

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

5. Covering Period 01 01 2002 through 03 31 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 04 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: ^{MO} 01 ^{DAY} 01 ^{YEAR} 2002 To: ^{MO} 03 ^{DAY} 31 ^{YEAR} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{MO} 01 ^{YEAR} 2002		221395.75
(b) Cash on Hand at Beginning of Reporting Period	221395.75	
(c) Total Receipts (from Line 19)	85489.25	85489.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	306885.00	306885.00
7. Total Disbursements (from Line 30)	53428.28	53428.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	253456.72	253456.72
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}01 ^{DD}01 ^{YYYY}2002 To: ^{MM}03 ^{DD}31 ^{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)	13450.00	
(ii) Unitemized	71680.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	85130.00	85130.00
(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)	85130.00	85130.00
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.)	359.25	359.25
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)	85489.25	85489.25
20. Total Federal Receipts (subtract Line 18 from Line 19)	85489.25	85489.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	978.28	978.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	978.28	978.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52250.00	52250.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	200.00	200.00
(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))..... ▶	200.00	200.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	53428.28	53428.28
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	53428.28	53428.28
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	85130.00	85130.00
33. Total Contribution Refunds (from Line 28(d)).....	200.00	200.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	84930.00	84930.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	978.28	978.28
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	978.28	978.28

**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 / 34	
	<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. Kristina L Morin

Mailing Address
PO Box 190
City Columbia Falls State ME Zip Code 04623-0190

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

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Down East Community Hospital Occupation Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 5754

Full Name (Last, First, Middle Initial)
B. Dr. Richard L Manolo

Mailing Address
3104 Celbridge Court
City Virginia Bch State VA Zip Code 23452-6187

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

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Chesapeake General Hosp, ED Occupation Emergency Physician

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

Transaction ID: 5759

Full Name (Last, First, Middle Initial)
C. Dr. Joseph A Zeccard

Mailing Address
93 Reimsterville Rd
City Elmer State NJ Zip Code 08316-2940

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

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer S Jersey Hosp System Occupation Emergency Physician

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

Transaction ID: 5788

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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 6 / 34

(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. Stephen Timothy Holland

Mailing Address
15 Beach Avenue
City State Zip Code
Watertown CT 06795-2001

Date of Receipt
N M / D E / Y Y Y Y
01 / 07 / 2002

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 225.00

Name of Employer Occupation
St Marys Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 225.00

Transaction ID: 5878

Full Name (Last, First, Middle Initial)
B. Dr. Gregory L Henry

Mailing Address
185D Washtenaw Ave
City State Zip Code
Ann Arbor MI 48104-2638

Date of Receipt
N M / D E / Y Y Y Y
01 / 08 / 2002

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

Name of Employer Occupation
Emergency Phys Med Grp PC Emergency Physician

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

Transaction ID: 5923

Full Name (Last, First, Middle Initial)
C. Dr. Brant F Gardner

Mailing Address
640 East Club Circle
City State Zip Code
Longwood FL 32779-2258

Date of Receipt
N M / D E / Y Y Y Y
01 / 10 / 2002

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 400.00

Name of Employer Occupation
Florida Emergency Physicians Emergency Physician

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

Transaction ID: 5845

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 / 34

(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. Leo E Berkenbile, Jr

Date of Receipt

Mailing Address

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

420 Richmond Road

City State Zip Code

La Canada CA 91011-3535

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

500.00

Name of Employer
Foothills Emergency Physicians

Occupation
Emergency Physician

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

500.00

Transaction ID: 5951

Full Name (Last, First, Middle Initial)

B. Dr. Thomas C Madden

Date of Receipt

Mailing Address

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

6185 Deenwood Drive

City State Zip Code

Greenwood IN 46143-9159

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Fayette Memorial Hospital

Occupation
Emergency Physician

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 5953

Full Name (Last, First, Middle Initial)

C. Dr. Nedra A Vincent

Date of Receipt

Mailing Address

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

2105 N Kemper Ave

City State Zip Code

Claremont CA 91711-2217

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
San Antonio Community Hospital

Occupation
Emergency Physician

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 5999

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 / 34	
	<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. Peter J Jacoby

Mailing Address
167 Sprain Brook Rd
City State Zip Code
Woodbury CT 06798-1914

Date of Receipt
N M / D E / Y Y Y Y
01 / 14 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St Marys Hospital, ED Emergency Physician

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

Transaction ID: 5894

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

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

Date of Receipt
N M / D E / Y Y Y Y
01 / 14 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Good Samaritan Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 6001

Full Name (Last, First, Middle Initial)
C. Dr. Steven C Watsky

Mailing Address
2205 67th Street NW
City State Zip Code
Bradenton FL 34209-9430

Date of Receipt
N M / D E / Y Y Y Y
01 / 15 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Manatee Memorial Hospital, ED Emergency Physician

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

Transaction ID: 6044

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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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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. Anthony A Umolu

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2002

Mailing Address
2201 Bayview Drive

City State Zip Code
Michigan City IN 46360-1571

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Anthony A Umolu, MD Emergency Physician

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

Transaction ID: 6042

B. Full Name (Last, First, Middle Initial)
Dr. Woodrow W Gandy

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2002

Mailing Address
4528 Irvin Simmons Dr

City State Zip Code
Dallas TX 75229-4249

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
T-System Emergency Physician

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

Transaction ID: 6045

C. Full Name (Last, First, Middle Initial)
Dr. Wm Bruce Watson

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2002

Mailing Address
3806 Juniper Road

City State Zip Code
Baltimore MD 21216-1827

Amount of Each Receipt this Period
365.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Franklin Square Hosp Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 365.00

Transaction ID: 6091

SUBTOTAL of Receipts This Page (optional) ▶ **1015.00**

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: PAGE 10 / 34

(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. Harold S Jenkins

Mailing Address

HC 8 Box 8D

City

State

Zip Code

Madison

VA

22727-8302

Date of Receipt

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

Amount of Each Receipt this Period

400.00

FEC ID number of contributing
federal political committee.

Name of Employer
Harold S Jenkins, MD, FACEP

Occupation

Emergency Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 6226

Full Name (Last, First, Middle Initial)

B. Dr. Anthony A Umolu

Mailing Address

2201 Bayview Drive

City

State

Zip Code

Michigan City

IN

46360-1571

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

60.00

FEC ID number of contributing
federal political committee.

Name of Employer
Anthony A Umolu, MD

Occupation

Emergency Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 6349

Full Name (Last, First, Middle Initial)

C. Dr. Gregory John Endres-Bercher

Mailing Address

1260 E Monroe Rd

City

State

Zip Code

Harrison

MI

48825-9552

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

365.00

FEC ID number of contributing
federal political committee.

Name of Employer
Midmichigan Reg Med Ctr-Clare

Occupation

Emergency Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 6344

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 34	
	<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. F Richard Heath

Mailing Address
53 Fox Pointe Drive
City State Zip Code
Pittsburgh PA 15238-1534

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2002

Amount of Each Receipt this Period
365.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UPMC Braddock Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 365.00

Transaction ID: 6326

Full Name (Last, First, Middle Initial)
B. Dr. Nicholas A K Metcalf

Mailing Address
5201 Sugar Mill Road
City State Zip Code
Brownsville TX 78526-3874

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Nicholas A K Metcalf, MD Emergency Physician

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

Transaction ID: 6337

Full Name (Last, First, Middle Initial)
C. Dr. Steven R Minnaugh

Mailing Address
8419 S Robidoux Road
City State Zip Code
Sandy UT 84093-1182

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Syntonic Medical Group Emergency Physician

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

Transaction ID: 6336

SUBTOTAL of Receipts This Page (optional) ▶ **1165.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 12 / 34

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. Gerald William Bortolazzo

Mailing Address

5226 Old Mountain Lane

City

State

Zip Code

Powder Springs

GA

30127-4341

Date of Receipt

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

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer

Gerald William Bortolazzo, MD

Occupation

Emergency Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 6429

Full Name (Last, First, Middle Initial)

B. Dr. Michael L McGannon

Mailing Address

823 Cathedral Drive

City

State

Zip Code

Aptos

CA

95003-2904

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Watsonville Community Hospital

Occupation

Emergency Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6462

Full Name (Last, First, Middle Initial)

C. Dr. Joseph J Kuehnelt

Mailing Address

6 Sherwood Dr

City

State

Zip Code

Morristown

NJ

07960-6377

Date of Receipt

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

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer

New York United Hosp

Occupation

Emergency Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6457

SUBTOTAL of Receipts This Page (optional)

900.00

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 13 / 34	
	<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. 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
02 / 11 / 2002

Amount of Each Receipt this Period
365.00

FEC ID number of contributing federal political committee.

Name of Employer
I B G

Occupation
Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 365.00

Transaction ID: 6549

B. Full Name (Last, First, Middle Initial)
Dr. Arlo F Welge

Mailing Address
5213 Valerie Street
City State Zip Code
Bellaire TX 77401-4826

Date of Receipt
M M / D D / Y Y Y Y
02 / 15 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer
UT Med School Houston

Occupation
Emergency Physician

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

Transaction ID: 6612

C. Full Name (Last, First, Middle Initial)
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
02 / 15 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer
Fauquier Hospital

Occupation
Emergency Physician

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

Transaction ID: 6614

SUBTOTAL of Receipts This Page (optional) ▶ **1165.00**

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 14 / 34

(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. Christopher J Davis

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 2 / 1 8 / 2 0 0 2

9436 SW Harbor Drive

City

State

Zip Code

Yashon

WA

98070-7034

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

365.00

Name of Employer
Christopher J Davis, MD, FACEP

Occupation

Emergency Physician

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

365.00

Transaction ID: 6654

Full Name (Last, First, Middle Initial)

B. Dr. John E Rampulla

Date of Receipt

Mailing Address

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

280 Van Winkle Drive

City

State

Zip Code

San Anselmo

CA

94960-1040

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

200.00

Name of Employer
Doctors Hosp of San Pablo

Occupation

Emergency Physician

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

400.00

Transaction ID: 6699

Full Name (Last, First, Middle Initial)

C. Dr. Gwendolyn L Hoffman

Date of Receipt

Mailing Address

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

1818 Owaspippe

City

State

Zip Code

Twin Lake

MI

49457-9598

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
American Board Of Emerg Med

Occupation

Emergency Physician

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: 6708

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 34	
	<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. Gary David Wright

Mailing Address
21 Lagoon Dr
City State Zip Code
Gulf Shores AL 36542-8279

Date of Receipt
N M / D E / Y Y Y Y
02 / 27 / 2002

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

Name of Employer Occupation
Gary David Wright, MD, FACEP Emergency Physician

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

Transaction ID: 6828

Full Name (Last, First, Middle Initial)
B. Dr. Gregory John Endres-Bercher

Mailing Address
1260 E Monroe Rd
City State Zip Code
Harrison MI 48625-9552

Date of Receipt
N M / D E / Y Y Y Y
03 / 01 / 2002

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation
Midmichigan Reg Med Ctr-Clare Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 465.00

Transaction ID: 6861

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

Mailing Address
359 Potash Hill Road
City State Zip Code
Tunbridge VT 05077-9527

Date of Receipt
N M / D E / Y Y Y Y
03 / 07 / 2002

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 400.00

Name of Employer Occupation
Central VT Hospital Emergency Physician

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

Transaction ID: 6868

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: (check only one)		PAGE 16 / 34	
	<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. Jacqueline Perry

Mailing Address
4713 Whitehall Dr
City State Zip Code
Huntsville AL 35816-1231

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer
Cooper Green Hosp

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Transaction ID: 7024

Full Name (Last, First, Middle Initial)
B. Dr. E. Jackson Allison, Jr

Mailing Address
330 Rugby Rd
City State Zip Code
Syracuse NY 13203-1449

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Veterans Affairs Med Ctr

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Transaction ID: 7058

Full Name (Last, First, Middle Initial)
C. Dr. John D Bibb

Mailing Address
16449 Akron Street
City State Zip Code
Pacific Plsds CA 90272-2304

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Cedars Sinai Medical Center

Occupation
Emergency Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Transaction ID: 7222

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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 / 34	
	<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. Peter L Sosnow

Mailing Address
37 Dublin Drive

City State Zip Code
Niskayuna NY 12309-1442

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Albany Memorial Hosp, ED Dir Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
250.00

Transaction ID: 7226

B. Full Name (Last, First, Middle Initial)
Dr. Margaret A Brummer

Mailing Address
55541 Lacey Lane

City State Zip Code
Bristol IN 46507-9653

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Elkhart Emergency Physicians Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2002

Amount of Each Receipt this Period
200.00

Transaction ID: 7253

C. Full Name (Last, First, Middle Initial)
Dr. Matlyn Joan Helms

Mailing Address
900 Twining Road

City State Zip Code
Dresher PA 19025-1726

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lower Bucks Hospital, ED Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
250.00

Transaction ID: 7260

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	13450.00

**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 18 / 34
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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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
02 / 28 / 2002

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

Amount of Each Receipt this Period
145.45

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 212.05

Transaction ID: 7431

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2002

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

Amount of Each Receipt this Period
147.20

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 359.25

Transaction ID: 7432

C.

SUBTOTAL of Receipts This Page (optional)	▶	292.65
TOTAL This Period (last page this line number only)	▶	292.65

**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 19 / 34

<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 03 / 12 / 2002
Mailing Address 545 EAST JOHN CARPENTER FRWY City: IRVING State: TX Zip Code: 75062		Amount of Each Disbursement this Period 882.00
Purpose of Disbursement	Candidate Name	DD1 Category/Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 7034
State: District: 0		

Full Name (Last, First, Middle Initial) B. CHASE BANK		Date of Disbursement 03 / 31 / 2002
Mailing Address 545 EAST JOHN CARPENTER FRWY City: IRVING State: TX Zip Code: 75062		Amount of Each Disbursement this Period 9.09
Purpose of Disbursement	Candidate Name	001 Category/Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 7447
State: District: 0		

C.

SUBTOTAL of Disbursements This Page (optional)	▶	871.09
TOTAL This Period (last page this line number only)	▶	871.09

**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 / 34

<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. People For Pete Domenici		Date of Disbursement 01 / 10 / 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 YTD:\$1,000.00		011 Category/ Type	
Candidate Name Senator Pete V. Domenici			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 5948	
State: NM District: 1			

Full Name (Last, First, Middle Initial) B. Friends Of Patrick J Kennedy Inc		Date of Disbursement 01 / 10 / 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 Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 5949	
State: RI District: 1			

Full Name (Last, First, Middle Initial) C. Dewine For Us Senate		Date of Disbursement 01 / 14 / 2002	
Mailing Address PO Box 340188 City Columbus State OH Zip Code 43234		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Senator Mike DeWine			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5980	
State: OH District: 1			

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)

PAGE 21 / 34

<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. Dewine For Us Senate		Date of Disbursement 01 / 14 / 2002
Mailing Address PO Box 340188 City Columbus State OH Zip Code 43234		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Funds Reported On <Enter Report Name Here>	011 Category/ Type	[MEMO ITEM] Funds Reported On <Enter Report Name Here>
Candidate Name Senator Mike DeWine	Office Sought: House <input checked="" type="checkbox"/> Senate President	
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: OH District: 1	Transaction ID: 7417

Full Name (Last, First, Middle Initial) B. Sue Myrick For Congress		Date of Disbursement 01 / 14 / 2002
Mailing Address PO Box 37081 City Charlotte State NC Zip Code 28237		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	[MEMO ITEM] Funds Reported On <Enter Report Name Here>
Candidate Name Rep. Sue Myrick	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: 9	Transaction ID: 5883

Full Name (Last, First, Middle Initial) C. Crane For Congress Committee		Date of Disbursement 01 / 15 / 2002
Mailing Address PO Box 8534 City Rolling Meadows State IL Zip Code 60008		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	[MEMO ITEM] Funds Reported On <Enter Report Name Here>
Candidate Name Congressman Philip Crane	Office Sought: <input checked="" type="checkbox"/> House Senate President	
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: IL District: 8	Transaction ID: 6024

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 34

<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. Pallone For Congress		Date of Disbursement 01 / 16 / 2002	
Mailing Address PO Box 3176 City State Zip Code Long Branch NJ 07740		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Frank Pallone, Jr.			
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: NJ District: 8	Transaction ID: 6026		

Full Name (Last, First, Middle Initial) B. Keller For Congress		Date of Disbursement 01 / 30 / 2002	
Mailing Address PO Box 1453 City State Zip Code Orlando FL 32802		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Richard Keller			
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: FL District: 8	Transaction ID: 6365		

Full Name (Last, First, Middle Initial) C. People For English		Date of Disbursement 02 / 01 / 2002	
Mailing Address PO Box 194D City State Zip Code Erie PA 16507		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Phil English			
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: PA District: 21	Transaction ID: 6398		

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)

PAGE 23 / 34

<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 Sam Johnson		Date of Disbursement 02 / 07 / 2002	
Mailing Address PO Box 860096 City: Plano State: TX Zip Code: 75086		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Sam Johnson			
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: 3	Transaction ID: 6479		

Full Name (Last, First, Middle Initial) B. Billy Tauzin Congressional Committee		Date of Disbursement 02 / 13 / 2002	
Mailing Address 550 South Van City: Houma State: LA Zip Code: 70361		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$2,500.00		011 Category/ Type	
Candidate Name Congressman W.J. Tauzin			
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: LA District: 3	Transaction ID: 6577		

Full Name (Last, First, Middle Initial) C. Friends Of Carolyn McCarthy		Date of Disbursement 02 / 13 / 2002	
Mailing Address 151 Linden Road City: Mineola State: NY Zip Code: 11501		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congresswoman Carolyn McCarthy			
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: NY District: 4	Transaction ID: 6580		

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 34

<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 02 / 13 / 2002
Mailing Address PO Box 586 City: Helena State: MT Zip Code: 59624		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00		
Candidate Name Senator Max Baucus		011 Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 6579
State: MT District: 1		

Full Name (Last, First, Middle Initial) B. Jesse Jackson Jr For Congress Committee		Date of Disbursement 02 / 13 / 2002
Mailing Address 7018 South Euclid Avenue City: Chicago State: IL Zip Code: 60649		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		
Candidate Name Rep. Jesse Jackson, Jr.		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) ▼	Transaction ID: 6578
State: IL District: 2		

Full Name (Last, First, Middle Initial) C. John D Dingell For Congress Committee		Date of Disbursement 02 / 13 / 2002
Mailing Address 607 Fourteenth Street Nw City: Washington State: DC Zip Code: 20005		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00		
Candidate Name Rep. John Dingell		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) ▼	Transaction ID: 6581
State: MI District: 18		

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)
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. Tom Sawyer Committee		Date of Disbursement 02 / 18 / 2002	
Mailing Address 1540 W Market Street City Akron State OH Zip Code 44313		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Tom Sawyer			
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: OH District: 14	Transaction ID: 6841		

Full Name (Last, First, Middle Initial) B. People For Ganske		Date of Disbursement 02 / 18 / 2002	
Mailing Address 521 E Locust 2nd Floor City Des Moines State IA Zip Code 50308		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$2,500.00		011 Category/ Type	
Candidate Name Congressman Greg Ganske			
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: IA District: 4	Transaction ID: 6840		

Full Name (Last, First, Middle Initial) C. Ruben Hinojosa For Congress		Date of Disbursement 02 / 18 / 2002	
Mailing Address 4415 N Mccoll Road City Mcallen State TX Zip Code 78504		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Ruben Hinojosa			
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: 16	Transaction ID: 6842		

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 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. Re-Elect Nancy Johnson To Congress Committee		Date of Disbursement 02 / 20 / 2002
Mailing Address PO Box 1986 City New Britain State CT Zip Code 08050		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congresswoman Nancy Johnson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 6886
State: CT District: 8		

Full Name (Last, First, Middle Initial) B. Friends Of Max Baucus 2002		Date of Disbursement 02 / 21 / 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:\$3,000.00	011 Category/ Type	
Candidate Name Senator Max Baucus		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 6886
State: MT District: 1		

Full Name (Last, First, Middle Initial) C. Friends Of Dick Durbin Committee		Date of Disbursement 02 / 25 / 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:\$2,000.00	011 Category/ Type	
Candidate Name Sen. Richard Durbin		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 6782
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

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. Tom Sawyer Committee			Date of Disbursement 02 / 26 / 2002	
Mailing Address 1540 W Market Street City: Akron State: OH Zip Code: 44313			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD: \$3,500.00			011 Category/ Type	
Candidate Name Congressman Tom Sawyer				
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		Transaction ID: 6763	
State: OH District: 14				

Full Name (Last, First, Middle Initial) B. Cooksey For Senate			Date of Disbursement 02 / 26 / 2002	
Mailing Address Post Office Box 15020 City: Monroe State: LA Zip Code: 71207			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD: \$1,000.00			011 Category/ Type	
Candidate Name John Cooksey				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		Transaction ID: 6794	
State: LA District: 0				

Full Name (Last, First, Middle Initial) C. Texas Freedom Fund			Date of Disbursement 02 / 27 / 2002	
Mailing Address C/O epiphany productions, Inc. 104 Hume Avenue City: Alexandria State: VA Zip Code: 22301			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD: \$1,000.00			011 Category/ Type	
Candidate Name Rep. Joe Barton				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 6796	
State: TX District: 0				

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

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. Devin Nunes For Congress 2002			Date of Disbursement 02 / 27 / 2002	
Mailing Address PO Box 891 City Pixley State CA Zip Code 93256			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00			011 Category/ Type	
Candidate Name Mr. Devin Nunes				
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: 6797	
State: CA District: 21				

Full Name (Last, First, Middle Initial) B. Thurman For Congress			Date of Disbursement 03 / 07 / 2002	
Mailing Address 450 Pleasant Grove Road City Inverness State FL Zip Code 34452			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00			011 Category/ Type	
Candidate Name Congresswoman Karen Thurman				
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: 6950	
State: FL District: 5				

Full Name (Last, First, Middle Initial) C. Friends Of Kent Conrad			Date of Disbursement 03 / 08 / 2002	
Mailing Address PO Box 812 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 Sen. Kent Conrad				
Office Sought: House <input checked="" 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: 6986	
State: ND District: 1				

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)
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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. Langevin For Congress		Date of Disbursement 03 / 11 / 2002	
Mailing Address PO Box 55 City Providence State RI Zip Code 02901		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. James Langevin		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: RI District: 2	Transaction ID: 7003	

Full Name (Last, First, Middle Initial) B. Gene Green Congressional Campaign		Date of Disbursement 03 / 11 / 2002	
Mailing Address PO Box 16128 City Houston State TX Zip Code 77222		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Congressman Gene Green		Disbursement For: 2002 Primary General X Other (specify) ▼ 2002 Primary	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 29	Transaction ID: 7002	

Full Name (Last, First, Middle Initial) C. John D Dingell For Congress Committee		Date of Disbursement 03 / 11 / 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:\$4,500.00		011 Category/ Type	
Candidate Name Rep. John Dingell		Disbursement For: 2002 Primary General X Other (specify) ▼ 2002 Primary	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 18	Transaction ID: 6896	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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. Mike Bilirakis For Congress		Date of Disbursement 03 / 14 / 2002
Mailing Address P O Box 1077 City Tarpon Springs State FL Zip Code 34688		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Congressman Michael Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 7082
State: FL District: 8		

Full Name (Last, First, Middle Initial) B. Friends Of Max Cleland For The Us Senate Inc		Date of Disbursement 03 / 15 / 2002
Mailing Address 3148 Northeast Expressway P O Box 7843 City Atlanta State CA Zip Code 30341		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Senator Max Cleland		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7083
State: GA District: 1		

Full Name (Last, First, Middle Initial) C. Thurman For Congress		Date of Disbursement 03 / 20 / 2002
Mailing Address 450 Pleasant Grove Road City Inverness State FL Zip Code 34452		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$3,000.00		011 Category/ Type
Candidate Name Congresswoman Karen Thurman		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 7144
State: FL District: 6		

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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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. Nussle For Congress		Date of Disbursement 03 / 20 / 2002
Mailing Address PO Box 324 City: Manchester State: IA Zip Code: 52057		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Congressman Jim Nussle		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7147
State: IA District: 2		

Full Name (Last, First, Middle Initial) B. Richard E Neal For Congress Committee		Date of Disbursement 03 / 20 / 2002
Mailing Address 76 Magnolia Terrace City: Springfield State: MA Zip Code: 01108		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Rep. Richard Neal		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7131
State: MA District: 2		

Full Name (Last, First, Middle Initial) C. Citizens To Elect Rick Larsen		Date of Disbursement 03 / 21 / 2002
Mailing Address PO Box 326 City: Everett State: WA Zip Code: 98206		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Rep. Richard Larsen		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7181
State: WA 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

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 Clay Shaw		Date of Disbursement 03 / 21 / 2002	
Mailing Address 2600 N E 14th Street Causeway City Pompano Beach State FL Zip Code 33062		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman E. Shaw, Jr.			
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: FL District: 22	Transaction ID: 7160		

Full Name (Last, First, Middle Initial) B. Re-Elect Nancy Johnson To Congress Committee		Date of Disbursement 03 / 22 / 2002	
Mailing Address PO Box 1986 City New Britain State CT Zip Code 06050		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement YTD:\$4,000.00		011 Category/ Type	
Candidate Name Congresswoman Nancy Johnson			
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: CT District: 6	Transaction ID: 7186		

Full Name (Last, First, Middle Initial) C. Re-Elect Nancy Johnson To Congress Committee		Date of Disbursement 03 / 22 / 2002	
Mailing Address PO Box 1986 City New Britain State CT Zip Code 06050		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type	
Candidate Name Congresswoman Nancy Johnson			
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: CT District: 6	Transaction ID: 7187		

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)
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. Langevin For Congress		Date of Disbursement 03 / 28 / 2002	
Mailing Address PO Box 55 City Providence State RI Zip Code 02901		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Mr. James Langevin			
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: 7273	
State: RI District: 2			

Full Name (Last, First, Middle Initial) B. Committee for a Democratic Future		Date of Disbursement 03 / 28 / 2002	
Mailing Address Committee for a Democratic Future 2727 28th St., NW Apt. 732 City Washington State DC Zip Code 20008		Amount of Each Disbursement this Period 1250.00	
Purpose of Disbursement YTD:\$1,250.00		011 Category/ Type	
Candidate Name			
Office Sought: 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: 7275	
State: District: 0			

Full Name (Last, First, Middle Initial) C. Dewine For Us Senate		Date of Disbursement 03 / 29 / 2002	
Mailing Address PO Box 340188 City Columbus State OH Zip Code 43234		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Re-designated funds for trans. dated 1/1		011 Category/ Type	
Candidate Name Senator Mike DeWine			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	[MEMO ITEM] Re-designated funds for trans. dated 1/14/02	
State: OH District: 1	Transaction ID: 7418		

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
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. Tom Sawyer Committee		Date of Disbursement 03 / 29 / 2002	
Mailing Address 1540 W Market Street City Akron State OH Zip Code 44313		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$2,500.00 Voided Check		011 Category/ Type	
Candidate Name Congressman Tom Sawyer		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: 7411	
State: OH District: 14			

Full Name (Last, First, Middle Initial) B. Thurman For Congress		Date of Disbursement 03 / 29 / 2002	
Mailing Address 450 Pleasant Grove Road City Inverness State FL Zip Code 34452		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$2,000.00 Voided Check		011 Category/ Type	
Candidate Name Congresswoman Karen Thurman		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: 7412	
State: FL District: 5			

C.

SUBTOTAL of Disbursements This Page (optional)	-2000.00
TOTAL This Period (last page this line number only)	52250.00