

**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  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE)  
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Election on Convention (12C) Special (12S)  
 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 01 01 2001 through 06 30 2001

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

Type or Print Name of Treasurer Colin Romie, PHD

Signature of Treasurer Electronically Filed by Colin Romie, PHD Date 07 31 2001

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

Office Use Only

**FEC FORM 3X**  
(Revised 1/2001)

**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>Month</sup> 01 <sup>Day</sup> 01 <sup>Year</sup> 2001 To: <sup>Month</sup> 06 <sup>Day</sup> 30 <sup>Year</sup> 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Year</sup> 2001		83167.46
(b) Cash on Hand at Beginning of Reporting Period .....	83167.46	
(c) Total Receipts (from Line 19) .....	84611.87	84611.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	167779.33	167779.33
7. Total Disbursements (from Line 30) .....	52641.14	52641.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	115138.19	115138.19
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 800-420-9530  
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>01 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>06 <sup>DD</sup>30 <sup>YYYY</sup>2001

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) .....	8483.75	
(ii) Unitemized .....	74789.08	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	83272.83	83272.83
(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) .....	83272.83	83272.83
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.) .....	1339.04	1339.04
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) .....	84611.87	84611.87
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	84611.87	84611.87

**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.....	1641.14	1641.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1641.14	1641.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51000.00	51000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	52641.14	52641.14
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	52641.14	52641.14
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	83272.83	83272.83
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	83272.83	83272.83
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1641.14	1641.14
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1641.14	1641.14

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 / 41

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David K Wight  
Date of Receipt  
Mailing Address  
PMB 141 1485 Hwy 17 N #E  
City State Zip Code  
Mt Pleasant SC 29464-3344  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00  
Name of Employer Occupation  
Emergency Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00  
Transaction ID: 548

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Paul Mengot  
Date of Receipt  
Mailing Address  
4900 N CR 925W  
City State Zip Code  
Yorktown IN 47396-9216  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 365.00  
Name of Employer Occupation  
Emergency Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 365.00  
Transaction ID: 600

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mary E Laws  
Date of Receipt  
Mailing Address  
N101 W21617 Birch Lane  
City State Zip Code  
Colgate WI 53017-9510  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 273.75  
Name of Employer Occupation  
Emergency Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 273.75  
Transaction ID: 625

**SUBTOTAL** of Receipts This Page (optional) ..... **888.75**

**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 / 41	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thaddeus D Woods

Mailing Address  
9941 Essex Drive

City State Zip Code  
Omaha NE 68114-3873

Date of Receipt  
01 30 2001

Amount of Each Receipt this Period  
385.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Emergency Physician

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

Transaction ID: 728

**B.** Full Name (Last, First, Middle Initial)  
Dr. Greg Houston Gray

Mailing Address  
3837 S Wheeling

City State Zip Code  
Tulsa OK 74105-8131

Date of Receipt  
02 08 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Emergency Physician

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

Transaction ID: 824

**C.** Full Name (Last, First, Middle Initial)  
Dr. Antonio Manuel de la Luz

Mailing Address  
148 N Wellington

City State Zip Code  
Macon GA 31210

Date of Receipt  
02 19 2001

Amount of Each Receipt this Period  
273.75

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Emergency Physician

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

Transaction ID: 804

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **888.75**

**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 / 41	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David Charles Packo

Mailing Address  
4272 Cobblestone Drive  
City State Zip Code  
Copley OH 44321-2926

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 21 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Emergency Physician

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

Transaction ID: 940

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

Mailing Address  
Veterans Affairs Med Ctr 800 Irving Avenue  
City State Zip Code  
Syracuse NY 13210-2716

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Emergency Physician

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

Transaction ID: 2445

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lewis Kohl

Mailing Address  
279 Hawley Rd  
City State Zip Code  
N Salem NY 10560-2803

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2001

Amount of Each Receipt this Period  
365.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Emergency Physician

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

Transaction ID: 1182

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2365.00**

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Marilyn Joan Heine

Mailing Address  
900 Twining Road  
City State Zip Code  
Dresher PA 19025-1726

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Emergency Physician

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

Transaction ID: 1328

**B.** Full Name (Last, First, Middle Initial)  
Dr. Russell Edwin Maske

Mailing Address  
PO Box 661870  
City State Zip Code  
Arcadia CA 91066-1870

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2001

Amount of Each Receipt this Period  
91.25

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 273.75

Transaction ID: 374

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael L. Caruso

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

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Emergency Physician

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

Transaction ID: 1547

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1341.25**

**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 9 / 41	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address  
164 Silver Valley Boulevard

City State Zip Code  
Munroe Falls OH 44262-1084

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
1000.00

Name of Employer Occupation  
Emergency Physician

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

Transaction ID: 1563

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

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  
06 / 12 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
500.00

Name of Employer Occupation  
Emergency Physician

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

Transaction ID: 2117

**C.** Full Name (Last, First, Middle Initial)  
Dr. George W Molzen

Mailing Address  
4123 Rancho Largo, NW

City State Zip Code  
Albuquerque NM 87120-5377

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
1000.00

Name of Employer Occupation  
Emergency Physician

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

Transaction ID: 2180

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

**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)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Peter J Jacoby

Mailing Address

167 Sprain Brook Rd

City

State

Zip Code

Woodbury

CT

06798-1914

Date of Receipt

M / D / Y  
06 / 21 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Emergency Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 2281

Full Name (Last, First, Middle Initial)

B. Dr. Louis-Marcel A Cesar

Mailing Address

PO Box 180253

City

State

Zip Code

Delafield

WI

53018-0253

Date of Receipt

M / D / Y  
06 / 22 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Emergency Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 2283

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>8483.75</b>

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

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

FOR LINE NUMBER: PAGE 11 / 41

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Solomon Smith Barney

Date of Receipt

Mailing Address

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

1050 Connecticut Ave, NW

Suite 225

City

State

Zip Code

Washington

DC

20036

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

222.39

Name of Employer

Occupation

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

271.87

MONEY FUND INTEREST

Transaction ID: 1985

Full Name (Last, First, Middle Initial)

B. Solomon Smith Barney

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 3 / 3 1 / 2 0 0 1

1050 Connecticut Ave, NW

Suite 225

City

State

Zip Code

Washington

DC

20036

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

213.17

Name of Employer

Occupation

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

465.04

MONEY FUND INTEREST

Transaction ID: 1986

Full Name (Last, First, Middle Initial)

C. Solomon Smith Barney

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 3 0 / 2 0 0 1

1050 Connecticut Ave, NW

Suite 225

City

State

Zip Code

Washington

DC

20036

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

349.13

Name of Employer

Occupation

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

834.17

MONEY FUND INTEREST

Transaction ID: 1987

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **784.63**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 41	
	<input 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

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2001

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

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 283.78

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1097.95

Transaction ID: 2597

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2001

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

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 241.09

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1339.04

Transaction ID: 2598

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>504.87</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1289.50</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. MMS</b>		Date of Disbursement 02 / 09 / 2001	
Mailing Address 1280 PERIMETER PKWY City State Zip Code VIRGINIA BEACH VA 23454		Amount of Each Disbursement this Period 809.74	
Purpose of Disbursement FUNDRAISING MAIL/PHONE SERVICE		003 Category/ Type	
Candidate Name		FUNDRAISING MAIL/PHONE SERVICE	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼	Transaction ID: 1381	
State:            District: 0			

Full Name (Last, First, Middle Initial) <b>B. The Chase Manhattan Bank</b>		Date of Disbursement 03 / 12 / 2001	
Mailing Address 545 East John Carpenter Fwy City State Zip Code Irving TX 75062		Amount of Each Disbursement this Period 947.00	
Purpose of Disbursement 1120 POL/12-31-00		001 Category/ Type	
Candidate Name		1120 POL/12-31-00	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼	Transaction ID: 2489	
State:            District: 0			

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1556.74</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1556.74</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jefferson Committee</b>		Date of Disbursement 01 / 25 / 2001
Mailing Address 650 Poydras St Suite 2245 City State Zip Code New Orleans LA 70130		Amount of Each Disbursement this Period -1500.00
Purpose of Disbursement YTD:(\$1,500.00) Voided Check		011 Category/ Type Voided Check
Candidate Name Congressman William Jefferson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2000 Primary	
State: LA      District: 2	Transaction ID: 2810	

Full Name (Last, First, Middle Initial) <b>B. Nussle For Congress</b>		Date of Disbursement 01 / 25 / 2001
Mailing Address PO Box 324 City State Zip Code Manchester IA 52057		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:(\$1,000.00) Voided Check		011 Category/ Type Voided Check
Candidate Name Congressman Jim Nussle		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2000 Primary	
State: IA      District: 2	Transaction ID: 2808	

Full Name (Last, First, Middle Initial) <b>C. Committee To Re-Elect Congressman Chris Smith</b>		Date of Disbursement 01 / 25 / 2001
Mailing Address P.O. Box 3184      PO Box 498 City State Zip Code Hamilton NJ 08619		Amount of Each Disbursement this Period -500.00
Purpose of Disbursement YTD:(\$500.00) Voided Check		011 Category/ Type Voided Check
Candidate Name Congressman Christopher Smith		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2000 Primary	
State: NJ      District: 4	Transaction ID: 2802	

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Maloney For Congress</b>		Date of Disbursement 01 / 25 / 2001	
Mailing Address 48 East 92nd Street City State Zip Code New York NY 10128		Amount of Each Disbursement this Period -500.00	
Purpose of Disbursement YTD:(\$500.00) Voided Check		011 Category/ Type	
Candidate Name Congresswoman Carolyn Maloney		Voided Check	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2000 Primary		
State: NY      District: 14	Transaction ID: 2804		

Full Name (Last, First, Middle Initial) <b>B. Dreier For Congress Committee</b>		Date of Disbursement 01 / 25 / 2001	
Mailing Address PO Box 1110 City State Zip Code Covina CA 91722		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:(\$1,000.00) Voided Check		011 Category/ Type	
Candidate Name Congressman David Dreier		Voided Check	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2000 Primary		
State: CA      District: 28	Transaction ID: 2806		

Full Name (Last, First, Middle Initial) <b>C. Tom Sawyer Committee</b>		Date of Disbursement 03 / 01 / 2001	
Mailing Address 1540 W Market Street City State Zip Code Akron OH 44313		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 TOM SAWYER/HOUSE/OH/14TH DIS		011 Category/ Type	
Candidate Name Congressman Tom Sawyer		TOM SAWYER/HOUSE/OH/14TH DIST	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH      District: 14	Transaction ID: 2471		

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Gene Green Congressional Campaign</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address PO Box 16128 City Houston State TX Zip Code 77222		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 GENE GREEN/HOUSE/TX/29TH DIS	011 Category/ Type	GENE GREEN/HOUSE/TX/29TH DIST
Candidate Name Congressman Gene Green		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 2473
State: TX District: 29		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Jennifer B Dunn</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address PO Box 40110 City Bellevue State WA Zip Code 98015		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 JENNIFER DUNN/HOUSE/WA/8TH	011 Category/ Type	JENNIFER DUNN/HOUSE/WA/8TH DIST
Candidate Name Congresswoman Jennifer Dunn		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 2475
State: WA District: 8		

Full Name (Last, First, Middle Initial) <b>C. People For English</b>		Date of Disbursement 03 / 01 / 2001
Mailing Address PO Box 194D City Erie State PA Zip Code 16507		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 PHIL ENGLISH/HOUSE/PA/21ST	011 Category/ Type	PHIL ENGLISH/HOUSE/PA/21ST DIST
Candidate Name Congressman Phil English		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 2474
State: PA District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Lindsey Graham</b>		Date of Disbursement 03 / 21 / 2001	
Mailing Address P.O. Box 1155 PO Box 1155 City State Zip Code Seneca SC 29679		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 LINDSEY GRAHAM/HOUSE/SC/3R		011 Category/ Type	
Candidate Name Congressman Lindsey Graham		LINDSEY GRAHAM/HOUSE/SC/3RD DIST	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: SC      District: 3	Transaction ID: 2466		

Full Name (Last, First, Middle Initial) <b>B. Billy Tauzin Congressional Committee</b>		Date of Disbursement 03 / 21 / 2001	
Mailing Address 550 South Van City State Zip Code Houma LA 70361		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$2,500.00 WJ TAUZIN/HOUSE/LA/3RD DIS		011 Category/ Type	
Candidate Name Congressman W.J. Tauzin		WJ TAUZIN/HOUSE/LA/3RD DIST	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: LA      District: 3	Transaction ID: 2464		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Lois Capps</b>		Date of Disbursement 03 / 21 / 2001	
Mailing Address Post Office Box 23840 City State Zip Code Santa Barbara CA 93121		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 LOIS CAPPS/HOUSE/CA/22ND D		011 Category/ Type	
Candidate Name Congresswoman Lois Capps		LOIS CAPPS/HOUSE/CA/22ND DIST	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: CA      District: 22	Transaction ID: 2487		

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Jim Maloney Inc</b>		Date of Disbursement 03 / 21 / 2001	
Mailing Address 20 E Main Street Suite 235 City: Waterbury State: CT Zip Code: 06702		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 JAMES MALONEY/HOUSE/CT/5TH D		Category/ Type 011	
Candidate Name Congressman James Maloney		JAMES MALONEY/HOUSE/CT/5TH DIST	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: CT           District: 5	Transaction ID: 2465		

Full Name (Last, First, Middle Initial) <b>B. Crane For Congress Committee</b>		Date of Disbursement 03 / 29 / 2001	
Mailing Address PO Box 8534 City: Rolling Meadows State: IL Zip Code: 60008		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 PHILIP CRANE, U.S. HOUSE 8		Category/ Type 011	
Candidate Name Congressman Philip Crane		Philip Crane, U.S. HOUSE 8th IL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: IL           District: 8	Transaction ID: 107		

Full Name (Last, First, Middle Initial) <b>C. Hutchinson For Senate</b>		Date of Disbursement 03 / 27 / 2001	
Mailing Address PO Box 898 City: Rogers State: AR Zip Code: 72757		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 TIM HUTCHINSON/SENATE/AR		Category/ Type 011	
Candidate Name Senator Tim Hutchinson		TIM HUTCHINSON/SENATE/AR	
Office Sought:     House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: AR           District: 2	Transaction ID: 2457		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Doyle For Congress Committee</b>		Date of Disbursement 03 / 27 / 2001	
Mailing Address 2227 Hampton Street City Pittsburgh State PA Zip Code 15218		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Michael Doyle			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: PA      District: 16	Transaction ID: 2599		

Full Name (Last, First, Middle Initial) <b>B. Hulshof For Congress</b>		Date of Disbursement 03 / 27 / 2001	
Mailing Address PO Box 1621 City Columbia State MO Zip Code 65206		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 KENNY HULSHOF/HOUSE/MO/8TH		011 Category/ Type	
Candidate Name Congressman Kenny Hulshof			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: MO      District: 9	Transaction ID: 2458		
KENNY HULSHOF/HOUSE/MO/8TH DIST			

Full Name (Last, First, Middle Initial) <b>C. Re-Elect Nancy Johnson To Congress Committee</b>		Date of Disbursement 03 / 27 / 2001	
Mailing Address PO Box 1986 City New Britain State CT Zip Code 06050		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 NANCY JOHNSON/HOUSE/CT/6TH		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: CT      District: 6	Transaction ID: 2458		
NANCY JOHNSON/HOUSE/CT/6TH DIST			

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dick Arney Campaign Committee</b>		Date of Disbursement 03 / 27 / 2001	
Mailing Address PO Box 85 City Lewisville State TX Zip Code 75087		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Richard Arney			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: TX           District: 26	Transaction ID: 2800		

Full Name (Last, First, Middle Initial) <b>B. Doggett For U S Congress Committee</b>		Date of Disbursement 03 / 27 / 2001	
Mailing Address PO Box 5843 City Austin State TX Zip Code 78763		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 LLOYD DOGGETT/HOUSE/TX/10T		011 Category/ Type	
Candidate Name Congressman Lloyd Doggett			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: TX           District: 10	Transaction ID: 2459  LLOYD DOGGETT/HOUSE/TX/10TH DIST		

Full Name (Last, First, Middle Initial) <b>C. Berkley 2000</b>		Date of Disbursement 03 / 27 / 2001	
Mailing Address 3069 Conquista Court City Las Vegas State NV Zip Code 89121		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 SHELLEY BERKLEY/HOUSE/NV/1ST		011 Category/ Type	
Candidate Name Congresswoman Shelley Berkley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: NV           District: 1	Transaction ID: 2483  SHELLEY BERKLEY/HOUSE/NV/1ST DIST		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Texans For Henry Bonilla</b>		Date of Disbursement 03 / 27 / 2001	
Mailing Address PO Box 17282 City State Zip Code San Antonio TX 78217		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 HENRY BONILLA/HOUSE/TX/23RD		011 Category/ Type	
Candidate Name Congressman Henry Bonilla		HENRY BONILLA/HOUSE/TX/23RD DIST	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: TX      District: 23	Transaction ID: 2462		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Mark Foley For Congress</b>		Date of Disbursement 04 / 03 / 2001	
Mailing Address 1318 Lake Victoria Dr City State Zip Code Lake Worth FL 33461		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 Mark Foley, U.S. HOUSE 16th		011 Category/ Type	
Candidate Name Congressman Mark Foley		Mark Foley, U.S. HOUSE 16th FL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: FL      District: 16	Transaction ID: 296		

Full Name (Last, First, Middle Initial) <b>C. Upton For All Of Us</b>		Date of Disbursement 04 / 03 / 2001	
Mailing Address PO Box 490 City State Zip Code St Joseph MI 49085		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 Fred Upton, U.S. HOUSE 8th		011 Category/ Type	
Candidate Name Congressman Fred Upton		Fred Upton, U.S. HOUSE 8th MI	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: MI      District: 8	Transaction ID: 297		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Max Baucus 2002		Date of Disbursement 04 / 23 / 2001
Mailing Address PO Box 586 City: Helena State: MT Zip Code: 59624		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Senator Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1180
State: MT District: 1		

Full Name (Last, First, Middle Initial) B. Pat Toomey For Congress Committee		Date of Disbursement 04 / 23 / 2001
Mailing Address 2720 Jordan Road City: Orefield State: PA Zip Code: 18069		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congressman Patrick Toomey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1181
State: PA District: 15		

Full Name (Last, First, Middle Initial) C. Jefferson Committee		Date of Disbursement 04 / 24 / 2001
Mailing Address 650 Poydras St Suite 2245 City: New Orleans State: LA Zip Code: 70130		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:(\$500.00)	011 Category/ Type	
Candidate Name Congressman William Jefferson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1207
State: LA District: 2		

<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  
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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Senator Rockefeller</b>		Date of Disbursement 04 / 24 / 2001	
Mailing Address 236 Massachusetts Avenue #310 City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Senator John Rockefeller, IV			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		Transaction ID: 1208
State: WV District: 2			

Full Name (Last, First, Middle Initial) <b>B. Thurman For Congress</b>		Date of Disbursement 04 / 24 / 2001	
Mailing Address 450 Pleasant Grove Road City Inverness State FL Zip Code 34452		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congresswoman Karen Thurman			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		Transaction ID: 1211
State: FL District: 5			

Full Name (Last, First, Middle Initial) <b>C. John Shadegg For Congress</b>		Date of Disbursement 04 / 24 / 2001	
Mailing Address P O Box 45444 City Phoenix State AZ Zip Code 85064		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman John Shadegg			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		Transaction ID: 1215
State: AZ District: 4			

<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)  
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Detailed Summary Page

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ben Cardin For Congress		Date of Disbursement 04 / 24 / 2001
Mailing Address 100 East Pratt Street 27th Floor City Baltimore State MD Zip Code 21202		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congressman Benjamin Cardin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1214
State: MD District: 3		

Full Name (Last, First, Middle Initial) B. J D Hayworth For Congress		Date of Disbursement 04 / 28 / 2001
Mailing Address 10789 N 90th Street Suite 102 City Scottsdale State AZ Zip Code 85260		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 Rep J.D. Hayworth, R-AZ-06	011 Category/ Type	
Candidate Name Congressman J.D. Hayworth		Rep J.D. Hayworth, R-AZ-06
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1445
State: AZ District: 6		

Full Name (Last, First, Middle Initial) C. Crane For Congress Committee		Date of Disbursement 05 / 03 / 2001
Mailing Address PO Box 8534 City Rolling Meadows State IL Zip Code 60008		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00 HOUSE/R-IL-08	011 Category/ Type	
Candidate Name Congressman Philip Crane		HOUSE/R-IL-08
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1447
State: IL 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ted Strickland For Congress</b>		Date of Disbursement 05 / 03 / 2001
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 HOUSE/D-OH-08		011 Category/ Type  HOUSE/D-OH-08
Candidate Name Congressman Ted Strickland		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1446
State: OH District: 8		

Full Name (Last, First, Middle Initial) <b>B. Nussle For Congress</b>		Date of Disbursement 05 / 07 / 2001
Mailing Address PO Box 324 City Manchester State IA Zip Code 52057		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:50.00 HOUSE/R-IA-02		011 Category/ Type  HOUSE/R-IA-02
Candidate Name Congressman Jim Nussle		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1502
State: IA District: 2		

Full Name (Last, First, Middle Initial) <b>C. Gephardt In Congress Committee</b>		Date of Disbursement 05 / 07 / 2001
Mailing Address 7435 Watson Road Suite 107 City St Louis State MO Zip Code 63119		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00 HOUSE/D-MO-03		011 Category/ Type  HOUSE/D-MO-03
Candidate Name Congressman Richard Gephardt		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1504
State: MO District: 3		

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

Full Name (Last, First, Middle Initial) <b>A. Pallone For Congress</b>		Date of Disbursement 05 / 08 / 2001
Mailing Address PO Box 3176 City State Zip Code Long Branch NJ 07740		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 Rep Frank Pallone, Jr, D-N		011 Category/ Type
Candidate Name Congressman Frank Pallone, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Rep Frank Pallone, Jr, D-NJ-06
State: NJ District: 8		Transaction ID: 1530

Full Name (Last, First, Middle Initial) <b>B. Nelson For Us Senate</b>		Date of Disbursement 05 / 10 / 2001
Mailing Address PO Box 540154 Suite B City State Zip Code Omaha NE 68154		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 SENATOR NELSON/2000 GENERA		011 Category/ Type
Candidate Name Sen. E. Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2000 General	SENATOR NELSON/2000 GENERAL DEBT
State: NE District: 2		Transaction ID: 1562

Full Name (Last, First, Middle Initial) <b>C. Ben Cardin For Congress</b>		Date of Disbursement 05 / 14 / 2001
Mailing Address 100 East Pratt Street 27th Floor City State Zip Code Baltimore MD 21202		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$3,500.00		011 Category/ Type
Candidate Name Congressman Benjamin Cardin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1559
State: MD District: 3		

<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

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(check only one)

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

Full Name (Last, First, Middle Initial) A. Friends Of Sherrod Brown		Date of Disbursement 05 / 15 / 2001
Mailing Address 607 14th Street Nw Suite 800 City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congressman Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1558
State: OH District: 13		

Full Name (Last, First, Middle Initial) B. Mike Bilirakis For Congress		Date of Disbursement 05 / 16 / 2001
Mailing Address P O Box 1077 City Tarpon Springs State FL Zip Code 34688		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congressman Michael Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1560
State: FL District: 9		

Full Name (Last, First, Middle Initial) C. Earl Pomeroy For Congress		Date of Disbursement 05 / 22 / 2001
Mailing Address Post Office Box 748 City Bismarck State ND Zip Code 58502		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 HOUSE/ND/AL	011 Category/ Type	
Candidate Name Congressman Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	HOUSE/ND/AL Transaction ID: 1678
State: ND District: 1		

<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  
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(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. McCrery For Congress</b>		Date of Disbursement 05 / 23 / 2001	
Mailing Address 1800 Deposit Guaranty Tower      333 Texas Street City      State      Zip Code Shreveport      LA      71101		Amount of Each Disbursement this Period  1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE/LA/04		011 Category/ Type  HOUSE/LA/04	
Candidate Name Congressman Jim McCrery			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: LA      District: 4	Transaction ID: 1880		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Sherrrod Brown</b>		Date of Disbursement 05 / 23 / 2001	
Mailing Address 807 14th Street Nw Suite 800 City      State      Zip Code Washington      DC      20006		Amount of Each Disbursement this Period  2000.00	
Purpose of Disbursement YTD:\$3,000.00 HOUSE/OH/13		011 Category/ Type  HOUSE/OH/13	
Candidate Name Congressman Sherrrod Brown			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: OH      District: 13	Transaction ID: 1883		

Full Name (Last, First, Middle Initial) <b>C. McCrery For Congress</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 1800 Deposit Guaranty Tower      333 Texas Street City      State      Zip Code Shreveport      LA      71101		Amount of Each Disbursement this Period  -1000.00	
Purpose of Disbursement YTD:\$0.00 Voided Check		011 Category/ Type  Voided Check	
Candidate Name Congressman Jim McCrery			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: LA      District: 4	Transaction ID: 1886		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</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

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

Full Name (Last, First, Middle Initial) <b>A. McCrery For Congress</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 1800 Deposit Guaranty Tower      333 Texas Street City      State      Zip Code Shreveport      LA      71101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE/LA/04		011 Category/ Type HOUSE/LA/04	
Candidate Name Congressman Jim McCrery			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: LA      District: 4	Transaction ID: 1705		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Clay Shaw</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 2800 N E 14th Street Causeway City      State      Zip Code Pompano Beach      FL      33062		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE/FL/22		011 Category/ Type HOUSE/FL/22	
Candidate Name Congressman E. Shaw, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: FL      District: 22	Transaction ID: 1692		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Clay Shaw</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 2800 N E 14th Street Causeway City      State      Zip Code Pompano Beach      FL      33062		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$0.00 Voided Check		011 Category/ Type Voided Check	
Candidate Name Congressman E. Shaw, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: FL      District: 22	Transaction ID: 1697		

<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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Clay Shaw		Date of Disbursement 05 / 24 / 2001
Mailing Address 2600 N E 14th Street Causeway City Pompano Beach State FL Zip Code 33062		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 HOUSE/FL/22		011 Category/ Type HOUSE/FL/22
Candidate Name Congressman E. Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1704
State: FL District: 22		

Full Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown		Date of Disbursement 05 / 24 / 2001
Mailing Address 607 14th Street Nw Suite 800 City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period -2000.00
Purpose of Disbursement YTD:\$1,000.00 Voided Check		011 Category/ Type Voided Check
Candidate Name Congressman Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1695
State: OH District: 13		

Full Name (Last, First, Middle Initial) C. Friends Of Sherrod Brown		Date of Disbursement 05 / 24 / 2001
Mailing Address 607 14th Street Nw Suite 800 City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$3,000.00 HOUSE/OH/13		011 Category/ Type HOUSE/OH/13
Candidate Name Congressman Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 1706
State: OH District: 13		

<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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bob Matsui For Congress Committee</b>			Date of Disbursement 05 / 24 / 2001	
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 HOUSE/CA/05			011 Category/ Type HOUSE/CA/05	
Candidate Name Congressman Robert Matsui				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		Transaction ID: 1877	
State: CA      District: 5				

Full Name (Last, First, Middle Initial) <b>B. Bob Matsui For Congress Committee</b>			Date of Disbursement 05 / 24 / 2001	
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:50.00 Voided Check			011 Category/ Type Voided Check	
Candidate Name Congressman Robert Matsui				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		Transaction ID: 1894	
State: CA      District: 5				

Full Name (Last, First, Middle Initial) <b>C. Bob Matsui For Congress Committee</b>			Date of Disbursement 05 / 24 / 2001	
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 HOUSE/CA/05			011 Category/ Type HOUSE/CA/05	
Candidate Name Congressman Robert Matsui				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		Transaction ID: 1707	
State: CA      District: 5				

<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**

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Earl Pomeroy For Congress</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address Post Office Box 746 City Bismarck State ND Zip Code 58502		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$0.00 Voided Check		011 Category/ Type	
Candidate Name Congressman Earl Pomeroy		Voided Check	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: ND      District: 1	Transaction ID: 1893		

Full Name (Last, First, Middle Initial) <b>B. Earl Pomeroy For Congress</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address Post Office Box 746 City Bismarck State ND Zip Code 58502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE/ND/AL		011 Category/ Type	
Candidate Name Congressman Earl Pomeroy		HOUSE/ND/AL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: ND      District: 1	Transaction ID: 1708		

Full Name (Last, First, Middle Initial) <b>C. Hoeffel For Congress Committee</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 24 West Airy Street City Norristown State PA Zip Code 19401		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE/PA/13		011 Category/ Type	
Candidate Name Congressman Joseph Hoeffel		HOUSE/PA/13	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: PA      District: 13	Transaction ID: 1689		

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hoeffel For Congress Committee</b>			Date of Disbursement 05 / 24 / 2001	
Mailing Address 24 West Airy Street City Norristown State PA Zip Code 19401			Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$0.00 Voided Check			011 Category/ Type	
Candidate Name Congressman Joseph Hoeffel				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		Voided Check	
State: PA      District: 13			Transaction ID: 1700	

Full Name (Last, First, Middle Initial) <b>B. Hoeffel For Congress Committee</b>			Date of Disbursement 05 / 24 / 2001	
Mailing Address 24 West Airy Street City Norristown State PA Zip Code 19401			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE/PA/13			011 Category/ Type	
Candidate Name Congressman Joseph Hoeffel				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		HOUSE/PA/13	
State: PA      District: 13			Transaction ID: 1701	

Full Name (Last, First, Middle Initial) <b>C. Hoeffel For Congress Committee</b>			Date of Disbursement 05 / 24 / 2001	
Mailing Address 24 West Airy Street City Norristown State PA Zip Code 19401			Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$0.00 Voided Check			011 Category/ Type	
Candidate Name Congressman Joseph Hoeffel				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		Voided Check	
State: PA      District: 13			Transaction ID: 1709	

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hoeffel For Congress Committee</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address 24 West Airy Street City Norristown State PA Zip Code 19401		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE/PA/13		Category/ Type 011 HOUSE/PA/13	
Candidate Name Congressman Joseph Hoeffel		Transaction ID: 1710	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: PA           District: 13			

Full Name (Last, First, Middle Initial) <b>B. Friends Of Sam Johnson</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address PO Box 860098 City Plano State TX Zip Code 75086		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE/TX/03		Category/ Type 011 HOUSE/TX/03	
Candidate Name Congressman Sam Johnson		Transaction ID: 1690	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: TX           District: 3			

Full Name (Last, First, Middle Initial) <b>C. Friends Of Sam Johnson</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address PO Box 860098 City Plano State TX Zip Code 75086		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$0.00 Voided Check		Category/ Type 011 Voided Check	
Candidate Name Congressman Sam Johnson		Transaction ID: 1699	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: TX           District: 3			

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Sam Johnson</b>			Date of Disbursement 05 / 24 / 2001	
Mailing Address PO Box 860096 City: Plano State: TX Zip Code: 75086			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE/TX/03			011 Category/ Type HOUSE/TX/03	
Candidate Name Congressman Sam Johnson				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		Transaction ID: 1702	
State: TX      District: 3				

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Tanner</b>			Date of Disbursement 05 / 24 / 2001	
Mailing Address Post Office Box 1894 City: Union City State: TN Zip Code: 38281			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE/TN/08			011 Category/ Type HOUSE/TN/08	
Candidate Name Congressman John Tanner				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		Transaction ID: 1691	
State: TN      District: 8				

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Tanner</b>			Date of Disbursement 05 / 24 / 2001	
Mailing Address Post Office Box 1894 City: Union City State: TN Zip Code: 38281			Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$0.00 Voided Check			011 Category/ Type Voided Check	
Candidate Name Congressman John Tanner				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		Transaction ID: 1698	
State: TN      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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of John Tanner</b>		Date of Disbursement 05 / 24 / 2001	
Mailing Address Post Office Box 1694 City State Zip Code Union City TN 38281		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE/TN/08		Category/ Type 011 HOUSE/TN/08	
Candidate Name Congressman John Tanner			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: TN      District: 8	Transaction ID: 1703		

Full Name (Last, First, Middle Initial) <b>B. Hoeffel For Congress Committee</b>		Date of Disbursement 06 / 04 / 2001	
Mailing Address 24 West Airy Street City State Zip Code Norristown PA 19401		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00 HOUSE/PA/13		Category/ Type 011 HOUSE/PA/13	
Candidate Name Congressman Joseph Hoeffel			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: PA      District: 13	Transaction ID: 1674		

Full Name (Last, First, Middle Initial) <b>C. Hoeffel For Congress Committee</b>		Date of Disbursement 06 / 04 / 2001	
Mailing Address 24 West Airy Street City State Zip Code Norristown PA 19401		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1,000.00 Voided Check		Category/ Type 011 Voided Check	
Candidate Name Congressman Joseph Hoeffel			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: PA      District: 13	Transaction ID: 1685		

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Fletcher For Congress</b>		Date of Disbursement 06 / 04 / 2001	
Mailing Address PO Box 4703 City Lexington State KY Zip Code 40544		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 HOUSE-KY-06		011 Category/ Type HOUSE-KY-06	
Candidate Name Congressman Ernest Fletcher			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: KY      District: 8	Transaction ID: 1923		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Sam Johnson</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address PO Box 860098 City Plano State TX Zip Code 75086		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00 HOUSE/TX/03		011 Category/ Type HOUSE/TX/03	
Candidate Name Congressman Sam Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: TX      District: 3	Transaction ID: 1875		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Sam Johnson</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address PO Box 860098 City Plano State TX Zip Code 75086		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1,000.00 Voided Check		011 Category/ Type Voided Check	
Candidate Name Congressman Sam Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: TX      District: 3	Transaction ID: 1686		

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of John Tanner</b>			Date of Disbursement 06 / 07 / 2001	
Mailing Address Post Office Box 1894 City State Zip Code Union City TN 38281			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00 HOUSE/TN/08			011 Category/ Type	
Candidate Name Congressman John Tanner			HOUSE/TN/08	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: TN      District: 8		Transaction ID: 1876		

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Tanner</b>			Date of Disbursement 06 / 07 / 2001	
Mailing Address Post Office Box 1894 City State Zip Code Union City TN 38281			Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1,000.00 Voided Check			011 Category/ Type	
Candidate Name Congressman John Tanner			Voided Check	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: TN      District: 8		Transaction ID: 1897		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Clay Shaw</b>			Date of Disbursement 06 / 08 / 2001	
Mailing Address 2800 N E 14th Street Causeway City State Zip Code Pompano Beach FL 33062			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00 HOUSE/FL/22			011 Category/ Type	
Candidate Name Congressman E. Shaw, Jr.			HOUSE/FL/22	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: FL      District: 22		Transaction ID: 1679		

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Clay Shaw</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address 2600 N E 14th Street Causeway City Pompano Beach State FL Zip Code 33062		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1,000.00 Voided Check		011 Category/ Type	
Candidate Name Congressman E. Shaw, Jr.		Voided Check	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: FL           District: 22	Transaction ID: 1888		

Full Name (Last, First, Middle Initial) <b>B. Jim Davis For Congress</b>		Date of Disbursement 06 / 11 / 2001	
Mailing Address PO Box 18143 City Tampa State FL Zip Code 33608		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00		011 Category/ Type	
Candidate Name Congressman Jim Davis		Transaction ID: 2008	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: FL           District: 11	Transaction ID: 2008		

Full Name (Last, First, Middle Initial) <b>C. Anna Eshoo For Congress</b>		Date of Disbursement 06 / 11 / 2001	
Mailing Address 555 Capitol Mall Suite 1425 City Sacramento State CA Zip Code 95814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congresswoman Anna Eshoo		Transaction ID: 2009	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: CA           District: 14	Transaction ID: 2009		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>500.00</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Cooksey For Senate</b>		Date of Disbursement 06 / 12 / 2001
Mailing Address Post Office Box 15020 City: Monroe State: LA Zip Code: 71207		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/ Type 011	
Candidate Name John Cooksey		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 2093
State: LA District: 0		

Full Name (Last, First, Middle Initial) <b>B. Norwood For Congress</b>		Date of Disbursement 06 / 12 / 2001
Mailing Address Claussen Road PD Box 499 City: Augusta State: CA Zip Code: 30907		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 <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 2094
State: GA District: 10		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Houghton</b>		Date of Disbursement 06 / 12 / 2001
Mailing Address Post Office Box 1107 City: Corning State: NY Zip Code: 14830		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/ Type 011	
Candidate Name Congressman Amo Houghton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General	Transaction ID: 2097
State: NY District: 31		

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dick Arney Campaign Committee</b>		Date of Disbursement 06 / 21 / 2001	
Mailing Address PO Box 85 City Lewisville State TX Zip Code 75087		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00 RICHARD ARMEY, US HOUSE 28		011 Category/ Type	
Candidate Name Congressman Richard Arney		RICHARD ARMEY, US HOUSE 28TH TX	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: TX           District: 28	Transaction ID: 2245		

Full Name (Last, First, Middle Initial) <b>B. Levin For Congress Committee</b>		Date of Disbursement 06 / 22 / 2001	
Mailing Address 30636 Dequindre City Warren State MI Zip Code 48092		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 SANDER LEVIN, US HOUSE 12		011 Category/ Type	
Candidate Name Congressman Sander Levin		SANDER LEVIN, US HOUSE 12 MI	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: MI           District: 12	Transaction ID: 2311		

Full Name (Last, First, Middle Initial) <b>C. Doyle For Congress Committee</b>		Date of Disbursement 06 / 26 / 2001	
Mailing Address 2227 Hampton Street City Pittsburgh State PA Zip Code 15218		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00 MICHAEL DOYLE, US HOUSE 18		011 Category/ Type	
Candidate Name Congressman Michael Doyle		MICHAEL DOYLE, US HOUSE 18 PA	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General		
State: PA           District: 18	Transaction ID: 2313		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>51000.00</b>