**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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



FOR LINE NUMBER 23

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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Mike Thompson for Congress<br>P.O. Box 1998<br>St. Helena, CA 94574 | Mike Thompson-House Candidate 1st Distr CA<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98 | 10/22/98 | 1,000.00 |
| B. Bill Goodling for Congress Committee<br>P.O. Box 96<br>Jacobus, PA 17407 | Bill Goodling - House Candidate PA issued<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98 voided | 09/25/98<br>11/20/98 | (1,000.00) |
| C. Tom Campbell for Congress<br>1875 S Bascom Ave.<br>#116-167<br>Campbell, CA 95008 | Tom Campbell - House Candidate CA issued<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98 voided | 09/28/98<br>11/20/98 | (1,000.00) |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

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

TOTAL This Period (last page this line number only) ..... 9500.00

FEBAN121