

**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)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
X 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 07 01 2002 through 09 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 10 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: <sup>h</sup>07 <sup>D</sup>01 <sup>v</sup>2002 To: <sup>h</sup>09 <sup>D</sup>30 <sup>v</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2002		221395.75
(b) Cash on Hand at Beginning of Reporting Period .....	237393.20	
(c) Total Receipts (from Line 19) .....	70414.62	219303.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	307807.82	440699.23
7. Total Disbursements (from Line 30) .....	139971.74	272863.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	167836.08	167836.08
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: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>09 <sup>DD</sup>30 <sup>YYYY</sup>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) .....	14430.00	
(ii) Unitemized .....	55288.75	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	69718.75	217592.75
(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) .....	69718.75	217592.75
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.) .....	695.87	1710.73
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) .....	70414.62	219303.48
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	70414.62	219303.48

**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.....	79.70	1082.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	79.70	1082.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	139500.00	267638.75
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.....	0.00	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))..... ▶	0.00	250.00
29. Other Disbursements.....	392.04	3892.04
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	139971.74	272863.15
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	139971.74	272863.15
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	69718.75	217592.75
33. Total Contribution Refunds (from Line 28(d)).....	0.00	250.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	69718.75	217342.75
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	79.70	1082.36
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	79.70	1082.36

**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 / 60	
	<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. Michael L McGannon**

Mailing Address  
823 Cathedral Drive  
City State Zip Code  
Aptos CA 95003-2904

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Watsonville Community Hospital Emergency Physician

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

Amount of Each Receipt this Period 50.00

Transaction ID: 9195

Full Name (Last, First, Middle Initial)  
**B. Dr. Dennis DeJulius**

Mailing Address  
2037 Old Forge Rd  
City State Zip Code  
Kent OH 44240-6744

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Akron City Hospital Emergency Physician

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

Amount of Each Receipt this Period 300.00

Transaction ID: 9206

Full Name (Last, First, Middle Initial)  
**C. Dr. John E Rampulla**

Mailing Address  
280 Van Winkle Drive  
City State Zip Code  
San Anselmo CA 94960-1040

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 23 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Doctors Hosp of San Pablo Emergency Physician

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

Amount of Each Receipt this Period 50.00

Transaction ID: 9232

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

**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 6 / 60	
	<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. F Richard Heath

Mailing Address  
53 Fox Pointe Drive

City State Zip Code  
Pittsburgh PA 15238-1534

Date of Receipt  
07 / 25 / 2002

Amount of Each Receipt this Period  
100.00

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) ▼ 465.00

Transaction ID: 9321

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen Timothy Holland

Mailing Address  
15 Beach Avenue

City State Zip Code  
Watertown CT 06795-2001

Date of Receipt  
08 / 06 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St Marys Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 275.00

Transaction ID: 9338

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jerry I Jacobson

Mailing Address  
5137 West Lakewood Drive

City State Zip Code  
Visalia CA 93291-9018

Date of Receipt  
08 / 08 / 2002

Amount of Each Receipt this Period  
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Keweenaw Delta District Hospital Emergency Physician

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

Transaction ID: 9385

**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 7 / 60	
	<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. Gerald A Snyder**

Mailing Address  
196D Highlawn Road

City State Zip Code  
Decatur IL 62521-9410

Date of Receipt  
08 / 12 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Decatur Memorial Hospital Emergency Physician

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

Transaction ID: 9444

Full Name (Last, First, Middle Initial)  
**B. Dr. Riemke M Brakema**

Mailing Address  
PO Box 41567

City State Zip Code  
Tucson AZ 85717-1567

Date of Receipt  
08 / 13 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Riemke M Brakema, MD, FACEP Emergency Physician

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

Transaction ID: 9867

Full Name (Last, First, Middle Initial)  
**C. Dr. Edward G Lane**

Mailing Address  
6031 N Camino Esquina

City State Zip Code  
Tucson AZ 85716-3708

Date of Receipt  
08 / 16 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kino Comm Hosp Emergency Physician

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

Transaction ID: 9694

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**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 / 60	
	<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. Pamela K. Peak

Mailing Address  
325D W 100 S

City State Zip Code  
Franklin IN 46131-8681

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St Clare Med Ctr, ED Emergency Physician

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

Amount of Each Receipt this Period 300.00

Transaction ID: 10040

**B.** Full Name (Last, First, Middle Initial)  
Dr. Steven Wayne Smith

Mailing Address  
550 Ashby Run Drive

City State Zip Code  
Winston Salem NC 27106

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Forsyth Emerg Svcs PA Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 350.00

Amount of Each Receipt this Period 300.00

Transaction ID: 10041

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mary E Laws

Mailing Address  
N101 W21617 Birch Lane

City State Zip Code  
Colgate WI 53017-9610

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Infinity HealthCare, Inc. Emergency Physician

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

Amount of Each Receipt this Period 50.00

Transaction ID: 10034

**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: PAGE 9 / 60

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael D Bishop

Mailing Address  
PO Box 3148  
City State Zip Code  
Bloomington IN 47402-3148

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Unity Physician Group PC

Occupation  
Emergency Physician

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Transaction ID: 9746

**B.** Full Name (Last, First, Middle Initial)  
Dr. Rebecca S Clark

Mailing Address  
PO Box 728  
City State Zip Code  
Bolivar OH 44612-8513

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer  
Union Hospital

Occupation  
Emergency Physician

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Transaction ID: 9726

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kevin T Marrell

Mailing Address  
1019 Downing St  
City State Zip Code  
Denver CO 80216-2913

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Denver Health Med Ctr

Occupation  
Emergency Physician

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Transaction ID: 9750

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**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 / 60	
	<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. Kathleen Cowling

Mailing Address  
3792 Sundridge Place  
City State Zip Code  
Saginaw MI 48603-1263

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Covenant Healthcare

Occupation  
Emergency Physician

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 9700

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert W Schefemayer

Mailing Address  
2932 Rock Springs Road  
City State Zip Code  
Charlotte NC 28226-7350

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Carolinas Medical Center

Occupation  
Emergency Physician

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Transaction ID: 10062

**C.** Full Name (Last, First, Middle Initial)  
Dr. C Ferrall Vamer, Jr

Mailing Address  
2928 Garden Lane  
City State Zip Code  
Memphis TN 38111-2540

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Methodist Hospital

Occupation  
Emergency Physician

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Transaction ID: 9699

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1050.00**

**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 11 / 60

(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. Owen J Stormo

Date of Receipt

Mailing Address

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

430 Terrace Rd

City

State

Zip Code

Santa Barbara

CA

93109-1737

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

300.00

Name of Employer  
Santa Barbara Cottage Hospital

Occupation

Emergency Physician

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

300.00

Transaction ID: 9696

Full Name (Last, First, Middle Initial)

B. Dr. R Jeff Mars

Date of Receipt

Mailing Address

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

8818 Promontory Road

City

State

Zip Code

Indianapolis

IN

46236-8986

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

200.00

Name of Employer  
St Francis Hospital, ED

Occupation

Emergency Physician

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: 9762

Full Name (Last, First, Middle Initial)

C. Dr. Alan C Woodward

Date of Receipt

Mailing Address

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

PO Box 587

City

State

Zip Code

Concord

MA

01742-0587

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

50.00

Name of Employer  
Emerson Hospital

Occupation

Emergency Physician

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: 9837

**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: (check only one)		PAGE 12 / 60	
	<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 P O'Mara**

Mailing Address  
492B S Ellis Ave  
City State Zip Code  
Chicago IL 60615-2708

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Evergreen Emergency Services Emergency Physician

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

Transaction ID: 9790

Full Name (Last, First, Middle Initial)  
**B. Dr. Cheryl Haas**

Mailing Address  
2854 Country Club Rd  
City State Zip Code  
Troutville VA 24175-3928

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Lewis Gale Clinic Inc Emergency Physician

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

Transaction ID: 9789

Full Name (Last, First, Middle Initial)  
**C. Dr. Jack R Page**

Mailing Address  
901 Clarendon Street  
City State Zip Code  
Durham NC 27705-4209

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Jack R Page, MD, FACEP Emergency Physician

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

Transaction ID: 10214

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**

**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 / 60	
	<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. H Lynn Messingale**

Mailing Address  
PO Box 30898  
City State Zip Code  
Knoxville TN 37930-0898

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2002

Amount of Each Receipt this Period  
150.00

FEC ID number of contributing federal political committee.

Name of Employer  
Team Health

Occupation  
Emergency Physician

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Transaction ID: 10055

Full Name (Last, First, Middle Initial)  
**B. Dr. Joseph A Zeccardi**

Mailing Address  
83 Reimsterville Rd  
City State Zip Code  
Elmer NJ 08318-2940

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer  
S Jersey Hosp System

Occupation  
Emergency Physician

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Transaction ID: 9989

Full Name (Last, First, Middle Initial)  
**C. Dr. Mary Ann McCabe**

Mailing Address  
73 Cranmoor Drive  
City State Zip Code  
Toms River NJ 08753-6865

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer  
Monmouth Med Ctr

Occupation  
Emergency Physician

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Transaction ID: 9987

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.00**

**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 / 60

(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. Scott M Davis

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
09 03 2002

5765 Old Bridge Ave NW

City State Zip Code

Massillon OH 44646-7874

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Atrion City Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 10004

Full Name (Last, First, Middle Initial)

B. Dr. Gregory H Smith

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
09 04 2002

1110 W Davidson Drive

City State Zip Code

Champaign IL 61821-2731

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation  
Carle Clinic Association Emergency Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 350.00

Transaction ID: 9976

Full Name (Last, First, Middle Initial)

C. Dr. Charles F Grunau

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
09 04 2002

204 Oaks Road

City State Zip Code

Millington NJ 07946-1402

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation  
Emergency Medical Associates Emergency Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: 9977

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**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 15 / 60

(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. C Ferrell Vamer, Jr**

Mailing Address  
292B Garden Lane  
City State Zip Code  
Memphis TN 38111-2540

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

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Methodist Hospital

Occupation  
Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 850.00

Transaction ID: 9981

Full Name (Last, First, Middle Initial)  
**B. Dr. Michael E Lilly**

Mailing Address  
212D Rollingdale Road  
City State Zip Code  
Lexington KY 40513-1128

Date of Receipt  
N M / D E / Y Y Y Y  
09 06 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer  
St Joseph East Hosp ED

Occupation  
Emergency Physician

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

Transaction ID: 9988

Full Name (Last, First, Middle Initial)  
**C. Dr. Isl J Russ**

Mailing Address  
3826 High Tide  
City State Zip Code  
Rncho Pls Vrd CA 90275-6135

Date of Receipt  
N M / D E / Y Y Y Y  
09 09 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Santa Teresita Hosp

Occupation  
Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 700.00

Transaction ID: 9983

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>850.00</b>
<b>TOTAL</b> 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 / 60

(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. Reva Dubin

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
09 11 2002

547 Park Road

City State Zip Code

Mays Landing NJ 08330-1917

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Atlantic City Medical Center

Occupation  
Emergency Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 350.00

Transaction ID: 10101

Full Name (Last, First, Middle Initial)

B. Dr. Mariano S Morales, Jr

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
09 11 2002

PO Box 502

City State Zip Code

Port Jefferson NY 11777-0502

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer St Charles Hospital

Occupation  
Emergency Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 1010B

Full Name (Last, First, Middle Initial)

C. Dr. David E Wilcox

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
09 12 2002

57 Highwood Drive

City State Zip Code

S Glastonbury CT 06075-2907

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer St Francis Med Ctr ED

Occupation  
Emergency Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 10144

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 / 60	
	<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. Brian Patrick Lowry**

Mailing Address  
288 Oakleaf Dr  
City State Zip Code  
Pine Knoll Shores NC 28512-6400

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Carteret Gen Hosp Occupation  
Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 350.00

Transaction ID: 10151

Full Name (Last, First, Middle Initial)  
**B. Dr. Bryan M Dunn**

Mailing Address  
111 Kendall Ridge  
City State Zip Code  
Boerne TX 78015-8362

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Bryan M Dunn, MD, FACEP Occupation  
Emergency Physician

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

Transaction ID: 10207

Full Name (Last, First, Middle Initial)  
**C. Dr. Ronald G Forgay**

Mailing Address  
2354 Panorama Drive  
City State Zip Code  
La Crescenta CA 91214-3043

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2002

Amount of Each Receipt this Period  
365.00

FEC ID number of contributing federal political committee.

Name of Employer Memorial Medical Center, ED Occupation  
Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 415.00

Transaction ID: 10299

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **915.00**

**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 18 / 60	
	<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. Parker M Seymour

Mailing Address  
8003 St Martins Lane

City State Zip Code  
Philadelphia PA 19118-4130

Date of Receipt  
09 / 17 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Chestnut Hill Emerg Assoc Ltd

Occupation  
Emergency Physician

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

Transaction ID: 10291

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gregory Conway Risk

Mailing Address  
113 Arbon Lane

City State Zip Code  
New Bern NC 28562-8729

Date of Receipt  
09 / 18 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Craven Reg Med Ctr ED

Occupation  
Emergency Physician

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

Transaction ID: 10273

**C.** Full Name (Last, First, Middle Initial)  
Dr. David Stewart Anderson

Mailing Address  
380 Eastwood Dr

City State Zip Code  
Hubbard OH 44425-1883

Date of Receipt  
09 / 18 / 2002

Amount of Each Receipt this Period  
350.00

FEC ID number of contributing federal political committee.

Name of Employer  
David Stewart Anderson, MD

Occupation  
Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 350.00

Transaction ID: 10274

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**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 19 / 60	
	<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. Lynda Gail Gray**

Mailing Address  
2886 W Kensington Lane  
City State Zip Code  
Fresno CA 93711-1159

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kaiser Permanente Hospital Emergency Physician

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

Transaction ID: 10312

Full Name (Last, First, Middle Initial)  
**B. Dr. Douglas A Propp**

Mailing Address  
2324 Mohawk Lane  
City State Zip Code  
Glenview IL 60025-1058

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Lutheran General Hospital Emergency Physician

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

Transaction ID: 10311

Full Name (Last, First, Middle Initial)  
**C. Dr. John Skendzelowski**

Mailing Address  
1325 Red Lane  
City State Zip Code  
Danville PA 17821-8418

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Gelsinger Med Ctr Emergency Physician

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

Transaction ID: 10303

**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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 60

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. Thom A Meyer

Mailing Address  
10112 Forest Brook Lane  
City State Zip Code  
Great Falls VA 22066-3607

Date of Receipt  
N M / D E / Y Y Y Y  
09 25 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Fairfax Hospital, Chairman EM Emergency Physician

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

Transaction ID: 10410

**B.** Full Name (Last, First, Middle Initial)  
Dr. Franklin Daniel Pratt

Mailing Address  
302 16th Street  
City State Zip Code  
Santa Monica CA 90402-2218

Date of Receipt  
N M / D E / Y Y Y Y  
09 26 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
LA County Fire Department Emergency Physician

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

Transaction ID: 10431

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

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

Date of Receipt  
N M / D E / Y Y Y Y  
09 27 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cedars Sinai Medical Center Emergency Physician

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

Transaction ID: 10489

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

**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 21 / 60	
	<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. Carl H Schulte

Mailing Address  
20 Georgetown

City State Zip Code  
Fort Myers FL 33919-1088

Date of Receipt  
09 / 27 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cape Coral Hospital Emerg Dept Emergency Physician

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

Transaction ID: 10470

**B.** Full Name (Last, First, Middle Initial)  
Dr. Ronald E Leach

Mailing Address  
592 W County Road 800 N

City State Zip Code  
Brazil IN 47834-8234

Date of Receipt  
09 / 27 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Midwest Medical Management Emergency Physician

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

Transaction ID: 10482

**C.** Full Name (Last, First, Middle Initial)  
Dr. Brant Aspin

Mailing Address  
4182 Ethan Dr

City State Zip Code  
Eagan MN 55125-4908

Date of Receipt  
09 / 27 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Assistant Professor of EM Emergency Physician

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

Transaction ID: 10485

**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 22 / 60

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. Arthur C Hayes

Mailing Address  
375 Miles Drive

City State Zip Code  
Blue Bell PA 19422-3101

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Fornance Physicians Emergency Physician

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

Date of Receipt  
M / D / Y  
09 / 27 / 2002

Amount of Each Receipt this Period  
300.00

Transaction ID: 10463

**B.** Full Name (Last, First, Middle Initial)  
Dr. Carla Elizabeth Murphy

Mailing Address  
1186 Preserve Cir

City State Zip Code  
Golden CO 80401-7045

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Emerg Svc Phys Emergency Physician

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

Date of Receipt  
M / D / Y  
09 / 30 / 2002

Amount of Each Receipt this Period  
365.00

Transaction ID: 10538

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas A Sweeney

Mailing Address  
206 Fairhill Drive

City State Zip Code  
Wilmington DE 19806-4311

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Doctors for Emergency Service Emergency Physician

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

Date of Receipt  
M / D / Y  
09 / 30 / 2002

Amount of Each Receipt this Period  
250.00

Transaction ID: 10534

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **915.00**

**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 23 / 60

(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. Pamela K. Peak**

Mailing Address  
325D W 100 S  
City State Zip Code  
Franklin IN 46131-8681

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St Clare Med Ctr, ED Emergency Physician

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

Transaction ID: 10521

Full Name (Last, First, Middle Initial)  
**B. Dr. Charlotte S Yeh**

Mailing Address  
345 West Street  
City State Zip Code  
Dedham MA 02026-5519

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Natl Heritage Ins Co Med Dir Emergency Physician

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

Transaction ID: 10535

Full Name (Last, First, Middle Initial)  
**C. Dr. Mark R Pundt**

Mailing Address  
6167 Bridlewood Drive S  
City State Zip Code  
E Amherst NY 14051-2011

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MFHS Physicians Emerg Svcs Emergency Physician

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

Transaction ID: 10540

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>14430.00</b>

**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 24 / 60	
	<input 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. Solomon Smith Barney

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2002

Amount of Each Receipt this Period  
183.01

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1187.87

Transaction ID: 9353

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2002

Amount of Each Receipt this Period  
181.51

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1379.38

Transaction ID: 10624

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2002

Amount of Each Receipt this Period  
107.57

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1486.95

Transaction ID: 10625

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **472.09**

**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 25 / 60

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. Solomon Smith Barney

Mailing Address

1050 Connecticut Ave, NW Suite 225

City State Zip Code

Washington DC 20036

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2002

Amount of Each Receipt this Period

223.78

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼

Primary General  
Other (specify) ▼

1710.73

Transaction ID: 10623

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>223.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>695.87</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 80

<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) <b>A. CHASE BANK</b>		Date of Disbursement 08 / 31 / 2002
Mailing Address 545 EAST JOHN CARPENTER FRWY City: IRVING State: TX Zip Code: 75062		Amount of Each Disbursement this Period 0.29
Purpose of Disbursement	Candidate Name	DD1 Category/Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10715
State: District: 0		

Full Name (Last, First, Middle Initial) <b>B. CHASE BANK</b>		Date of Disbursement 09 / 30 / 2002
Mailing Address 545 EAST JOHN CARPENTER FRWY City: IRVING State: TX Zip Code: 75062		Amount of Each Disbursement this Period 79.41
Purpose of Disbursement	Candidate Name	001 Category/Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10716
State: District: 0		

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>79.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>79.70</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 80

<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. Gene Green Congressional Campaign		Date of Disbursement 07 / 08 / 2002
Mailing Address PO Box 16128 City Houston State TX Zip Code 77222		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$3,000.00	Candidate Name Congressman Gene Green	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: TX District: 29	Transaction ID: 8954

Full Name (Last, First, Middle Initial) B. Friends Of Senator Rockefeller		Date of Disbursement 07 / 08 / 2002
Mailing Address 236 Massachusetts Avenue #310 City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00	Candidate Name Senator John Rockefeller, IV	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: WV District: 2	Transaction ID: 8952

Full Name (Last, First, Middle Initial) C. Thurman For Congress		Date of Disbursement 07 / 08 / 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:\$3,000.00	Candidate Name Congresswoman Karen Thurman	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	State: FL District: 6	Transaction ID: 8953

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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 28 / 80

<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) <b>A. Becerra For Congress</b>		Date of Disbursement 07 / 08 / 2002
Mailing Address PO Box 261060 City: Los Angeles State: CA Zip Code: 90026		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/ Type 011	
Candidate Name Congressman Xavier Becerra		
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: 8950
State: CA District: 30		

Full Name (Last, First, Middle Initial) <b>B. Luther For Congress Volunteer Committee</b>		Date of Disbursement 07 / 08 / 2002
Mailing Address 1399 Geneva Avenue North Suite 20 City: Oakdale State: MN Zip Code: 55128		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/ Type 011	
Candidate Name Congressman William Luther		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 9036
State: MN District: 6		

Full Name (Last, First, Middle Initial) <b>C. Maloney For Congress</b>		Date of Disbursement 07 / 09 / 2002
Mailing Address 49 East 92nd Street City: New York State: NY Zip Code: 10128		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/ Type 011	
Candidate Name Congresswoman Carolyn Maloney		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 9040
State: NY District: 14		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 29 / 80

<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) <b>A. Friends Of John Conyers</b>		Date of Disbursement 07 / 09 / 2002	
Mailing Address 12138 Central Ave Ste 194 City Mitchellville State MD Zip Code 20721		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. John Conyers, Jr.			
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: 9038
State: MI District: 14			

Full Name (Last, First, Middle Initial) <b>B. Friends Of Katherine Harris</b>		Date of Disbursement 07 / 09 / 2002	
Mailing Address P. O. Box 25187 City Sarasota State FL Zip Code 34277		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Katherine Harris			
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: 9042
State: FL District: 13			

Full Name (Last, First, Middle Initial) <b>C. Pallone For Congress</b>		Date of Disbursement 07 / 16 / 2002	
Mailing Address PO Box 3176 City Long Branch State NJ Zip Code 07740		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00		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 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 9155
State: NJ District: 8			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 30 / 60

<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) <b>A. Congressman Bart Gordon Committee</b>		Date of Disbursement 07 / 16 / 2002	
Mailing Address P O Box 2008 City Murfreesboro State TN Zip Code 37133		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Bart Gordon			
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: TN      District: 8	Transaction ID: 9142		

Full Name (Last, First, Middle Initial) <b>B. John Comyn For Senate Inc</b>		Date of Disbursement 07 / 16 / 2002	
Mailing Address 807 Brazos Street Suite 800 City Austin State TX Zip Code 78701		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$2,500.00		011 Category/ Type	
Candidate Name Mr. John Comyn			
Office Sought:   House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: 2	Transaction ID: 9156		

Full Name (Last, First, Middle Initial) <b>C. Tim Murphy For Congress</b>		Date of Disbursement 07 / 16 / 2002	
Mailing Address PO Box 11721 City Pttsburgh State PA Zip Code 15228		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Mr. Tim Murphy			
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: 18	Transaction ID: 9157		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5500.00</b>
<b>TOTAL</b> 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 31 / 60

<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) <b>A. Mario Diaz-Balart Congress</b>		Date of Disbursement 07 / 16 / 2002	
Mailing Address 9760 Sw 118 Street City State Zip Code Miami FL 33176		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Mr. Mario Diaz-Balart			
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: 25	Transaction ID: 9158		

Full Name (Last, First, Middle Initial) <b>B. Jim Gerlach For Congress Committee</b>		Date of Disbursement 07 / 16 / 2002	
Mailing Address 911 Welsh Ayres Way City State Zip Code Downingtown PA 19336		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Mr. Jim Gerlach			
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: 6	Transaction ID: 9159		

Full Name (Last, First, Middle Initial) <b>C. Republican Majority Fund</b>		Date of Disbursement 07 / 18 / 2002	
Mailing Address 1155 21ST STREET NW #300 City State Zip Code Washington DC 20036		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	Disbursement For: General <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State:            District: 0	Transaction ID: 9160		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9000.00</b>
<b>TOTAL</b> 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 32 / 60

<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) <b>A. Citizens For Arlen Specter</b>		Date of Disbursement 07 / 23 / 2002
Mailing Address 226 North Alfred Street City State Zip Code Alexandria VA 22314		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type
Candidate Name Senator Arlen Specter		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 9231
State: PA District: 1		

Full Name (Last, First, Middle Initial) <b>B. Torricelli For U S Senate Inc</b>		Date of Disbursement 07 / 23 / 2002
Mailing Address 1300 Connecticut Ave Nw Suite 600 City State Zip Code Washington DC 20038		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Sen. Robert Torricelli		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 9230
State: MD District: 1		

Full Name (Last, First, Middle Initial) <b>C. Gene Green Congressional Campaign</b>		Date of Disbursement 07 / 24 / 2002
Mailing Address PO Box 16128 City State Zip Code Houston TX 77222		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$4,000.00		011 Category/ Type
Candidate Name Congressman Gene Green		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 9244
State: TX District: 28		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> 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 33 / 60

<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) <b>A. Ted Strickland For Congress</b>		Date of Disbursement 07 / 24 / 2002
Mailing Address PO Box 580 1337 Thomas Hollow Road City Lucasville State OH Zip Code 45648		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/ Type 011	
Candidate Name Congressman Ted Strickland		
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: 9246
State: OH District: 8		

Full Name (Last, First, Middle Initial) <b>B. Norwood For Congress</b>		Date of Disbursement 07 / 24 / 2002
Mailing Address Claussen Road PO Box 499 City Augusta State CA Zip Code 95607		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/ Type 011	
Candidate Name Congressman Charlie Norwood		
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: 9247
State: GA District: 10		

Full Name (Last, First, Middle Initial) <b>C. John D Dingell For Congress Committee</b>		Date of Disbursement 07 / 24 / 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	Category/ Type 011	
Candidate Name Rep. John Dingell		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 9243
State: MI District: 16		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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 34 / 60

<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) <b>A. Hoosiers Supporting Buyer For Congress</b>		Date of Disbursement 07 / 24 / 2002
Mailing Address 200 North Main St City State Zip Code Manticella IN 47960		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00	011 Category/ Type	
Candidate Name Rep. Steve Buyer		
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: 9245
State: IN District: 5		

Full Name (Last, First, Middle Initial) <b>B. America Works Committee</b>		Date of Disbursement 07 / 31 / 2002
Mailing Address 807 14th Street N.W. City State Zip Code Washington DC 20006		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5,000.00	011 Category/ Type	
Candidate Name Rep. Sherrod Brown		
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: 9352
State: OH District: 13		

Full Name (Last, First, Middle Initial) <b>C. Rely on Your Beliefs Fund</b>		Date of Disbursement 08 / 07 / 2002
Mailing Address 1300 Pennsylvania Ave NW City State Zip Code Washington DC 20004		Amount of Each Disbursement this Period 382.04
Purpose of Disbursement	011 Category/ Type	[MEMO ITEM]
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 9380
State: District: 0		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> 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 35 / 60

<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) <b>A. Citizens To Elect Rick Larsen</b>		Date of Disbursement 08 / 08 / 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:\$2,000.00	Category/ Type 011	
Candidate Name Rep. Richard Larsen		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Transaction ID: 9381
State: WA District: 2		

Full Name (Last, First, Middle Initial) <b>B. John Shadegg For Congress</b>		Date of Disbursement 08 / 12 / 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 Voided Check	Category/ Type 011	
Candidate Name Congressman John Shadegg		Voided Check
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 9422
State: AZ District: 4		

Full Name (Last, First, Middle Initial) <b>C. John Shadegg For Congress</b>		Date of Disbursement 08 / 13 / 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	Category/ Type 011	
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: 9478
State: AZ District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 36 / 60

<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. David Scott For Congress		Date of Disbursement 08 / 15 / 2002
Mailing Address 162 Hurt Street Ne City Atlanta State GA Zip Code 30307		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$3,000.00	Category/ Type 011	
Candidate Name Mr. David Scott		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Run-Off	Transaction ID: 9811
State: GA District: 13		

Full Name (Last, First, Middle Initial) B. Anne Summers For Congress		Date of Disbursement 08 / 15 / 2002
Mailing Address PO Box 824 City Paramus State NJ Zip Code 07653		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$3,000.00	Category/ Type 011	
Candidate Name Anne Summers		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 9810
State: NJ District: 5		

Full Name (Last, First, Middle Initial) C. Friends Of John Conyers		Date of Disbursement 08 / 15 / 2002
Mailing Address 12138 Central Ave Ste 194 City Mitchellville State MD Zip Code 20721		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00	Category/ Type 011	
Candidate Name Rep. John Conyers, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 9814
State: MI District: 14		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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 37 / 60

<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 John Conyers		Date of Disbursement 08 / 15 / 2002
Mailing Address 12138 Central Ave Ste 194 City Mitchellville State MD Zip Code 20721		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$3,000.00	Category/ Type 011	
Candidate Name Rep. John Conyers, Jr.		
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: 9815
State: MI District: 14		

Full Name (Last, First, Middle Initial) B. Friends Of John Conyers		Date of Disbursement 08 / 15 / 2002
Mailing Address 12138 Central Ave Ste 194 City Mitchellville State MD Zip Code 20721		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:\$2,000.00 Voided Check	Category/ Type 011	
Candidate Name Rep. John Conyers, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary	Voided Check
State: MI District: 14		Transaction ID: 9890

Full Name (Last, First, Middle Initial) C. Friends Of John Conyers		Date of Disbursement 08 / 15 / 2002
Mailing Address 12138 Central Ave Ste 194 City Mitchellville State MD Zip Code 20721		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:\$1,000.00 Voided Check	Category/ Type 011	
Candidate Name Rep. John Conyers, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Voided Check
State: MI District: 14		Transaction ID: 9891

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-1000.00</b>
<b>TOTAL</b> 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 38 / 60

<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) <b>A. Keller For Congress</b>			Date of Disbursement 08 / 20 / 2002	
Mailing Address PO Box 1453 City: Orlando State: FL Zip Code: 32802			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00			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 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		Transaction ID: 9896	
State: FL District: 8				

Full Name (Last, First, Middle Initial) <b>B. David Scott For Congress</b>			Date of Disbursement 08 / 26 / 2002	
Mailing Address 162 Hurt Street Ne City: Atlanta State: GA Zip Code: 30307			Amount of Each Disbursement this Period -2000.00	
Purpose of Disbursement YTD:\$1,000.00 Voided Check			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 Run-Off		Voided Check Transaction ID: 9834	
State: GA District: 13				

Full Name (Last, First, Middle Initial) <b>C. Re-Elect Nancy Johnson To Congress Committee</b>			Date of Disbursement 09 / 03 / 2002	
Mailing Address PO Box 1986 City: New Britain State: CT Zip Code: 06050			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$7,000.00			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 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 9887	
State: CT District: 8				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1000.00</b>
<b>TOTAL</b> 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 39 / 60

<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) <b>A. Re-Elect Nancy Johnson To Congress Committee</b>			Date of Disbursement 09 / 03 / 2002	
Mailing Address PO Box 1986 City State Zip Code New Britain CT 06050			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$9,000.00		011 Category/ Type	Transaction ID: 9889	
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: 8				

Full Name (Last, First, Middle Initial) <b>B. Friends Of Max Cleland For The Us Senate Inc</b>			Date of Disbursement 09 / 03 / 2002	
Mailing Address 3148 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:\$9,000.00		011 Category/ Type	Transaction ID: 9889	
Candidate Name Senator Max Cleland				
Office Sought:   House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: GA      District: 1				

Full Name (Last, First, Middle Initial) <b>C. Friends Of Max Cleland For The Us Senate Inc</b>			Date of Disbursement 09 / 03 / 2002	
Mailing Address 3148 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:\$13,000.00		011 Category/ Type	Transaction ID: 9884	
Candidate Name Senator Max Cleland				
Office Sought:   House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: GA      District: 1				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>10000.00</b>
<b>TOTAL</b> 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 40 / 60

<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) <b>A. Luther For Congress Volunteer Committee</b>			Date of Disbursement 09 / 03 / 2002	
Mailing Address 1399 Geneva Avenue North Suite 20 City: Oakdale State: MN Zip Code: 55128			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$3,500.00		011 Category/ Type		
Candidate Name Congressman William Luther		Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 8	Transaction ID: 9864		

Full Name (Last, First, Middle Initial) <b>B. Luther For Congress Volunteer Committee</b>			Date of Disbursement 09 / 03 / 2002	
Mailing Address 1399 Geneva Avenue North Suite 20 City: Oakdale State: MN Zip Code: 55128			Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$2,500.00 Voided Check		011 Category/ Type		
Candidate Name Congressman William Luther		Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 8	Voided Check Transaction ID: 9881		

Full Name (Last, First, Middle Initial) <b>C. Luther For Congress Volunteer Committee</b>			Date of Disbursement 09 / 03 / 2002	
Mailing Address 1399 Geneva Avenue North Suite 20 City: Oakdale State: MN Zip Code: 55128			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type		
Candidate Name Congressman William Luther		Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 8	Transaction ID: 9886		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> 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 41 / 80

<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) <b>A. J D Hayworth For Congress</b>		Date of Disbursement 09 / 03 / 2002	
Mailing Address 10789 N 90th Street Suite 102 City State Zip Code Scottsdale AZ 85260		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman J.D. Hayworth			
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: 8	Transaction ID: 9870		

Full Name (Last, First, Middle Initial) <b>B. J D Hayworth For Congress</b>		Date of Disbursement 09 / 03 / 2002	
Mailing Address 10789 N 90th Street Suite 102 City State Zip Code Scottsdale AZ 85260		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Congressman J.D. Hayworth			
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: 8	Transaction ID: 9885		

Full Name (Last, First, Middle Initial) <b>C. Congressman Bill Young Campaign Committee</b>		Date of Disbursement 09 / 03 / 2002	
Mailing Address PO Box 47025 City State Zip Code St Petersburg FL 33743		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. C.W. Young			
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: 10	Transaction ID: 9886		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> 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 42 / 60

<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) <b>A. Congressman Bill Young Campaign Committee</b>			Date of Disbursement 09 / 03 / 2002	
Mailing Address PO Box 47025 City: St Petersburg      State: FL      Zip Code: 33743			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00			011 Category/ Type	
Candidate Name Rep. C.W. Young				
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:    9883	
State: FL      District: 10				

Full Name (Last, First, Middle Initial) <b>B. PRYCE Project</b>			Date of Disbursement 09 / 03 / 2002	
Mailing Address 1155 21st St, NW      Suite 300 City: Washington      State: DC      Zip Code: 20036			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00			011 Category/ Type	
Candidate Name				
Office Sought: <input 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:    9872	
State:      District: 0				

Full Name (Last, First, Middle Initial) <b>C. PRYCE Project</b>			Date of Disbursement 09 / 03 / 2002	
Mailing Address 1155 21st St, NW      Suite 300 City: Washington      State: DC      Zip Code: 20036			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00			011 Category/ Type	
Candidate Name				
Office Sought: <input 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:    9887	
State:      District: 0				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> 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 43 / 60

<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) <b>A. Re-Elect Nancy Johnson To Congress Committee</b>		Date of Disbursement 09 / 04 / 2002
Mailing Address PO Box 1986 City New Britain State CT Zip Code 06050		Amount of Each Disbursement this Period -2000.00
Purpose of Disbursement YTD:\$7,000.00 Voided Check		011 Category/ Type
Candidate Name Congresswoman Nancy Johnson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Voided Check
State: CT District: 8		Transaction ID: 9888

Full Name (Last, First, Middle Initial) <b>B. Friends Of Max Cleland For The Us Senate Inc</b>		Date of Disbursement 09 / 04 / 2002
Mailing Address 3148 Northeast Expressway P O Box 7843 City Atlanta State CA Zip Code 30341		Amount of Each Disbursement this Period -4000.00
Purpose of Disbursement YTD:\$9,000.00 Voided Check		011 Category/ Type
Candidate Name Senator Max Cleland		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Voided Check
State: GA District: 1		Transaction ID: 9878

Full Name (Last, First, Middle Initial) <b>C. Luther For Congress Volunteer Committee</b>		Date of Disbursement 09 / 04 / 2002
Mailing Address 1399 Geneva Avenue North Suite 2D City Oakdale State MN Zip Code 55128		Amount of Each Disbursement this Period -2500.00
Purpose of Disbursement YTD:\$2,500.00 Voided Check		011 Category/ Type
Candidate Name Congressman William Luther		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼ 2002 Primary	Voided Check
State: MN District: 8		Transaction ID: 9882

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-8500.00</b>
<b>TOTAL</b> 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 44 / 60

<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) <b>A. J D Hayworth For Congress</b>		Date of Disbursement 09 / 04 / 2002	
Mailing Address 10789 N 90th Street Suite 102 City State Zip Code Scottsdale AZ 85260		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1,000.00 Voided Check		011 Category/ Type	
Candidate Name Congressman J.D. Hayworth		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: 9877	
State: AZ      District: 8			

Full Name (Last, First, Middle Initial) <b>B. Congressman Bill Young Campaign Committee</b>		Date of Disbursement 09 / 04 / 2002	
Mailing Address PO Box 47025 City State Zip Code St Petersburg FL 33743		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1,000.00 Voided Check		011 Category/ Type	
Candidate Name Rep. C.W. Young		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: 9880	
State: FL      District: 10			

Full Name (Last, First, Middle Initial) <b>C. PRYCE Project</b>		Date of Disbursement 09 / 04 / 2002	
Mailing Address 1155 21st St, NW      Suite 300 City State Zip Code Washington DC 20036		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1,000.00 Voided Check		011 Category/ Type	
Candidate Name		Voided Check	
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: 9876	
State:           District: 0			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-3000.00</b>
<b>TOTAL</b> 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 45 / 80

<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

<b>A.</b> Full Name (Last, First, Middle Initial) John Arthur Smith For Congress			Date of Disbursement 09 / 09 / 2002	
Mailing Address P.O.Box 886 City: Derring State: NM Zip Code: 88031			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$2,500.00			011 Category/ Type	
Candidate Name Mr. John Smith				
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: 9939	
State: NM District: 2				

<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Lois Capps			Date of Disbursement 09 / 11 / 2002	
Mailing Address Post Office Box 23940 City: Santa Barbara State: CA Zip Code: 93121			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00			011 Category/ Type	
Candidate Name Congresswoman Lois Capps				
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: 1007B	
State: CA District: 22				

<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Clay Shaw			Date of Disbursement 09 / 11 / 2002	
Mailing Address 2800 N E 14th Street Causeway City: Pompano Beach State: FL Zip Code: 33062			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$4,000.00			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) ▼		Transaction ID: 1008D	
State: FL District: 22				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5500.00</b>
<b>TOTAL</b> 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 48 / 80

<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. Thurman For Congress		Date of Disbursement 09 / 11 / 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:\$5,000.00	011 Category/ Type	
Candidate Name Congresswoman Karen Thurman		
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: 10075
State: FL District: 5		

Full Name (Last, First, Middle Initial) B. Earl Pomeroy For Congress		Date of Disbursement 09 / 11 / 2002
Mailing Address Post Office Box 748 City Bismarck State ND Zip Code 58502		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement YTD:\$4,000.00	011 Category/ Type	
Candidate Name Congressman Earl Pomeroy		
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: 10079
State: ND District: 1		

Full Name (Last, First, Middle Initial) C. Friends For Jim McDermott		Date of Disbursement 09 / 11 / 2002
Mailing Address PO Box 21786 City Seattle State WA Zip Code 98111		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congressman Jim McDermott		
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: 10077
State: WA District: 7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> 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)

<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 Ramstad Volunteer Committee		Date of Disbursement 09 / 11 / 2002
Mailing Address 1809 Plymouth Road South #310 City State Zip Code Minnetanka MN 55305		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,229.45		011 Category/ Type
Candidate Name Rep. Jim Ramstad		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10073
State: MN District: 3		

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Date of Disbursement 09 / 11 / 2002
Mailing Address 430 South Capital Street City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10061
State: District: 0		

Full Name (Last, First, Middle Initial) C. Murtha For Congress Committee		Date of Disbursement 09 / 11 / 2002
Mailing Address 551 Main Street Suite 220 City State Zip Code Johnstown PA 15801		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Rep. John Murtha		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10076
State: PA District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>5500.00</b>
<b>TOTAL</b> 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 48 / 60

<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) <b>A. National Republican Congressional Committee</b>		Date of Disbursement 09 / 11 / 2002	
Mailing Address 320 First Street, SW City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$2,500.00		011 Category/ Type	
Candidate Name		Transaction ID: 10083	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District: 0	

Full Name (Last, First, Middle Initial) <b>B. Heather Wilson For Congress</b>		Date of Disbursement 09 / 11 / 2002	
Mailing Address P.O. Box 14070 P.O. Box 14070 City Albuquerque State NM Zip Code 87191		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Rep. Heather Wilson		Transaction ID: 10084	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	State: NM District: 1	

Full Name (Last, First, Middle Initial) <b>C. Jim Ramstad Volunteer Committee</b>		Date of Disbursement 09 / 12 / 2002	
Mailing Address 1809 Plymouth Road South #310 1809 Plymouth Road South #310 City Minnetonka State MN Zip Code 55305		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1,220.45 Voided Check		011 Category/ Type	
Candidate Name Rep. Jim Ramstad		Transaction ID: 10085	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	State: MN District: 3	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> 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 49 / 80

<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) <b>A. Susan Davis For Congress</b>		Date of Disbursement 09 / 13 / 2002	
Mailing Address C/O 144 West D Street City Encinitas State CA Zip Code 92024		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Susan 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 Other (specify) ▼		
State: CA      District: 49	Transaction ID: 10086		

Full Name (Last, First, Middle Initial) <b>B. Bill Thomas Campaign Committee</b>		Date of Disbursement 09 / 13 / 2002	
Mailing Address PO Box 395 City Bakersfield State CA Zip Code 93302		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type	
Candidate Name Congressman William Thomas			
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: CA      District: 21	Transaction ID: 10092		

Full Name (Last, First, Middle Initial) <b>C. John D Dingell For Congress Committee</b>		Date of Disbursement 09 / 13 / 2002	
Mailing Address 607 Fourteenth Street Nw City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement YTD:\$10,000.00		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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI      District: 18	Transaction ID: 10094		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8000.00</b>
<b>TOTAL</b> 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 50 / 80

<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. David Scott For Congress		Date of Disbursement 09 / 13 / 2002
Mailing Address 162 Hurt Street Ne City Atlanta State GA Zip Code 30307		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$8,000.00	011 Category/ Type	
Candidate Name Mr. David Scott		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10091
State: GA District: 13		

Full Name (Last, First, Middle Initial) B. Cardoza For Congress		Date of Disbursement 09 / 13 / 2002
Mailing Address 2724 Winton Way City Atwater State CA Zip Code 95301		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement YTD:\$5,000.00	011 Category/ Type	
Candidate Name Mr. Dennis Cardoza		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10089
State: CA District: 18		

Full Name (Last, First, Middle Initial) C. Sensenbrenner Committee		Date of Disbursement 09 / 13 / 2002
Mailing Address PO Box 575 City Brookfield State WI Zip Code 53008		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00	011 Category/ Type	
Candidate Name Rep. F. Sensenbrenner, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10087
State: WI District: 8		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10500.00</b>
<b>TOTAL</b> 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 51 / 60

<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) <b>A. John Shadegg For Congress</b>		Date of Disbursement 09 / 23 / 2002	
Mailing Address P O Box 45444 City State Zip Code Phoenix, AZ 85084		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement YTD:\$8,000.00		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: 10336		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Max Baucus 2002</b>		Date of Disbursement 09 / 23 / 2002	
Mailing Address PO Box 588 City State Zip Code Helena MT 59624		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$6,000.00		011 Category/ Type	
Candidate Name Senator Max Baucus			
Office Sought:   House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MT      District: 1	Transaction ID: 10335		

Full Name (Last, First, Middle Initial) <b>C. Marion Berry For Congress</b>		Date of Disbursement 09 / 23 / 2002	
Mailing Address PO Box 8084 City State Zip Code Jonesboro AR 72403		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Marion Berry			
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: AR      District: 1	Transaction ID: 10337		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7000.00</b>
<b>TOTAL</b> 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 52 / 60

<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. Peterson For Congress		Date of Disbursement 09 / 24 / 2002
Mailing Address 205 Washington St Se City Warroad State MN Zip Code 56763		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congressman Collin Peterson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10385
State: MN District: 7		

Full Name (Last, First, Middle Initial) B. Donald A. Manzullo For Congress		Date of Disbursement 09 / 24 / 2002
Mailing Address PO Box 7783 City Rockford State IL Zip Code 61125		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement YTD:\$1,500.00	011 Category/ Type	
Candidate Name Congressman Donald Manzullo		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10387
State: IL District: 16		

Full Name (Last, First, Middle Initial) C. National Republican Congressional Committee		Date of Disbursement 09 / 24 / 2002
Mailing Address 320 First Street, SW City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement YTD:\$4,000.00	011 Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10388
State: District: 0		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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 53 / 60

<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) <b>A. Stenholm For Congress Committee</b>			Date of Disbursement 09 / 24 / 2002	
Mailing Address Box 1032 City State Zip Code Stamford TX 79553			Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement YTD:\$100.00		011 Category/ Type	Transaction ID: 10384	
Candidate Name Rep. Charles Stenholm				
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: 17				

Full Name (Last, First, Middle Initial) <b>B. Lucas For Congress 2002</b>			Date of Disbursement 09 / 24 / 2002	
Mailing Address P.O. Box 17344 City State Zip Code Covington KY 41017			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	Transaction ID: 10383	
Candidate Name Rep. Ken Lucas				
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: KY      District: 4				

Full Name (Last, First, Middle Initial) <b>C. Luther For Congress Volunteer Committee</b>			Date of Disbursement 09 / 25 / 2002	
Mailing Address 1399 Geneva Avenue North Suite 2D City State Zip Code Oakdale MN 55128			Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement YTD:\$6,500.00		011 Category/ Type	Transaction ID: 10401	
Candidate Name Congressman William Luther				
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: MN      District: 8				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5100.00</b>
<b>TOTAL</b> 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 54 / 80

<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) <b>A. Democratic Senatorial Campaign Committee</b>		Date of Disbursement 09 / 25 / 2002
Mailing Address 430 S. Capitol St., SE 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: 1039B

Full Name (Last, First, Middle Initial) <b>B. Friends Of Farr</b>		Date of Disbursement 09 / 25 / 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	Candidate Name Rep. Sam Farr	011 Category/ Type
Office Sought: X House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: CA District: 17		Transaction ID: 1040D

Full Name (Last, First, Middle Initial) <b>C. Stenholm For Congress Committee</b>		Date of Disbursement 09 / 27 / 2002
Mailing Address Box 1032 City: Stamford State: TX Zip Code: 79553		Amount of Each Disbursement this Period -100.00
Purpose of Disbursement Voided Check	Candidate Name Rep. Charles Stenholm	011 Category/ Type
Office Sought: X House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: TX District: 17		Voided Check Transaction ID: 1044B

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3400.00</b>
<b>TOTAL</b> 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 55 / 80

<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) <b>A. Stenholm For Congress Committee</b>			Date of Disbursement 09 / 27 / 2002	
Mailing Address Box 1032 City State Zip Code Stamford TX 79553			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type		
Candidate Name Rep. Charles Stenholm		Disbursement For: 2002 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: TX District: 17		
Transaction ID: 10451				

Full Name (Last, First, Middle Initial) <b>B. Pickering For Congress</b>			Date of Disbursement 09 / 30 / 2002	
Mailing Address PO Box 8440 City State Zip Code Laurel MS 39441			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type		
Candidate Name Congressman Charles Pickering, Jr.		Disbursement For: 2002 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: MS District: 3		
Transaction ID: 10494				

Full Name (Last, First, Middle Initial) <b>C. Volunteers For Shimkus</b>			Date of Disbursement 09 / 30 / 2002	
Mailing Address PO Box 5458 PO Box 5458 City State Zip Code Springfield IL 62705			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type		
Candidate Name Congressman John Shimkus		Disbursement For: 2002 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: IL District: 20		
Transaction ID: 10493				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> 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 56 / 60

<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) <b>A. Friends Of Bud Cramer</b>		Date of Disbursement 09 / 30 / 2002	
Mailing Address Pob Box 2621 City: Huntsville State: AL Zip Code: 35801		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Congressman Robert Cramer, 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: AL      District: 5	Transaction ID: 10498		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Connie Morella For Congress Committee</b>		Date of Disbursement 09 / 30 / 2002	
Mailing Address 7101 Wisconsin Ave Suite 102 City: Bethesda State: MD Zip Code: 20814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congresswoman Constance Morella			
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: MD      District: 8	Transaction ID: 10492		

Full Name (Last, First, Middle Initial) <b>C. Mike Bilirakis For Congress</b>		Date of Disbursement 09 / 30 / 2002	
Mailing Address P O Box 1077 City: Tarpon Springs State: FL Zip Code: 34688		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$5,500.00		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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL      District: 8	Transaction ID: 10491		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> 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 57 / 80

<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) <b>A. Mike Bilirakis For Congress</b>		Date of Disbursement 09 / 30 / 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:\$8,500.00		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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL      District: 8	Transaction ID: 10505		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Jane Harman</b>		Date of Disbursement 09 / 30 / 2002	
Mailing Address PO Box 96 City Torrance State CA Zip Code 90507		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Jane Harman			
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: CA      District: 36	Transaction ID: 10501		

Full Name (Last, First, Middle Initial) <b>C. Simmons For Congress</b>		Date of Disbursement 09 / 30 / 2002	
Mailing Address P.O. Box 268 Drawer 271      P.O. Box 268 Drawer 271 City Stonington State CT Zip Code 06378		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Rep. Robert Simmons			
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: 2	Transaction ID: 10495		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> 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 58 / 80

<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) <b>A. Hall For Congress Committee (Ralph Hall - Rockwall)</b>		Date of Disbursement 09 / 30 / 2002	
Mailing Address Post Office Box 711 City State Zip Code Rockwall TX 75087		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Rep. Ralph Hall			
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: 4	Transaction ID: 10496		

Full Name (Last, First, Middle Initial) <b>B. Dooley For Congress</b>		Date of Disbursement 09 / 30 / 2002	
Mailing Address Post Office Box 109 City State Zip Code Fresno CA 93709		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Calvin Dooley			
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: CA      District: 20	Transaction ID: 10499		

Full Name (Last, First, Middle Initial) <b>C. Chet Edwards For Congress</b>		Date of Disbursement 09 / 30 / 2002	
Mailing Address PO Box 23273 City State Zip Code Waco TX 76702		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Rep. Chet Edwards			
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: 11	Transaction ID: 10500		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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PAGE 59 / 80

<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) <b>A. Friends Of Congressman Tim Holden</b>		Date of Disbursement 09 / 30 / 2002
Mailing Address PO Box 37 City: Saint Clair, State: PA, Zip Code: 17870		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00	011 Category/ Type	
Candidate Name Rep. Tim Holden		
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: 10502
State: PA District: 8		

Full Name (Last, First, Middle Initial) <b>B. Moran For Congress</b>		Date of Disbursement 09 / 30 / 2002
Mailing Address PO Box 251B City: Alexandria, State: VA, Zip Code: 22301		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00	011 Category/ Type	
Candidate Name Rep. James Moran		
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: 10503
State: VA District: 8		

Full Name (Last, First, Middle Initial) <b>C. Gene Taylor For Congress Committee</b>		Date of Disbursement 09 / 30 / 2002
Mailing Address Post Office Box 38 City: Bay St. Louis, State: MS, Zip Code: 39520		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Rep. Gene Taylor		
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: 10504
State: MS District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>139500.00</b>

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

Use separate schedule(s)  
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PAGE 60 / 60

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

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

Full Name (Last, First, Middle Initial) A. First USA Bank		Date of Disbursement 08 / 07 / 2002
Mailing Address		Amount of Each Disbursement this Period 392.04
City	State Zip Code	
Purpose of Disbursement		011 Category/ Type
Candidate Name		
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼
State:	District: 0	
		Transaction ID: 9379

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>392.04</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>392.04</b>