

**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** CITY STATE ZIP CODE

C00140061 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
X July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post-Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		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 Colin Romie, PHD

Signature of Treasurer Electronically Filed by Colin Romie, PHD Date 07 15 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From: ^{Month} 04 ^{Day} 01 ^{Year} 2002 To: ^{Month} 06 ^{Day} 30 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		221395.75
(b) Cash on Hand at Beginning of Reporting Period	253456.72	
(c) Total Receipts (from Line 19)	63399.61	148888.86
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	316856.33	370284.61
7. Total Disbursements (from Line 30)	79463.13	132891.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	237393.20	237393.20
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: ^{MM}04 ^{DD}01 ^{YYYY}2002 To: ^{MM}06 ^{DD}30 ^{YYYY}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)	9557.50	
(ii) Unitemized	53186.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	62744.00	147874.00
(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 32, page 4)	62744.00	147874.00
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 36, page 4)	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.)	655.61	1014.86
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	63399.61	148888.86
20. Total Federal Receipts (subtract Line 18 from Line 19)	63399.61	148888.86

DETAILED SUMMARY PAGE

of Disbursements

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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.....	24.38	1002.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	24.38	1002.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75888.75	128138.75
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.....	50.00	250.00
(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))..... ▶	50.00	250.00
29. Other Disbursements.....	3500.00	3500.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	79463.13	132891.41
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	79463.13	132891.41
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	62744.00	147874.00
33. Total Contribution Refunds (from Line 28(d)).....	50.00	250.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	62694.00	147624.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	24.38	1002.66
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	24.38	1002.66

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 41	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. J Christopher Williams

Mailing Address
428 Elizabeth Street
City State Zip Code
Ogdensburg NY 13669-2702

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Hepburn Hospital

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 7319

Full Name (Last, First, Middle Initial)
B. Dr. Robin Dean Fisher

Mailing Address
2124 Adobe Avenue
City State Zip Code
Corona CA 92882-5664

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Moreno Valley Community Hosp

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 7338

Full Name (Last, First, Middle Initial)
C. Dr. Daniel L Dukon

Mailing Address
20173 Wadena Road
City State Zip Code
Apple Valley CA 92308-6279

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 2

Amount of Each Receipt this Period
365.00

FEC ID number of contributing federal political committee.

Name of Employer
St Mary Med Ctr

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Transaction ID: 7393

SUBTOTAL of Receipts This Page (optional) ▶ **815.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 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)
Dr. Geoffrey E Renk

Mailing Address
32 Charlotte St
City State Zip Code
Charleston SC 29403-6330

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Bon Secours/St. Francis Hosp Emergency Physician

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

Transaction ID: 7395

B. Full Name (Last, First, Middle Initial)
Dr. Robert H Palts, Jr

Mailing Address
PO Box 3319
City State Zip Code
Copper Mountain CO 80443-3319

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Vail Valley Med Ctr Emergency Physician

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

Transaction ID: 7422

C. Full Name (Last, First, Middle Initial)
Dr. Timothy Martin O'Toole

Mailing Address
420 Dillon Circle NE
City State Zip Code
North Canton OH 44720-7863

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Auburn Hospital, ED Emergency Physician

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

Transaction ID: 7421

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 41

(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)
Dr. Steven H Silber

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2002

Mailing Address
155 Perry Street #5A

City State Zip Code
New York NY 10014-2374

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 255.00

Name of Employer Occupation
Methodist Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 255.00

Transaction ID: 7456

B. Full Name (Last, First, Middle Initial)
Dr. Albert L Gest

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2002

Mailing Address
453 Santa Monica Pl

City State Zip Code
Corpus Christi TX 78411-1613

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 200.00

Name of Employer Occupation
Christus Spohn Hosp Sys Emergency Physician

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

Transaction ID: 7487

C. Full Name (Last, First, Middle Initial)
Dr. G L McArthur, III

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2002

Mailing Address
11 Cardiff

City State Zip Code
Laguna Niguel CA 92677-2936

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation
Arrowhead Reg Med Ctr Emergency Physician

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

Transaction ID: 7527

SUBTOTAL of Receipts This Page (optional) ▶ **955.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 41	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Michael L Carus

Mailing Address
75 Oak Bluff Avenue
City State Zip Code
Stratford CT 06815-7714

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Norwalk Hospital, ED Chairman

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Transaction ID: 7537

Full Name (Last, First, Middle Initial)
B. Dr. William E Gathold

Mailing Address
408 Lower Sunnyslope Road
City State Zip Code
Wenatchee WA 98801-9619

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Central Washington Hosp

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 7544

Full Name (Last, First, Middle Initial)
C. Dr. William L Indruk

Mailing Address
134 Montclair Avenue
City State Zip Code
Montclair NJ 07042-4132

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
Emergency Medical Associates

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 7613

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)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Glenn Aiden Bolard

Mailing Address

28014 State Hwy 27

City

State

Zip Code

Guys Mills

PA

16327-3226

Date of Receipt

N M / D E / Y Y Y Y
05 / 01 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer

Meadville Medical Center

Occupation

Emergency Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7721

Full Name (Last, First, Middle Initial)

B. Dr. Daniel Eugene Pesterpaugh

Mailing Address

4107 Woodcreek Court

City

State

Zip Code

Colleyville

TX

76034-4101

Date of Receipt

N M / D E / Y Y Y Y
05 / 01 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Harris Methodist - HEB, ED

Occupation

Emergency Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7725

Full Name (Last, First, Middle Initial)

C. Dr. Steven Joseph Slack

Mailing Address

24 S Merton St

City

State

Zip Code

Memphis

TN

38112-4412

Date of Receipt

N M / D E / Y Y Y Y
05 / 01 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer

Steven Joseph Slack, MD

Occupation

Emergency Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7724

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 41	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Steven H Gartzman

Mailing Address
282B Hayes Rd #2621
City State Zip Code
Houston TX 77082-6673

Date of Receipt
N M / D E / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Steven H Gartzman, MD,FACEP Emergency Physician

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

Transaction ID: 7734

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

Mailing Address
8 Saddle Club Road
City State Zip Code
Lexington MA 02420-2115

Date of Receipt
N M / D E / Y Y Y Y
05 / 03 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sturdy Memorial Hospital Emergency Physician

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

Transaction ID: 7774

Full Name (Last, First, Middle Initial)
C. Dr. Robert G Solomon

Mailing Address
214 Briar Path
City State Zip Code
Imperial PA 15126-9866

Date of Receipt
N M / D E / Y Y Y Y
05 / 03 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
East Ohio Regional Hospital Emergency Physician

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

Transaction ID: 7782

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

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

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	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Brian F Keaton

Date of Receipt
M M / D D / Y Y Y Y
05 / 03 / 2002

Mailing Address
164 Silver Valley Boulevard

City State Zip Code
Munroe Falls OH 44262-1084

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St Thomas Hospital Med Ctr Emergency Physician

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

Transaction ID: 7779

B. Full Name (Last, First, Middle Initial)
Dr. Cary Alan Wilson

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2002

Mailing Address
3411 W River Drive

City State Zip Code
Mequon WI 53097-1622

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St Michael Hospital Emergency Physician

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

Transaction ID: 7820

C. Full Name (Last, First, Middle Initial)
Dr. William M Rogers, III

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2002

Mailing Address
1899 West State Rt 63

City State Zip Code
Lebanon OH 45036-9513

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mercy Hospital of Fairfield Emergency Physician

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

Transaction ID: 7821

SUBTOTAL of Receipts This Page (optional) ▶ **1300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 41	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Frederick Schaubert

Mailing Address
325 Fountain Street
City State Zip Code
Mandeville LA 70448-4521

Date of Receipt
N M / D E / Y Y Y Y
05 / 07 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
North Oaks Med Ctr ED Emergency Physician

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

Transaction ID: 7832

Full Name (Last, First, Middle Initial)
B. Dr. Kenneth L Halbert

Mailing Address
130 Laurel Hill Dr
City State Zip Code
Smyrna TN 37167-4907

Date of Receipt
N M / D E / Y Y Y Y
05 / 08 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Smyrna ACA Columbia Med Ctr Emergency Physician

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

Transaction ID: 7877

Full Name (Last, First, Middle Initial)
C. Dr. Alan L Kenwood

Mailing Address
6 S Hill Court
City State Zip Code
Morristown NJ 07960-3368

Date of Receipt
N M / D E / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Emergency Medical Associates Emergency Physician

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

Transaction ID: 7899

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 41

(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

Full Name (Last, First, Middle Initial)

A. Dr. Russell C Roundy

Mailing Address

S 1015 Primrose Lane

City

State

Zip Code

Spokane

WA

89224-2005

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 1 4 / 2 0 0 2

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Sacred Heart Med Center, ED

Occupation

Emergency Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7892

Full Name (Last, First, Middle Initial)

B. Dr. Timothy V Samuelson

Mailing Address

9231 Atelier Drive

City

State

Zip Code

Anchorage

AK

99507-1201

Date of Receipt

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

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Providence Hospital ED

Occupation

Emergency Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 8089

Full Name (Last, First, Middle Initial)

C. Dr. James Allen Wheeler

Mailing Address

PO Box 40123

City

State

Zip Code

St Paul

MN

55104

Date of Receipt

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

Amount of Each Receipt this Period

400.00

FEC ID number of contributing
federal political committee.

Name of Employer
Hlth Partners/Reg Emerg Ctr

Occupation

Emergency Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 8053

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 41	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Mary E Lewis

Mailing Address
N1D1 W21617 Birch Lane
City State Zip Code
Colgate WI 53017-9510

Date of Receipt
M M / D D / Y Y Y Y
05 / 21 / 2002

Amount of Each Receipt this Period
187.50

FEC ID number of contributing federal political committee.

Name of Employer
Infinity HealthCare, Inc.

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 8055

Full Name (Last, First, Middle Initial)
B. Dr. Michael T Lynch

Mailing Address
33 Via Tranquilla
City State Zip Code
Concord NH 03301-3251

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

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
Michael T Lynch, MD, FACEP

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 8138

Full Name (Last, First, Middle Initial)
C. Dr. Jeffrey Alan Joseph

Mailing Address
20560 Tanglewood Way
City State Zip Code
Potomac Falls VA 20165-7561

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

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
Fauquier Hospital

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Transaction ID: 8164

SUBTOTAL of Receipts This Page (optional) ▶ **287.50**

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

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

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

FOR LINE NUMBER: PAGE 15 / 41

(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)
Dr. Jan Drik

Mailing Address
281 D Walden Woods Court

City State Zip Code
Midland MI 48640-6953

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
Midland Emergency Room Corp PC Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: 8218

B. Full Name (Last, First, Middle Initial)
Dr. Paul A Berger

Mailing Address
5909 Pine View Drive

City State Zip Code
Sioux City IA 51106-5431

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
St Lukes Regional Med Ctr Emergency Physician

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

Transaction ID: 8268

C. Full Name (Last, First, Middle Initial)
Dr. Philip Arthur Brown

Mailing Address
359 Potash Hill Road

City State Zip Code
Tunbridge VT 05077-5627

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
50.00

Name of Employer Occupation
Central VT Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: 8300

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 41

(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)
Dr. Michael S Weinstock

Mailing Address
1667 Penns Crossing
City State Zip Code
Allentown PA 18104-1744

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Lehigh Valley Hospital, ED

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 8344

B. Full Name (Last, First, Middle Initial)
Dr. Alan D Beck

Mailing Address
11515 Green Ln
City State Zip Code
Oak Glen CA 92399-9568

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer
I B G

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Transaction ID: 8400

C. Full Name (Last, First, Middle Initial)
Dr. Melinda Lee Boye

Mailing Address
47 Spruce Cir
City State Zip Code
Barnegat NJ 08005-2037

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2002

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer
Southern Ocean County Hospital

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Transaction ID: 8448

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 41	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Fe J Murphy

Mailing Address
1024 Old Albany Post Rd
City State Zip Code
Garrison NY 10524-4306

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Good Samaritan Hospital

Occupation
Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: 8437

B. Full Name (Last, First, Middle Initial)
Dr. Charles F Pellawine

Mailing Address
Univ Emergency Medicine Fdn 184 Summit Avenue
City State Zip Code
Providence RI 02906-2894

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Univ Emergency Medicine Fdn

Occupation
Emergency Physician

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

Transaction ID: 8489

C. Full Name (Last, First, Middle Initial)
Dr. Michelle Blanda

Mailing Address
5955 Laura Wood Lane
City State Zip Code
Hudson OH 44236-4333

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
Summa Health System ED

Occupation
Emergency Physician

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

Transaction ID: 8697

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	9557.50

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

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

FOR LINE NUMBER: PAGE 18 / 41

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

Full Name (Last, First, Middle Initial)
A. Solomon Smith Barney

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 2

Mailing Address
1050 Connecticut Ave, NW Suite 225
City State Zip Code
Washington DC 20036

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 236.12

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 595.37

Transaction ID: 7791

Full Name (Last, First, Middle Initial)
B. Solomon Smith Barney

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 2

Mailing Address
1050 Connecticut Ave, NW Suite 225
City State Zip Code
Washington DC 20036

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 187.64

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 782.91

Transaction ID: 8337

Full Name (Last, First, Middle Initial)
C. Solomon Smith Barney

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 2

Mailing Address
1050 Connecticut Ave, NW Suite 225
City State Zip Code
Washington DC 20036

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 231.85

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1014.86

Transaction ID: 8837

SUBTOTAL of Receipts This Page (optional)	▶	655.61
TOTAL This Period (last page this line number only)	▶	655.61

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

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

Full Name (Last, First, Middle Initial) A. CHASE BANK		Date of Disbursement 04 / 30 / 2002
Mailing Address 545 EAST JOHN CARPENTER FRWY City IRVING State TX Zip Code 75062		Amount of Each Disbursement this Period 1.58
Purpose of Disbursement	Candidate Name	DD1 Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 8957
State: District: 0		

Full Name (Last, First, Middle Initial) B. CHASE BANK		Date of Disbursement 06 / 31 / 2002
Mailing Address 545 EAST JOHN CARPENTER FRWY City IRVING State TX Zip Code 75062		Amount of Each Disbursement this Period 11.42
Purpose of Disbursement	Candidate Name	001 Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 8956
State: District: 0		

Full Name (Last, First, Middle Initial) C. CHASE BANK		Date of Disbursement 06 / 30 / 2002
Mailing Address 545 EAST JOHN CARPENTER FRWY City IRVING State TX Zip Code 75062		Amount of Each Disbursement this Period 11.37
Purpose of Disbursement	Candidate Name	001 Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 8955
State: District: 0		

SUBTOTAL of Disbursements This Page (optional)	▶	24.38
TOTAL This Period (last page this line number only)	▶	24.38

**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 20 / 41

<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				

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

Full Name (Last, First, Middle Initial) A. Hoosiers Supporting Buyer For Congress		Date of Disbursement 04 / 02 / 2002
Mailing Address 200 North Main St City State Zip Code Mantichella IN 47960		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Rep. Steve Buyer		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 7331
State: IN District: 5		

Full Name (Last, First, Middle Initial) B. Americans for a Republican Majority (ARMPAC)		Date of Disbursement 04 / 02 / 2002
Mailing Address 1300 Pennsylvania, NW City State Zip Code Washington DC 20004		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7333
State: District: 0		

Full Name (Last, First, Middle Initial) C. Friends Of Clay Shaw		Date of Disbursement 04 / 03 / 2002
Mailing Address 2800 N E 14th Street Causeway City State Zip Code Pompano Beach FL 33062		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00	011 Category/ Type	
Candidate Name Congressman E. Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 7341
State: FL District: 22		

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)

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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				

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

Full Name (Last, First, Middle Initial) A. Friends Of Max Baucus 2002			Date of Disbursement 04 / 04 / 2002	
Mailing Address PO Box 586 City: Helena State: MT Zip Code: 59624			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$4,000.00			011 Category/ Type	
Candidate Name Senator Max Baucus				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		Transaction ID: 7343	
State: MT District: 1				

Full Name (Last, First, Middle Initial) B. John Shadegg For Congress			Date of Disbursement 04 / 08 / 2002	
Mailing Address P O Box 45444 City: Phoenix State: AZ Zip Code: 85064			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00			011 Category/ Type	
Candidate Name Congressman John Shadegg				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		Transaction ID: 7365	
State: AZ District: 4				

Full Name (Last, First, Middle Initial) C. Ben Cardin For Congress			Date of Disbursement 04 / 15 / 2002	
Mailing Address 100 East Pratt Street 27th Floor City: Baltimore State: MD Zip Code: 21202			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement YTD:\$1,500.00			011 Category/ Type	
Candidate Name Congressman Benjamin Cardin				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		Transaction ID: 7482	
State: MD District: 3				

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)

PAGE 22 / 41

<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				

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

Full Name (Last, First, Middle Initial) A. Americans for a Republican Majority (ARMPAC)		Date of Disbursement 04 / 25 / 2002
Mailing Address 1300 Pennsylvania, NW Suite 700 City State Zip Code Washington DC 20004		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement YTD:\$4,000.00	Candidate Name	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: District: 0	Transaction ID: 7695

Full Name (Last, First, Middle Initial) B. Mascara For Congress		Date of Disbursement 04 / 25 / 2002
Mailing Address P.O. Box 1109 City State Zip Code Washington PA 15301		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Candidate Name Rep. Frank Mascara	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: PA District: 20	Transaction ID: 7616

Full Name (Last, First, Middle Initial) C. Next Century Fund		Date of Disbursement 04 / 25 / 2002
Mailing Address 116 S Royal Street City State Zip Code Alexandria VA 22314		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00	Candidate Name	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: NC District: 6	Transaction ID: 7618

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)

PAGE 23 / 41

<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				

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

Full Name (Last, First, Middle Initial) A. Friends Of Max Cleland For The Us Senate Inc		Date of Disbursement 04 / 29 / 2002
Mailing Address 3146 Northeast Expressway P O Box 7843 City State Zip Code Atlanta GA 30341		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement YTD:\$5,000.00	011 Category/ Type	
Candidate Name Senator Max Cleland		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 7889
State: GA District: 1		

Full Name (Last, First, Middle Initial) B. Gephardt In Congress Committee		Date of Disbursement 05 / 09 / 2002
Mailing Address 7435 Watson Road Suite 107 City State Zip Code St Louis MO 63119		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00	011 Category/ Type	
Candidate Name Congressman Richard Gephardt		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7753
State: MO District: 3		

Full Name (Last, First, Middle Initial) C. Pete Stark Re-Election Committee		Date of Disbursement 05 / 09 / 2002
Mailing Address PO Box 8331 City State Zip Code Fremont CA 94537		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congressman Fortney Stark		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7870
State: CA District: 13		

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)

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<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. John Shadegg For Congress		Date of Disbursement 05 / 09 / 2002	
Mailing Address P O Box 45444 City State Zip Code Phoenix, AZ 85084		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Congressman John Shadegg			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: AZ District: 4	Transaction ID: 7869		

Full Name (Last, First, Middle Initial) B. Mascara For Congress		Date of Disbursement 05 / 09 / 2002	
Mailing Address P.O. Box 1109 City State Zip Code Washington PA 15301		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Rep. Frank Mascara			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: PA District: 20	Transaction ID: 7872		

Full Name (Last, First, Middle Initial) C. David Scott For Congress		Date of Disbursement 05 / 09 / 2002	
Mailing Address 162 Hurt Street Ne City State Zip Code Atlanta GA 30307		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. David Scott			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: GA District: 13	Transaction ID: 7885		

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)

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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				

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

Full Name (Last, First, Middle Initial) A. Matheussen for Senate		Date of Disbursement 05 / 09 / 2002	
Mailing Address 703 Richmond Ave. Suite 2 City State Zip Code Point Pleasant Bea NJ 08742		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. John Matheussen			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 7866	
State: NJ District: 0			

Full Name (Last, First, Middle Initial) B. Jim Ramstad Volunteer Committee		Date of Disbursement 05 / 09 / 2002	
Mailing Address 1809 Plymouth Road South #310 1809 Plymouth Road South #310 City State Zip Code Minnetonka MN 55306		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Jim Ramstad			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7867	
State: MN District: 3			

Full Name (Last, First, Middle Initial) C. Redwine Congressional Committee		Date of Disbursement 05 / 09 / 2002	
Mailing Address 33533 So Ridge Road City State Zip Code Sioux City IA 51108		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. John Redwine			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 7871	
State: IA District: 6			

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

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(check only one)

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<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Earl Pomeroy For Congress		Date of Disbursement 05 / 15 / 2002
Mailing Address Post Office Box 746 City Bismarck State ND Zip Code 58502		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congressman Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 7947
State: ND District: 1		

Full Name (Last, First, Middle Initial) B. Anna Eshoo For Congress		Date of Disbursement 05 / 15 / 2002
Mailing Address 555 Capitol Mall Suite 1425 City Sacramento State CA Zip Code 95814		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congresswoman Anna Eshoo		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 7945
State: CA District: 14		

Full Name (Last, First, Middle Initial) C. Friends Of Dick Durbin Committee		Date of Disbursement 05 / 15 / 2002
Mailing Address P O Box 1949 City Springfield State IL Zip Code 62705		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$4,000.00	011 Category/ Type	
Candidate Name Sen. Richard Durbin		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 7948
State: IL District: 2		

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
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

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(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				

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

Full Name (Last, First, Middle Initial) A. Committee for the Preservation of Capitalism		Date of Disbursement 05 / 15 / 2002	
Mailing Address P.O. Box 22614 City: Alexandria State: VA Zip Code: 22304		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD: \$5,000.00		011 Category/ Type	
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7944	
State: District: 0			

Full Name (Last, First, Middle Initial) B. Nita Lowey For Congress		Date of Disbursement 05 / 15 / 2002	
Mailing Address PO Box 271 City: White Plains State: NY Zip Code: 10606		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD: \$1,000.00		011 Category/ Type	
Candidate Name Rep. Nita Lowey			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7946	
State: NY District: 18			

Full Name (Last, First, Middle Initial) C. Next Century Fund		Date of Disbursement 05 / 16 / 2002	
Mailing Address 116 S Royal Street City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 1159.30	
Purpose of Disbursement YTD: \$1,159.30		011 Category/ Type	
Candidate Name Congressman Richard Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 9087	
State: NC District: 6			

SUBTOTAL of Disbursements This Page (optional)	7159.30
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

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(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				

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

Full Name (Last, First, Middle Initial) A. Jim Ramstadt Volunteer Committee		Date of Disbursement 05 / 16 / 2002	
Mailing Address		Amount of Each Disbursement this Period 229.45	
City	State	Zip Code	Transaction ID: 9089
Purpose of Disbursement YTD:\$1,229.45		011 Category/ Type	
Candidate Name Rep. Jim Ramstad		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: X House Senate President	State: MN District: 3	Transaction ID: 9089	

Full Name (Last, First, Middle Initial) B. Collins For Senator		Date of Disbursement 05 / 17 / 2002	
Mailing Address PO Box 1096		Amount of Each Disbursement this Period 1000.00	
City	State	Zip Code	Transaction ID: 7987
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Senator Susan Collins		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: House X Senate President	State: ME District: 2	Transaction ID: 7987	

Full Name (Last, First, Middle Initial) C. Mike Bilirakis For Congress		Date of Disbursement 05 / 21 / 2002	
Mailing Address P O Box 1077		Amount of Each Disbursement this Period 1000.00	
City	State	Zip Code	Transaction ID: 8050
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Congressman Michael Bilirakis		Disbursement For: 2002 Primary General X Other (specify) ◆ 2002 Primary	
Office Sought: X House Senate President	State: FL District: 8	Transaction ID: 8050	

SUBTOTAL of Disbursements This Page (optional) ▶	2229.45
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

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(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				

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

Full Name (Last, First, Middle Initial) A. John D Dingell For Congress Committee		Date of Disbursement 05 / 21 / 2002	
Mailing Address 607 Fourteenth Street Nw City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$7,000.00		011 Category/ Type	
Candidate Name Rep. John Dingell			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: MI District: 16	Transaction ID: 8049		

Full Name (Last, First, Middle Initial) B. Friends Of Senator Carl Levin		Date of Disbursement 05 / 21 / 2002	
Mailing Address P.O. Box 92089 City Warren State MI Zip Code 48092		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Sen. Carl Levin			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 1	Transaction ID: 8048		

Full Name (Last, First, Middle Initial) C. New Republican Majority Fund		Date of Disbursement 05 / 21 / 2002	
Mailing Address 201 North Union Street City Alexandria State VA Zip Code 22314		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 0	Transaction ID: 8080		

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
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

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(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				

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

Full Name (Last, First, Middle Initial) A. Lindsay Graham For Senate		Date of Disbursement 05 / 22 / 2002	
Mailing Address PO Box 1155 City Seneca State SC Zip Code 29679		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type	
Candidate Name Lindsay Graham			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 8097	
State: SC District: 2			

Full Name (Last, First, Middle Initial) B. Martin Frost Campaign Committee		Date of Disbursement 05 / 23 / 2002	
Mailing Address P O Box 4219 City Dallas State TX Zip Code 75208		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Martin Frost			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 8098	
State: TX District: 24			

Full Name (Last, First, Middle Initial) C. Jean Carnahan For Missouri Committee		Date of Disbursement 05 / 24 / 2002	
Mailing Address PO Box 820 City Rolla State MO Zip Code 65402		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Sen. Jean Carnahan			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 8159	
State: MO District: 2			

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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				

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

Full Name (Last, First, Middle Initial) A. The 2002 President's Dinner		Date of Disbursement 05 / 24 / 2002	
Mailing Address The 2002 President's Dinner Commit P.O. Box 1721 City State Zip Code Washington DC 20013		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 8160	
State: District: 0			

Full Name (Last, First, Middle Initial) B. Friends Of Dick Durbin Committee		Date of Disbursement 05 / 28 / 2002	
Mailing Address P O Box 1949 City State Zip Code Springfield IL 62706		Amount of Each Disbursement this Period -2000.00	
Purpose of Disbursement YTD:\$2,000.00 Voided Check		011 Category/ Type	
Candidate Name Sen. Richard Durbin			
Office Sought: House X Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼ 2002 Primary	Voided Check	
State: IL District: 2	Transaction ID: 8169		

Full Name (Last, First, Middle Initial) C. Mascara For Congress		Date of Disbursement 05 / 28 / 2002	
Mailing Address P.O. Box 1109 City State Zip Code Washington PA 15301		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1,000.00 Voided Check		011 Category/ Type	
Candidate Name Rep. Frank Mascara			
Office Sought: X House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Voided Check	
State: PA District: 20	Transaction ID: 8170		

SUBTOTAL of Disbursements This Page (optional)	2000.00
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

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(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				

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

Full Name (Last, First, Middle Initial) A. Upton For All Of Us		Date of Disbursement 05 / 29 / 2002	
Mailing Address PO Box 490 City State Zip Code St Joseph MI 49085		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Fred Upton		Transaction ID: 8235	
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 Other (specify) ▼		
State: MI District: 8			

Full Name (Last, First, Middle Initial) B. Mike Bilirakis For Congress		Date of Disbursement 05 / 29 / 2002	
Mailing Address P O Box 1077 City State Zip Code Tarpon Springs FL 34688		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1,000.00 Voided Check		011 Category/ Type	
Candidate Name Congressman Michael Bilirakis		Voided Check	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: FL District: 9	Transaction ID: 8236		

Full Name (Last, First, Middle Initial) C. John D Dingell For Congress Committee		Date of Disbursement 05 / 29 / 2002	
Mailing Address 607 Fourteenth Street Nw City State Zip Code Washington DC 20005		Amount of Each Disbursement this Period -2500.00	
Purpose of Disbursement YTD:\$4,500.00 Voided Check		011 Category/ Type	
Candidate Name Rep. John Dingell		Voided Check	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: MI District: 18	Transaction ID: 8237		

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

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(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				

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

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Date of Disbursement 05 / 29 / 2002
Mailing Address 430 South Capitol Street City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00	Candidate Name	011 Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: District: 0	Transaction ID: 8234

Full Name (Last, First, Middle Initial) B. People For Pete Domenici		Date of Disbursement 05 / 31 / 2002
Mailing Address Post Office Box 93656 City Albuquerque State NM Zip Code 87199		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Voided Check	Candidate Name Senator Pete V. Domenici	011 Category/ Type
Office Sought: House X Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: NM District: 1	Voided Check Transaction ID: 8259

Full Name (Last, First, Middle Initial) C. Friends Of Patrick J Kennedy Inc		Date of Disbursement 05 / 31 / 2002
Mailing Address PO Box 321 City Pawtucket State RI Zip Code 02862		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Voided Check	Candidate Name Rep. Patrick Kennedy	011 Category/ Type
Office Sought: X House Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: RI District: 1	Voided Check Transaction ID: 8280

SUBTOTAL of Disbursements This Page (optional)	500.00
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

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(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				

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

Full Name (Last, First, Middle Initial) A. Dave Camp For Congress 2000		Date of Disbursement 06 / 06 / 2002	
Mailing Address 5815 Eastman Avenue Suite 100 City State Zip Code Midland MI 48640		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Dave Camp			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: MI District: 4	Transaction ID: 8394		

Full Name (Last, First, Middle Initial) B. Diana DeGette For Congress Inc		Date of Disbursement 06 / 06 / 2002	
Mailing Address PO Box 81337 City State Zip Code Denver CO 80208		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congresswoman Diana DeGette			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: CO District: 1	Transaction ID: 8393		

Full Name (Last, First, Middle Initial) C. Mike Bilirakis For Congress		Date of Disbursement 06 / 06 / 2002	
Mailing Address P O Box 1077 City State Zip Code Tarpon Springs FL 34688		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$3,500.00		011 Category/ Type	
Candidate Name Congressman Michael Bilirakis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: FL District: 8	Transaction ID: 8392		

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

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(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				

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

Full Name (Last, First, Middle Initial) A. Rangel For Congress		Date of Disbursement 06 / 06 / 2002	
Mailing Address PO Box 5577 City State Zip Code New York NY 10027		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Charles Rangel			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 8396	
State: NY District: 15			

Full Name (Last, First, Middle Initial) B. Friends Of Dave Weldon		Date of Disbursement 06 / 06 / 2002	
Mailing Address PO Box 968 City State Zip Code Melbourne FL 32902		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Dave Weldon			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 8395	
State: FL District: 15			

Full Name (Last, First, Middle Initial) C. Jim Davis For Congress		Date of Disbursement 06 / 10 / 2002	
Mailing Address PO Box 18143 City State Zip Code Tampa FL 33609		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Jim Davis			
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) ▼	Transaction ID: 8426	
State: FL District: 11			

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)

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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				

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

Full Name (Last, First, Middle Initial) A. Friends Of Mark Foley For Congress		Date of Disbursement 06 / 11 / 2002	
Mailing Address 1316 Lake Victoria Dr City State Zip Code Lake Worth FL 33461		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Congressman Mark Foley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: FL District: 16	Transaction ID: 8459		

Full Name (Last, First, Middle Initial) B. Friends Of Sherrrod Brown		Date of Disbursement 06 / 11 / 2002	
Mailing Address 807 14th Street Nw Suite 800 City State Zip Code Washington DC 20006		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Congressman Sherrrod Brown			
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: OH District: 13	Transaction ID: 8467		

Full Name (Last, First, Middle Initial) C. Hobson For Congress		Date of Disbursement 06 / 11 / 2002	
Mailing Address 82 West Columbia City State Zip Code Springfield OH 45503		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. David Hobson			
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: OH District: 7	Transaction ID: 8488		

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)
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FOR LINE NUMBER:
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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

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

Full Name (Last, First, Middle Initial) A. John Shadegg For Congress		Date of Disbursement 06 / 14 / 2002	
Mailing Address P O Box 45444 City State Zip Code Phoenix, AZ 85084		Amount of Each Disbursement this Period -2000.00	
Purpose of Disbursement Volded Check		011 Category/ Type	
Candidate Name Congressman John Shadegg		Voided Check	
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: AZ District: 4	Transaction ID: 8492		

Full Name (Last, First, Middle Initial) B. Friends Of Carolyn Mccarthy		Date of Disbursement 06 / 17 / 2002	
Mailing Address 151 Linden Road City State Zip Code Mineola NY 11501		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:52,000.00		011 Category/ Type	
Candidate Name Congresswoman Carolyn McCarthy		Transaction ID: 8493	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: NY District: 4			

Full Name (Last, First, Middle Initial) C. John Lewis For Congress		Date of Disbursement 06 / 17 / 2002	
Mailing Address PO Box 2323 City State Zip Code Atlanta GA 30301		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. John Lewis		Transaction ID: 8494	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
State: GA District: 6			

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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				

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

Full Name (Last, First, Middle Initial) A. Cardoza For Congress		Date of Disbursement 06 / 18 / 2002
Mailing Address 2724 Winton Way City Atwater State CA Zip Code 95301		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00	Candidate Name Mr. Dennis Cardoza	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: CA District: 16	Transaction ID: 8537	

Full Name (Last, First, Middle Initial) B. Anne Sumers For Congress		Date of Disbursement 06 / 18 / 2002
Mailing Address PO Box 824 City Paramus State NJ Zip Code 07653		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00	Candidate Name Anne Sumers	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: NJ District: 5	Transaction ID: 8538	

Full Name (Last, First, Middle Initial) C. Bill Thomas Campaign Committee		Date of Disbursement 06 / 20 / 2002
Mailing Address PO Box 395 City Bakersfield State CA Zip Code 93302		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Candidate Name Congressman William Thomas	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: CA District: 21	Transaction ID: 8578	

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)
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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				

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

Full Name (Last, First, Middle Initial) A. Lampson For Congress		Date of Disbursement 06 / 20 / 2002	
Mailing Address P.O. Box 21578 City: Beaumont State: TX Zip Code: 77720		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Nick Lampson			
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 Other (specify) ▼		
State: TX District: 8	Transaction ID: 8579		

Full Name (Last, First, Middle Initial) B. John Shadegg For Congress		Date of Disbursement 06 / 21 / 2002	
Mailing Address P O Box 45444 City: Phoenix State: AZ Zip Code: 85064		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Congressman John Shadegg			
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 Other (specify) ▼		
State: AZ District: 4	Transaction ID: 8598		

Full Name (Last, First, Middle Initial) C. Friends Of Patrick J Kennedy Inc		Date of Disbursement 06 / 26 / 2002	
Mailing Address PO Box 321 City: Pawtucket State: RI Zip Code: 02862		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Patrick Kennedy			
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 Other (specify) ▼		
State: RI District: 1	Transaction ID: 8787		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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

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

Full Name (Last, First, Middle Initial) A. Friends Of Patrick J Kennedy Inc		Date of Disbursement 06 / 26 / 2002	
Mailing Address PO Box 321 City Pawtucket State RI Zip Code 02862		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement Volded Check		011 Category/ Type	
Candidate Name Rep. Patrick Kennedy		Voided Check	
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 Other (specify) ▼	Transaction ID: 9106	
State: RI District: 1			

B.

C.

SUBTOTAL of Disbursements This Page (optional)	-1000.00
TOTAL This Period (last page this line number only)	75888.75

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

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 26 27 28a 28b 28c 29

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

Full Name (Last, First, Middle Initial) A. Rely on Your Beliefs Fund		Date of Disbursement 04 / 17 / 2002
Mailing Address 1300 Pennsylvania Ave NW Suite 700 City State Zip Code Washington DC 20004		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement	Candidate Name	011 Category/ Type
Office Sought: House Senate President		
Disbursement For: Primary General Other (specify) ▼	State: District: 0	Transaction ID: 7513

Full Name (Last, First, Middle Initial) B. Rely on Your Beliefs Fund		Date of Disbursement 04 / 25 / 2002
Mailing Address 1300 Pennsylvania Ave NW Suite 700 City State Zip Code Washington DC 20004		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	011 Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: District: 0	Transaction ID: 7517

C.

SUBTOTAL of Disbursements This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	3500.00