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | For further information contact: Federal Election Commission 898 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420 |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | |

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~~ Asst. Treasurer
Phyllis L. Edans

Signature of Treasurer



Date

July 15, 1997

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE | | REPORT COVERING PERIOD | |
|--------------------------------------------------------------------------------------------------------|--|-------------------------------|---------------------------|
| National Emergency Medicine Political Action Committee of the American College of Emergency Physicians | | FROM 01/01/97 | TO: 06/30/97 |
| | | COLUMN A Total This Period | COLUMN B Calendar Year |
| I Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | 6,450.00 | 6,450.00 |
| i. Itemized (use Schedule A) | | | |
| ii. Unitemized | | 53,255.00 | 53,255.00 |
| iii. Total (add i and ii) > | | 59,705.00 | 59,705.00 |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributions (add a iii, b and c) > | | 59,705.00 | 59,705.00 |
| 12. Transfers From Affiliated/Other Party Committees | | | |
| 13. All Loans Received | | | |
| 14. Loan Repayments Received | | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | 180.76 | 180.76 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | | 59,885.76 | 59,885.76 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | | 59,885.76 | 59,885.76 |
| II Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | | | |
| ii. Non-Federal Share | | 617.44 | 617.44 |
| b. Other Federal Operating Expenditures | | 617.44 | 617.44 |
| c. Total Operating Expenditures (add a i, a ii, and b) > | | 617.44 | 617.44 |
| 22. Transfers to Affiliated/Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | 56,750.00 | 56,750.00 |
| 24. Independent Expenditures (use Schedule E) | | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | |
| 26. Loan Repayments Made | | | |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contribution Refunds (add a, b and c) > | | -0- | -0- |
| 29. Other Disbursements | | -0- | -0- |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | | 57,367.44 | 57,367.44 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | | 57,367.44 | 57,367.44 |
| III Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | | 59,705.00 | 59,705.00 |
| 33. Total Contribution Refunds (from line 28d) | | -0- | -0- |
| 34. Net Contributions (other than loans)(subtract line 33 from line 32) | | 59,705.00 | 59,705.00 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | | 617.44 | 617.44 |
| 36. Offsets to Operating Expenditures (from line 15) | | -0- | -0- |
| 37. Net Operating Expenditures (subtract line 36 from line 35) > | | 617.44 | 617.44 |

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 11 ai

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 the Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------|------------------------------------|
| Nancy J Auer, MD, FACEP 700 Minor Avenue Seattle, Washington 98104-2146 | Swedish Hospital | 01/15/97 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 250.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| E Jackson Allison, Jr., MD, FACEP 230 McKee Pl #400 Pittsburgh, Pennsylvania 15213-4901 | Emergency Resource Management | 03/31/97 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 1,000.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Bruce S Auerbach, MD, FACEP 8 Saddle Club Road Lexington, Massachusetts 02173-2146 | Sturdy Memorial Hospital | 04/15/97 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 250.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Richard P Berger, MD, FACEP 1735 Middlebrook Road Bound Brook, New Jersey 08805-1339 | Somerset Medical Center | 05/21/97 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 200.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Michael D Bishop, MD, FACEP 1155 W 3rd Street Bloomington, Indiana 47404-5016 | Unity Physicians Group PC | 06/10/97 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 1,000.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Diana L Pite, MD, FACEP 28229 Margerstadt Rd Waller, Texas 77484-7304 | Spring Branch Medical Center | 04/15/97 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 500.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gregory L Henry, MD, FACEP 1850 Washtenaw Avenue Ann Arbor, Michigan 48104-3638 | Beyer Memorial Hospital | 01/09/97 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 500.00 | |

| | |
|-----------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) | 3700.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11 a1

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 the Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------|
| William L Indruk, MD, FACEP 134 Montclair Avenue Montclair, New Jersey 07042-4132 | Mountainside Hospital | 01/20/97 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 500.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| C L McArthur, III, MD, FACEP 11 Cardiff Laguna Niguel, California 92677-2936 | Riverside General Hospital | 04/15/97 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 500.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Paul F Robinson, MD, PhD, FACEP 6 Woodberry Court Little Rock, Arkansas 72212-2740 | Jefferson Regional Medical Center | 04/15/97 | 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 300.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Peter L Sosnow, MD, FACEP 600 Northern Boulevard Albany, New York 12204-1083 | Albany Memorial Hospital | 04/15/97 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 1,000.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Michael S Weinstock, MD, FACEP 1667 Penns Crossing Allentown, Pennsylvania 18104-1744 | Lehigh Valley Hospital, ED | 04/07/97 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physician | Aggregate Year-to-Date > \$ 250.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Jan Drlik, MD, FACEP 2610 Walden Woods Court Midland, Michigan 48640-6953 | MidMichigan Regional Medical Center | 06/10/97 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Emergency Physicians | Aggregate Year-to-Date > \$ 200.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6450.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 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 of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--------------------------------------------------------------------------------|-----------------------------|-------------------------|------------------------------------|
| Smith Barney 1050 Connecticut NW Suite 225 Washington, DC 20036 | | 6/30/97 | 1.40 |
| | | 5/31/97 | 1.12 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Occupation | 4/30/97 | 1.12 |
| <input checked="" type="checkbox"/> Other (specify): Money Fund Interest | Aggregate Year-to-Date > \$ | 3.64 | |
| Smith Barney 1050 Connecticut Suite 225 Washington, DC 20036 | | 3/31/97 | 1.07 |
| | | 2/28/97 | 1.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Occupation | 1/31/97 | .46 |
| <input checked="" type="checkbox"/> Other (specify): Money Fund Interest | Aggregate Year-to-Date > \$ | 2.93 | |
| Comerica P.O. Box 650282 Dallas, TX 75265-0282 | | 6/30/97 | 29.07 |
| | | 5/31/97 | 29.95 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Occupation | 4/30/97 | 28.91 |
| <input checked="" type="checkbox"/> Other (specify): Bank Interest | Aggregate Year-to-Date > \$ | 87.93 | |
| Comerica P.O. Box 650282 Dallas, TX 75265-0282 | | 3/31/97 | 29.79 |
| | | 2/28/97 | 26.84 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Occupation | 1/31/97 | 29.63 |
| <input checked="" type="checkbox"/> Other (specify): Bank Interest | Aggregate Year-to-Date > \$ | 86.26 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Aggregate Year-to-Date > \$ | | |
| <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Aggregate Year-to-Date > \$ | | |
| <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Aggregate Year-to-Date > \$ | | |
| <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

180.76

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Bank One P.O. Box 655415 Dallas, TX 75265-5415 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 6/30/97 | 11.55 |
| | <input checked="" type="checkbox"/> Other (specify) Bank Fees | 5/31/97 | 61.15 |
| | | 4/30/97 | 22.75 |
| B. Full Name, Mailing Address and ZIP Code Bank One P.O. Box 655415 Dallas, TX 75265-5415 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 3/31/97 | 10.00 |
| | <input checked="" type="checkbox"/> Other (specify) Bank Fees | 2/28/97 | 10.26 |
| | | 1/31/97 | 16.73 |
| C. Full Name, Mailing Address and ZIP Code | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | | |
| | <input checked="" type="checkbox"/> Other (specify) 1120-POL deposit | 2/18/97 | 485.00 |
| | | | |
| D. Full Name, Mailing Address and ZIP Code | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | | |
| | <input type="checkbox"/> Other (specify) | | |
| | | | |
| E. Full Name, Mailing Address and ZIP Code | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | | |
| | <input type="checkbox"/> Other (specify) | | |
| | | | |
| F. Full Name, Mailing Address and ZIP Code | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | | |
| | <input type="checkbox"/> Other (specify) | | |
| | | | |
| G. Full Name, Mailing Address and ZIP Code | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | | |
| | <input type="checkbox"/> Other (specify) | | |
| | | | |
| H. Full Name, Mailing Address and ZIP Code | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | | |
| | <input type="checkbox"/> Other (specify) | | |
| | | | |
| I. Full Name, Mailing Address and ZIP Code | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | | |
| | <input type="checkbox"/> Other (specify) | | |
| | | | |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

617.44

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 7
FOR LINE NUMBER 23

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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Jim Davis for Congress Committee 209 Blanca Avenue Tampa, FL 33606 | Jim Davis - House Candidate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt 1996 | 03/05/97 | 1,000.00 |
| National Republican Congressional Committee 320 First Street, SE Washington, DC 20003 | National Republican Congressional Cmte 97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 03/05/97 | 5,000.00 |
| Pascrell For Congress 63 Quartz Lane Patterson, NJ 07501 | William J. Pascrell - House Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 96 Debt | 01/09/97 | 500.00 |
| Grassley Committee Inc. 4010 Franconia Road Alexandria, VA 22310-2136 | Chuck Grassley - Senate Candidate - IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 1,000.00 |
| Keep McDade in Congress 4451 Brookfield Corp. Dr., #200 Chantilly, VA 20151-1652 | Joe McDade-House Candidate-10th Distr-PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 500.00 |
| Citizens for Ron Klink P.O. Box 75214 Washington, DC 20013-5214 | Ron Klink-House Candidate 4th Distr - PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 500.00 |
| Upton for All of Us 4451 Brookfield Corp. Dr., #200 Chantilly, VA 20151-1652 | Fred Upton-House Candidate 6th Distr. - MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 500.00 |
| Hulshof For Congress P.O. Box 1621 Columbia, MO 65205 | Kenny Hulshof-House Candidate-9th Distr-MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 500.00 |
| Martin Frost Campaign Cmte. P.O. Box 75214 Washington, DC 20013-5214 | Martin Frost-House Candidate-24th Distr-TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 7
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) National Emergency Medicine Political Action Committee of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Todd Tiaht for Congress 4451 Brookfield Corp. Dr., #200 Chantilly, VA 20151-1652 | Todd Tiaht-House Candidate-4th Distr-KS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 500.00 |
| Tom Davis for Congress P.O. Box 483 Dun Loring, VA 22027 | Tom Davis-House Candidate 11th Distr. - VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 500.00 |
| Friends of Jennifer Dunn P.O. Box 70513 Washington, DC 20024 | Jennifer Dunn-House Candidate-8th Distr-WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 500.00 |
| People for Ganske 5907 Grand Avenue Des Moines, IA 50312 | Greg Ganske-House Candidate-4th Distr-IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 500.00 |
| Earl Pomeroy For Congress P.O. Box 75214 Washington, DC 20013 | Earl Pomeroy - House Candidate-At-Large-ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 500.00 |
| Committee to Re-Elect Nancy Johnson P.O. Box 1986 New Britain, CT 06050 | Nancy Johnson - House Candidate-6th Distr- CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 1,000.00 |
| Carol Moseley-Braun for Senate 236 Massachusetts Avenue, NE #202 Washington, DC 20002 | Carol Moseley-Braun Senate Candidate- IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 1,000.00 |
| Friends of Max Baucus 203 G Street, NE Washington, DC 20002 | Max Baucus - Senate Candidate - MT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1996 Debt | 03/27/97 | 1,000.00 |
| McCrery for Congress Cmte. 4010 Franconia Road Alexandria, VA 22310-2136 | Jim McCrery - House Candidate 4th Distr -LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

6,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 7
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full): National Emergency Medicine Political Action Committee of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| People for English 208 G Street, NE Washington, DC 20002 | Phil English - House Candidate-21st Distr-PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 500.00 |
| Dingell for Congress Cmte. P.O. Box 75214 Washington, DC 20013-5214 | John Dingell - House Candidate-16th Distr-MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 1,000.00 |
| Friends of Byron Dorgan 420 C St., NE, Basement Washington, DC 20002 | Byron Dorgan - Senate Candidate - ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 03/27/97 | 1,000.00 |
| Friends of Sherrod Brown 111 Edgefield Drive Elyria, Ohio 44035 | Sherrod Brown - House Candidate-13th Distr-OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 04/21/97 | 1,000.00 |
| Citizens For Kasich P.O. Box 10274 Alexandria, VA 22310 | John Kasich - House Candidate-12th Dist OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 04/21/97 | 1,000.00 |
| Honor For Congress P.O. Box 75214 Washington, DC 20013-5214 | David E. Bonior - House Candidate-10th Distr-MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 04/21/97 | 1,000.00 |
| Myriek For Congress '98 P.O. Box 292 Alexandria, VA 22313-0292 | Sue Myriek - House Candidate - R - NC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 04/21/97 | 500.00 |
| Walsh For Congress Committee P.O. Box 1974 Syracuse, NY 13201 | Jim Walsh - House Candidate-25th Distr NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 04/21/97 | 500.00 |
| Berry For Congress Committee 5501 Cherokee Ave., #112 Alexandria, VA 22312 | Marion Berry - House Candidate-1st Distr AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 04/21/97 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) National Emergency Medicine Political Action Committee of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Engel For Congress 115 D Street SE #102 Washington, DC 20003 | Eliot Engel - House Candidate-17th Distr NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 04/21/97 | 500.00 |
| Citizens For David Obey P.O. Box 75214 Washington, DC 20013-5214 | David Obey - House Candidate-7th Distr WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 04/21/97 | 500.00 |
| Democratic Senatorial Campaign Cmte. 430 South Capitol St., S.E. Washington, DC 20003 | DSCC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 97-98 | 04/21/97 | 5,000.00 |
| McNulty For Congress P.O. Box 1560 Green Island, NY 12183 | Mike McNulty - House Candidate-21st Distr NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 04/21/97 | 500.00 |
| Friends of Cliff Stearns 4451 Brookfield Corp. Dr. #200 Chantilly, VA 20151-1652 | Cliff Stearns - House Candidate-5th Distr FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 04/21/97 | 500.00 |
| Hobson For Congress 82 West Columbia St. Springfield, OH 45502 | Dave Hobson - House Candidate-7th Distr OH Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 04/21/97 | 1,000.00 |
| Gephardt in Congress Committee 530 Seventh St., SE - 2nd Floor Washington, DC 20003 | Richard Gephardt - House Candidate 3rd Distr-MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 05/22/97 | 1,000.00 |
| Leadership 21 5501 Cherokee Avenue, Suite 112 Alexandria, VA 22312 | John Tanner - House Candidate 8th Distr TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 05/22/97 | 1,000.00 |
| Friends of Dave Weldon P.O. Box 16021 Alexandria, VA 22301 | Dave Weldon - House Candidate 15th Distr FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 05/22/97 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

10,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 7
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Democratic Congressional Campaign Cmte. 430 South Capital Street Washington, DC 20003 | DOCC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997-98 | 05/22/97 | 5,000.00 |
| B. Full Name, Mailing Address and ZIP Code Darlene Hooley For Congress 38 Ivy Street, SE Washington, DC 20003 | Purpose of Disbursement Darlene Hooley - House Candidate-5th Distr OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 05/27/97 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code Weller For Congress P.O. Box 687 Morris, IL 60450 | Purpose of Disbursement Jerry Weller - House Candidate-11th Distr IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 05/27/97 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code Pete Stark Re-Election Committee P.O. Box 75214 Washington, DC 20013-5214 | Purpose of Disbursement Pete Stark - House Candidate-13th Distr CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 05/27/97 | 1,000.00 |
| E. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee 4491 MacArthur Blvd., NW #201 Washington, DC 20007 | Purpose of Disbursement Bart Gordon - House Candidate-6th Distr TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 05/27/97 | 500.00 |
| F. Full Name, Mailing Address and ZIP Code The Richard E Neal Committee P.O. Box 2884 Washington, DC 20013 | Purpose of Disbursement Richard E Neal - House Candidate-2nd Distr MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 500.00 |
| G. Full Name, Mailing Address and ZIP Code Tierney For Congress '98 70 Washington Street Salem, MA 01970 | Purpose of Disbursement John Tierney - House Candidate-6th Distr MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 250.00 |
| H. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich P.O. Box 1399 Roswell, GA 30077 | Purpose of Disbursement Newt Gingrich - House Candidate-6th Distr GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 1,000.00 |
| I. Full Name, Mailing Address and ZIP Code Becerra For Congress P.O. Box 75214 Washington, DC 20013-5214 | Purpose of Disbursement Xavier Becerra - House Candidate-30th Distr CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

9,750.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| The Grassley Committee P.O. Box 6193 Alexandria, VA 22306-0193 | Charles E Grassley - House Candidate - Distr VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Brown For Congress Committee 111 Edgefield Drive Elyria, OH 44035 | Sherrrie Brown - House Candidate 13th Distr OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 2,000.00 |
| C. Full Name, Mailing Address and ZIP Code Mascara For Congress P.O. Box 1109 Washington, PA 15301 | Frank Mascara - House Candidate-20th Distr PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code Blumenauer For Congress 6282 Occoquan Forest Drive Manassas, VA 20112 | Earl Blumenauer - House Candidate 3rd Distr OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 500.00 |
| E. Full Name, Mailing Address and ZIP Code Anne Northrup For Congress P.O. Box 7313 Louisville, KY 40257 | Anne Northrup - House Candidate-3rd Distr KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 500.00 |
| F. Full Name, Mailing Address and ZIP Code Friends of Senator D'Amato P.O. Box 888 Mineola, NY 11501-0888 | Al D'Amato - Senate Candidate - NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Kind For Congress 44 Canal Center Plaza #400 Alexandria, VA 22314 | Ron Kind - House Candidate-3rd Distr WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 500.00 |
| H. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 2nd Street NE Washington, DC 20002 | National Republican Senatorial Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 06/26/97 | 5,000.00 |
| I. Full Name, Mailing Address and ZIP Code Kolbe '98 Committee P.O. Box 31568 Tucson, AZ 85751 | Jim Kolbe - House Candidate-5th Distr AZ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 06/26/97 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

11,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 7
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Lazio For Congress Committee P.O. Box 5063 Bayshore, NY 11718 | Rick Lazio - House Candidate-2nd Distr NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 500.00 |
| Wynn For Congress P.O. Box 5323 Capitol Heights, MD 20791 | Albert Wynn - House Candidate-4th Distr MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 500.00 |
| Thurman For Congress P.O. Box 5058 Inverness, FL 34450 | Karen Thurman - House Candidate-5th Distr FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 500.00 |
| Lampson For Congress 38 Ivy Street SE Washington, DC 20003 | Nick Lampson - House Candidate-9th Distr TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 500.00 |
| Nathan Deal For Congress P.O. Box 902 Gainesville, GA 30503 | Nathan Deal - House Candidate-9th Distr GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 500.00 |
| Committee to Re Elect Nancy Johnson P.O. Box 1986 New Britain, CT 06050 | Nancy Johnson - House Candidate-6th Distr CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 | 06/26/97 | 1,000.00 |
| Bonior For Congress Post Office Box 65873 Washington, DC 20035-5873 | David Bonior - House 10th District NY issued 7/28/94 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 94 voided 4/22/97 | 06/26/97 | {1,000.00} |
| Re-Elect Senator Mark Hatfield Cmte 425 Second St., NE Washington, DC 20002 | Mark Hatfield Senate OR issued 2/15/95 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 96 voided 4/22/97 | 06/26/97 | {1,000.00} |
| | | | |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

56,750.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT


PREPARER

8-3-97
DATE PREPARED