



# NEMPAC

RECEIVED  
FEC MAIL ROOM

2000 OCT 26 A 9 44

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

October 23, 2000

Federal Election Commission  
999 E Street NW  
Washington, D.C. 20463

RE: FEC Identification No.  
C00140061

Dear Sirs:

The enclosed reports are submitted for filing:

FEC Form 3X Covering Period 10/1/00-10/18/00

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

1125 Executive Circle  
Irving, Texas 75038

PH: 972-550-0911

Sincerely,

Ellen Ryan  
Accountant

*NEMPAC puts your voice on Capitol Hill*

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

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 26 A 9:45

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Emergency Medicine Political Action Committee of the American College of Emergency Physicians	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported	2. FEC IDENTIFICATION NUMBER C00140061
1125 Executive Circle CITY, STATE and ZIP CODE Irving TX 75038	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

12-Day Pre-Election Report for the General  
(Type of Election)

election on 11/7/00 In the State of TX


30-Day Post-Election Report following the General Election

on \_\_\_\_\_ In the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, <del>19</del> <u>2000</u>		\$ <u>139,393.76</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>41,315.42</u>	
(c) Total Receipts (from Line 19)	\$ <u>24,717.25</u>	\$ <u>234,055.32</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>66,032.67</u>	\$ <u>373,449.08</u>
7. Total Disbursements (from Line 30)	\$ <u>34,276.44</u>	\$ <u>341,692.85</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>31,756.23</u>	\$ <u>31,756.23</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of <del>xxxxxx</del> Asst. Treasurer Phyllis L. Edans	Date
Signature of Treasurer 	10/23/00

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

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FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
	10/1/00	10/18/00	
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	5,681.00	52,556.00	11(a)
ii. Unitemized .....	19,036.25	176,358.17	11(b)
Total ..... (add i and ii) >	24,717.25	230,914.17	11(c)
b. Political Party Committees .....			11(d)
c. Other Political Committees (such as PACs) .....			11(e)
d. Total Contributions ..... (add a ii, b and c) >	24,717.25	230,914.17	11(f)
12. Transfers From Affiliated/Other Party Committees .....			12
13. All Loans Received .....			13
14. Loan Repayments Received .....			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0	500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0	2,541.15	17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	24,717.25	234,055.32	19
20. Total Federal Receipts ..... (subtract line 18 from line 19) >	24,717.25	234,055.32	20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			21(a)
ii. Non-Federal Share .....			21(b)
b. Other Federal Operating Expenditures .....	7,276.44	37,974.73	21(c)
c. Total Operating Expenditures ..... (add a i, a ii, and b) >	7,276.44	37,974.73	21(d)
22. Transfers to Affiliated/Other Party Committees .....			22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	27,000.00	303,718.12	23
24. Independent Expenditures (use Schedule E) .....			24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F) .....			25
26. Loan Repayments Made .....			26
27. Loans Made .....			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....			28(a)
b. Political Party Committees .....			28(b)
c. Other Political Committees (such as PACs) .....			28(c)
d. Total Contribution Refunds ..... (add a, b and c) >			28(d)
29. Other Disbursements .....			29
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28a, and 29) >	34,276.44	341,692.85	30
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >	34,276.44	341,692.85	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	24,717.25	230,914.17	32
33. Total Contribution Refunds (from line 28d) .....	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	24,717.25	230,914.17	34
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b) >	7,276.44	37,974.73	35
36. Offsets to Operating Expenditures (from line 15) .....	-0-	-0-	36
37. Net Operating Expenditures ..... (subtract line 36 from 35) >	7,276.44	37,974.73	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4  
FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alex D. Antalis, MD 11121 Shiregreen Lane Fort Wayne, IN 46814	Parkview Memorial Hospital	10/6/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Emergency Physician	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bryan D. Buller, MD 700 Cambridge Blvd SE E Grand Rapids, MI 49506	St. Mary's Hospital	10/5/00	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Emergency Physician	Aggregate Year-to-Date > \$ 365.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas James Calvert, MD 2407 Covemont Drive Huntsville, AL 35801	Huntsville Hospital	10/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Emergency Physician	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lily C Conrad, MD 31508 Quarterhorse Road Evergreen, CO 80439	St. Joseph Hospital	10/5/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Emergency Physician	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ellis DeVille, MD 1896 Perkins Rd Baton Rouge, LA 70808	River West Med Ctr	10/16/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Emergency Physician	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark W. Elliott, MD 9725 E. Maplewood Circle Englewood, CO 80111	Littleton Hospital	10/16/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Emergency Physician	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Gregory Faller, MD 2105 Coventry Trail Traverse City, MI 49686	Munson Medical Center	10/18/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Emergency Physician	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional) .....

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

1615-

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4  
FOR LINE NUMBER 11a1

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

<p>A. Full Name, Mailing Address and ZIP Code Woodrow W. Gandy, MD 4528 Irvin Simmons Dr. Dallas, TX 75229</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer T-System</p> <p>Occupation Emergency Physician</p> <p>Aggregate Year-to-Date &gt; \$365.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt This Period 365.00</p>
<p>B. Full Name, Mailing Address and ZIP Code J. Brian Hancock, MD 830 S Jefferson Ave Saginaw, MI 48601</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer St. Mary's Med Ctr</p> <p>Occupation Emergency Physician</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>	<p>Date (month, day, year) 10/5/00</p>	<p>Amount of Each Receipt This Period 100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Gregory L. Henry, MD 1850 Washtenaw Ave Ann Arbor, MI 48104</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Emergency Physicians Medi Group</p> <p>Occupation Emergency Physician</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 10/5/00</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Steven R. Horn, MD 5285 Laurel Ridge Lane Cincinnati, OH 45247</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mercy Fairfield Hosp.</p> <p>Occupation Emergency Physician</p> <p>Aggregate Year-to-Date &gt; \$350.00</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt This Period 350.00</p>
<p>E. Full Name, Mailing Address and ZIP Code James F. Kenny, MD 96 Aspinwall St. Staten Island, NY 10307</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Staten Island University Hospital</p> <p>Occupation Emergency Physician</p> <p>Aggregate Year-to-Date &gt; \$365.00</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt This Period 365.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Christopher J. Knuth, MD 3230 W. Riverland Drive Mequon, WI 53092</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer St. Mary's Hospital</p> <p>Occupation Emergency Physician</p> <p>Aggregate Year-to-Date &gt; \$231.00</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt This Period 121.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Brian Anthony Macaulay, MD 1946 W. Diversey Parkway 2 Chicago, IL 60614</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Univ of IL</p> <p>Occupation Emergency Physician</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt This Period 200.00</p>

SUBTOTAL of Receipts This Page (optional) .....

2,001-

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4  
FOR LINE NUMBER 11a1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul M. Feindl, MD 3457 Fieldstone Dr. Gastonia, NC 38056	Emergency Physician	10/16/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Emergency Physician	Aggregate Year-to-Date > \$200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
S. Scott Polsky, MD 1953 Lakeview Drive Akron, OH 44333	Summa Health	10/18/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Emergency Physician	Aggregate Year-to-Date > \$200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A J Reed, MD 2456 N. Woodlawn Wichita, KS 67220	Emergency Physician	10/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Emergency Physician	Aggregate Year-to-Date > \$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R. Douglas Shaw, MD 2776 Puesta Del Sol Santa Barbara, CA 93105	Santa Barbara Med Foundation	10/16/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Emergency Physician	Aggregate Year-to-Date > \$200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kenneth C Stewart, DO 1859 Evergreen St. SE Grand Rapids, MI 49506	Metropolitan Hospital	10/5/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Emergency Physicians	Aggregate Year-to-Date > \$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tamara Lynn Thomas, MD 1534 W Fern Redlands, CA 92373	Loma Linda Univ Medical Center	10/16/00	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Emergency Physician	Aggregate Year-to-Date > \$365.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary Jo Wagner, MD 5425 Nottingham N Saginaw, MI 48603	Saginaw Coop Hospital	10/16/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Emergency Physician	Aggregate Year-to-Date > \$200.00	

SUBTOTAL of Receipts This Page (optional) .....

11665-

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4  
FOR LINE NUMBER 11a1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Fuhing Wong, MD 23324 Wagon Trail Rd Diamond Bar, CA 91765		10/18/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Emergency Physician Aggregate Year-to-Date > \$200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bryce J Yerman, MD 660 NE Innes Lane Bend, OR 97701		10/5/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Emergency Physician Aggregate Year-to-Date > \$200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....

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

5,681.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21b

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MMS 1280 Perimeter Parkway Virginia Beach, VA 23454	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Professional Fees</b>	10/18/00	7,276.44
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	7,276.44



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Baessler for Congress PO Box 1807 Lexington, KY 40588	Scotty Baessler KY 6th Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	2,000.00
B. Full Name, Mailing Address and ZIP Code Barcia for Congress PO Box 1243 Bay City, MI 48706	Purpose of Disbursement Rep Jim Barcia MI 5th Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Ken Bentsen for Congress PO Box 75214 Washington, DC 20013	Purpose of Disbursement Rep Ken Bentsen TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Byrum for Congress PO Box 26191 Lansing, MI 48909	Purpose of Disbursement Dianne Byrum MI 8th Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	2,000.00
E. Full Name, Mailing Address and ZIP Code Lincoln Chafee for US Senate 1800 Post Road Suite 13 Warwick, RI 02886	Purpose of Disbursement Senator Lincoln Chafee RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	3,000.00
F. Full Name, Mailing Address and ZIP Code Mac Collins for Congress PO Box 35 Jonesboro, GA 30237	Purpose of Disbursement Rep Mac Collins/GA 3rd Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Susan Davis for Congress PO Box 84049 San Diego, CA 92138	Purpose of Disbursement Susan Davis CA 49th Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	2,000.00
H. Full Name, Mailing Address and ZIP Code DeWine for US Senate 27 Logan Circle, NW #9 Washington, DC 20005	Purpose of Disbursement Senator Mike DeWine OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Bob Franks for US Senate 310 W. Westfield Ave Roselle Park, NJ 07204	Purpose of Disbursement Rep Bob Franks NJ 7th Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) .....

15,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for Ganske Committee 4010 Franconia Road Alexandria, VA 22310	Purpose of Disbursement Rep Greg Ganske IA 4th Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	1,000.00
Lauren Beth Gash for Congress PO Box 179 Deerfield, IL 60015	Purpose of Disbursement Lauren Beth Gash IL 10th Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	1,000.00
Gene Green Congressional Campaign PO Box 75214 Washington, DC 20013	Purpose of Disbursement Rep Gene Green TX 29th Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	500.00
Citizens for Rick Larsen PO Box 326 Everett, WA 98206	Purpose of Disbursement Rick Larsen WA 2nd Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	2,000.00
Paul Perry for Congress 1101 Professional Blvd Evansville, IN 47714	Purpose of Disbursement Paul Perry IN 8th Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	1,000.00
Robb for Senate 424 C St NE Washington, DC 20002	Purpose of Disbursement Senator Chuck Robb VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	1,000.00
Roth for Senate Committee PO Box 105 Wilmington, DE 19899	Purpose of Disbursement Senator Bill Roth DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	1,000.00
Friends of Stedem PO Box 973 Ft. Meade, FL 33841	Purpose of Disbursement Mike Stedem FL 12th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	2,000.00
Mike Taylor for Congress PO Box 2389 Albermarle, NC 28002	Purpose of Disbursement Mike Taylor NC 8th Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) .....	10,500.00
TOTAL This Period (last page this line number only) .....	.....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302	Rep Bill Thomas CA 21st Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Ed Towns 499 South Capitol St., NE, Ste 603 Washington, DC 20003	Rep Ed Towns NY-10th Dist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	27,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>10/23/00</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

  
PREPARER

*10/26/00*  
DATE PREPARED