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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial): CARE PAC
Mailing Address: 929 2nd Street, NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: B84539
Date of Disbursement: 09 / 26 / 2003
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): ROYB Fund (Rely On Your Beliefs)
Mailing Address: 209 Pennsylvania Ave., SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: B84540
Date of Disbursement: 09 / 26 / 2003
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): ROYB Fund (Rely On Your Beliefs)
Mailing Address: 209 Pennsylvania Ave., SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Void - ROYB Fund (Rely On Your Beliefs)
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: B84548
Date of Disbursement: 09 / 26 / 2003
Amount of Each Disbursement this Period: -5000.00
Void - ROYB Fund (Rely On Your Beliefs)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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