



# NEMPAC

RECEIVED  
FEC MAIL ROOM

2000 OCT 20 A 11:10

National Emergency Medicine  
Political Action Committee  
1125 Executive Circle  
Irving, Texas 75038-2622  
(972) 550-0911

October 15, 2000

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

RE: FEC Identification No.  
C00140061

Dear Sirs:

The enclosed reports are submitted for filing:

FEC Form 3X Covering Period 7/1/00-9/30/00

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

1125 Executive Circle  
Irving, Texas 75038

PH: 972-550-0911

Sincerely,

Phyllis L. Edans  
Assistant Treasurer

*NEMPAC puts your voice on Capitol Hill*

Washington Office - 1111 19th Street NW #650 - Washington, DC 20036 - (202) 728-0810 - (800) 320-0810

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 20 A 11:11

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

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

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

Termination Report

Monthly Report Due On:

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


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

election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election Report following the General Election

on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

| SUMMARY   |   | COLUMN A      | COLUMN B  |
|---|---|---------------|---|
| 5. Covering Period <u>7/1/00</u> through <u>9/30/00</u>   |   | This Period   | Calendar Year-to-Date   |
| 6. (a)  | Cash on Hand January 1, <del>2000</del>   |               | \$ 139,393.76   |
| (b)   | Cash on Hand at Beginning of Reporting Period   | \$ 69,965.92  |   |
| (c)   | Total Receipts (from Line 19)   | \$ 120,924.93 | \$ 209,338.07   |
| (d)   | Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      | \$ 190,890.85 | \$ 348,731.83   |
| 7.  | Total Disbursements (from Line 30)  | \$ 149,575.43 | \$ 307,416.41   |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                | \$ 41,315.42  | \$ 41,315.42  |
| 9.  | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$            | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Tel: Free 800-424-9530<br>Local 202-694-1100 |
| 10.   | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$            |   |
| I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. |   |               |   |
| Type or Print Name of Treasurer<br><u>asst. Phyllis L. Edens</u>  |   |               |   |
| Signature of Treasurer<br>           |   |               | Date<br>10/15/00  |

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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X  
(revised 3/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE  | REPORT COVERING PERIOD        |                           |
|--|-------------------------------|---------------------------|
| National Emergency Medicine Political Action Committee of the American College of Emergency Physicians | FROM 7/1/00                   | TO 9/30/00                |
| Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year |
| 11. Contributions (other than loans) From:   |                               |                           |
| a. Individual/Persons Other Than Political Committees  | 35,560.00                     | 46,875.00                 |
| i. Itemized (use Schedule A) .....   |                               |                           |
| ii. Unitemized .....   | 84,299.17                     | 159,321.92                |
| iii. Total .....   | 119,859.17                    | 206,196.92                |
| b. Political Party Committees .....  |                               |                           |
| c. Other Political Committees (such as PACs) .....   |                               |                           |
| d. Total Contributions .....   | 119,859.17                    | 206,196.92                |
| 12. Transfers From Affiliated/Other Party Committees .....   |                               |                           |
| 13. All Loans Received .....   |                               |                           |
| 14. Loan Repayments Received .....   |                               |                           |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....                                   |                               |                           |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....           | 500.00                        | 500.00                    |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 565.76                        | 2,641.15                  |
| 18. Transfers from Nonfederal Account for Joint Activity .....   |                               |                           |
| 19. Total Receipts .....   | 120,924.93                    | 209,338.07                |
| 20. Total Federal Receipts .....   | 120,924.93                    | 209,338.07                |
| <b>Disbursements</b>   |                               |                           |
| 21. Operating Expenditures:  |                               |                           |
| a. Shared Federal/Non-Federal Activity (from Schedule H4)  |                               |                           |
| i. Federal Share .....   |                               |                           |
| ii. Non-Federal Share .....  |                               |                           |
| b. Other Federal Operating Expenditures .....  | 30,357.31                     | 30,698.29                 |
| c. Total Operating Expenditures .....  | 30,357.31                     | 30,698.29                 |
| 22. Transfers to Affiliated/Other Party Committees .....   |                               |                           |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees .....                | 119,218.12                    | 276,718.12                |
| 24. Independent Expenditures (use Schedule E) .....  |                               |                           |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F) .....        |                               |                           |
| 26. Loan Repayments Made .....   |                               |                           |
| 27. Loans Made .....   |                               |                           |
| 28. Refunds of Contributions To:   |                               |                           |
| a. Individuals/Persons Other Than Political Committees .....   |                               |                           |
| b. Political Party Committees .....  |                               |                           |
| c. Other Political Committees (such as PACs) .....   |                               |                           |
| d. Total Contribution Refunds .....  |                               |                           |
| 29. Other Disbursements .....  |                               |                           |
| 30. Total Disbursements .....  | 149,575.43                    | 307,416.41                |
| 31. Total Federal Disbursements .....  | 149,575.43                    | 307,416.41                |
| <b>Net Contributions/Operating Expenditures</b>  |                               |                           |
| 32. Total Contributions (other than loans) (from line 11d) .....                                       | 119,859.17                    | 206,196.92                |
| 33. Total Contribution Refunds (from line 28d) .....   | -0-                           | -0-                       |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) .....                              | 119,859.17                    | 206,196.92                |
| 35. Total Federal Operating Expenditures .....   | 30,357.31                     | 30,698.29                 |
| 36. Offsets to Operating Expenditures (from line 15) .....   | -0-                           | -0-                       |
| 37. Net Operating Expenditures .....   | 30,357.31                     | 30,698.29                 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 18  
FOR LINE NUMBER 11ai

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

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

|  |   |  |  |
|--|---|--|--|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Sarah B D'Autremont<br/>Baton Rouge Gn Med Ctr, ED<br/>3600 Florida Blvd.<br/>Baton Rouge, Louisiana 70806</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Baton Rouge Med Ctr</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>             | <p>Date (month, day, year)<br/>9/8/00</p>  | <p>Amount of Each Receipt this Period<br/>500.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Gladys Morinigo-Mestre<br/>1736 Lombard Street<br/>Philadelphia, Pennsylvania 19146</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>                        | <p>Name of Employer<br/>Atlantic City Med. Center</p> <p>Occupation OB401<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p> | <p>Date (month, day, year)<br/>7/11/00</p> | <p>Amount of Each Receipt this Period<br/>250.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Daniel Abbott<br/>504v Evening Star Lane<br/>New Port Beach, CA 92660</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>                                      | <p>Name of Employer<br/>St. Jude Hospital</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>               | <p>Date (month, day, year)<br/>7/13/00</p> | <p>Amount of Each Receipt this Period<br/>150.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Glenn E Aldinger<br/>St. Francis Hospital<br/>355 Ridge Ave.<br/>Evanston, IL 60202</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>                        | <p>Name of Employer<br/>St. Francis Hospital</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>            | <p>Date (month, day, year)<br/>7/26/00</p> | <p>Amount of Each Receipt this Period<br/>200.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Ted Richard Altenau<br/>6091 Crittenden<br/>Cincinnati, Ohio 45244</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer<br/>Mercy Hospital Anderson</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>         | <p>Date (month, day, year)<br/>9/8/00</p>  | <p>Amount of Each Receipt this Period<br/>250.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Marilyn Frances Althoff<br/>55 Talmadge Road<br/>Mendham, New Jersey 07945</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>                                 | <p>Name of Employer<br/>Morristown Memorial Hosp.</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 350.00</p>       | <p>Date (month, day, year)<br/>9/22/00</p> | <p>Amount of Each Receipt this Period<br/>300.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Thomas E. Andres<br/>4019 Doe Creek Drive<br/>Floyds Knobs, Indiana 47119</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>                                  | <p>Name of Employer<br/>Clark County Memorial Hosp</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>      | <p>Date (month, day, year)<br/>8/18/00</p> | <p>Amount of Each Receipt this Period<br/>200.00</p> |

SUBTOTAL of Receipts This Page (optional) ..... 1,850.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 18  
FOR LINE NUMBER 11a1

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

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

| A. Full Name, Mailing Address and ZIP Code<br>James V Antinori<br>3060 Oak Rim Lane<br>Park City, UT 84060                                       | Name of Employer<br>Salt Lake Regional Med Ctr.<br>1050 E. South Temple<br>Salt Lake City, UT 84102<br>Occupation<br>Emergency Physicians | Date (month, day, year)<br>8/29/00   | Amount of Each Receipt This Period<br>200.00   |
|--|---|--------------------------------------|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      |   | Aggregate Year-to-Date > \$ 200.00   |  |
| B. Full Name, Mailing Address and ZIP Code<br>James Jerome Augustine<br>Premier Health Care Services<br>8111 Timberlodge Tr.<br>Dayton, OH 45458 | Name of Employer<br>Springfield Mercy Hosp.<br>1342 N Fountain Blvd.<br>Springfield, OH 45501<br>Occupation<br>Emergency Physicians       | Date (month, day, year)<br>8/4/00    | Amount of Each Receipt This Period<br>250.00   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      |   | Aggregate Year-to-Date > \$ 250.00   |  |
| C. Full Name, Mailing Address and ZIP Code<br>Michael D Bishop<br>Unity Physicians Group PC<br>1155 W3rd Street<br>Bloomington, ID 47404         | Name of Employer<br>Unity Physicians Group<br>Occupation<br>Emergency Physicians  | Date (month, day, year)<br>8/2/00    | Amount of Each Receipt This Period<br>1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      |   | Aggregate Year-to-Date > \$ 1,000.00 |  |
| D. Full Name, Mailing Address and ZIP Code<br>Brooks F Bock<br>5764 Bloomfield Glens<br>W Bloomfield, MI 48322                                   | Name of Employer<br>DRHURD, ED<br>Detroit, MI 48201<br>Occupation<br>Emergency Physicians   | Date (month, day, year)<br>8/31/00   | Amount of Each Receipt This Period<br>1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      |   | Aggregate Year-to-Date > \$ 1,000.00 |  |
| E. Full Name, Mailing Address and ZIP Code<br>Allan D Bock<br>11515 Green Ln.<br>Oak Glen, CA 92399  | Name of Employer<br>San Antonio Comm. Hosp.<br>999 San Bernardino Rd.<br>Upland, CA 91786<br>Occupation<br>Emergency Physicians           | Date (month, day, year)<br>8/29/00   | Amount of Each Receipt This Period<br>365.00   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      |   | Aggregate Year-to-Date > \$ 365.00   |  |
| F. Full Name, Mailing Address and ZIP Code<br>Melinda Lee Boyce<br>47 Spruce Cir.<br>Barnegat, NJ 08005  | Name of Employer<br>Southern Oceanic County Hosp<br>1140 Rt 72W<br>Manahawkin, NJ 08050<br>Occupation<br>Emergency Physicians             | Date (month, day, year)<br>8/18/00   | Amount of Each Receipt This Period<br>250.00   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      |   | Aggregate Year-to-Date > \$ 300.00   |  |
| G. Full Name, Mailing Address and ZIP Code<br>Riemke M Brakema<br>PO Box 41567<br>Tucson, AR 85717   | Name of Employer<br>Occupation<br>Emergency Physicians  | Date (month, day, year)<br>7/24/00   | Amount of Each Receipt This Period<br>200.00   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      |   | Aggregate Year-to-Date > \$ 200.00   |  |

SUBTOTAL of Receipts This Page (optional) ..... 3,265.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 18  
FOR LINE NUMBER 11a1

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

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

|  |   |  |  |
|--|---|--|--|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Mary L Brawn<br/>11731 Retview Lane<br/>Loveland, OH 45140</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer<br/>Bethesda Hosp. North<br/>10500 Montgomery Road<br/>Cincinnati, Oh 45242</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>         | <p>Date (month, day, year)<br/>8/4/00</p>  | <p>Amount of Each Receipt this Period<br/>200.00</p>   |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Robert D Brown<br/>17431 Club Hill Drive<br/>Dallas, Texas 75248</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer<br/>Medical Center Of Plano<br/>101 E Park Blvd #921<br/>Plano, Texas 75074</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>       | <p>Date (month, day, year)<br/>9/14/00</p> | <p>Amount of Each Receipt this Period<br/>1,000.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Margaret A Brummer<br/>555411 Lacey Lane<br/>Bristol, ID 46507</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer<br/>Elkhart Emergency Physicians</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>  | <p>Date (month, day, year)<br/>9/8/00</p>  | <p>Amount of Each Receipt this Period<br/>200.00</p>   |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Gerald L Buchanan<br/>2081 Scenic Drive<br/>North Muskegon, MI 49445</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Hackley Hospital<br/>1700 Clinton<br/>Muskegon, M 49442</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>                         | <p>Date (month, day, year)<br/>9/8/00</p>  | <p>Amount of Each Receipt this Period<br/>200.00</p>   |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Joseph J Calabro<br/>15 Manoe Road<br/>Fair Haven, NJ 07704</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>          | <p>Name of Employer<br/>Physicians Practice Enhancement</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>   | <p>Date (month, day, year)<br/>7/20/00</p> | <p>Amount of Each Receipt this Period<br/>250.00</p>   |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Louis Marcel A Cesar<br/>PO Box 180253<br/>Delafield, WI 53018</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 550.00</p>   | <p>Date (month, day, year)<br/>7/31/00</p> | <p>Amount of Each Receipt this Period<br/>500.00</p>   |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Steven Chin<br/>19711 Quiet Bay Lane<br/>Huntington Bch, CA 92648</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer<br/>Presbyterian Intercomm Hosp.<br/>12401 E Washington Blvd<br/>Whittier, CA 90602</p> <p>Occupation<br/>Emergency Physicians</p> <p>Aggregate Year-to-Date &gt; \$ 550.00</p> | <p>Date (month, day, year)<br/>9/5/00</p>  | <p>Amount of Each Receipt this Period<br/>500.00</p>   |

SUBTOTAL of Receipts This Page (optional)

2,850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 18  
FOR LINE NUMBER 11a1

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

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

| A. Full Name, Mailing Address and ZIP Code<br>William W Colgate<br>7626 Albert Tillinghast Dr.<br>Sarasota, FL 34240<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Sarasota Memorial Hosp.<br>1700 S Tamiami Trail<br>Sarasota, FL 34239<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$250.00          | Date (month, day, year)<br>9/22/00            | Amount of Each Receipt this Period<br>200.00          |
|---|---|---|---|
| B. Full Name, Mailing Address and ZIP Code<br>Brian J Cote, DO<br>221 Camelback Dr.<br>Holland, MI 49423<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Name of Employer<br>Holland Hospital<br>602 Michigan Ave.<br>Holland, MI 49423<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$250.00                     | Date (month, day, year)<br>8/15/00<br>8/29/00 | Amount of Each Receipt this Period<br>200.00<br>50.00 |
| C. Full Name, Mailing Address and ZIP Code<br>Dennis DeJulius<br>2037 Old Forge Road<br>Kent, OH 44240<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Name of Employer<br>Akron City Hosp.<br>525 E Market Street<br>Akron, Ohio 44304<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$250.00                   | Date (month, day, year)<br>8/8/00             | Amount of Each Receipt this Period<br>250.00          |
| D. Full Name, Mailing Address and ZIP Code<br>Jack T Dillon<br>511 Orion Place<br>Colorado Spgs, CO 80906<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Name of Employer<br>Penrose Hospital<br>2215 N Cascade Ave.<br>Colorado Spgs CO 80907<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$200.00              | Date (month, day, year)<br>7/11/00            | Amount of Each Receipt this Period<br>200.00          |
| E. Full Name, Mailing Address and ZIP Code<br>Dan Donnell<br>2804 Cactus Dr.<br>Edmond, OK 73013<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Name of Employer<br>Midwest City Regional Hospital<br>2825 Park Lawn Dr.<br>Midwest City, OK 73110<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$200.00 | Date (month, day, year)<br>9/29/00            | Amount of Each Receipt this Period<br>200.00          |
| F. Full Name, Mailing Address and ZIP Code<br>Timothy R Drury<br>1290 Shannock Road<br>Charlestown, RI 02813<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Name of Employer<br>South County Hosp.<br>Kenyon Ave.<br>Wakefield, RI 02879<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$200.00                       | Date (month, day, year)<br>7/26/00            | Amount of Each Receipt this Period<br>150.00          |
| G. Full Name, Mailing Address and ZIP Code<br>Walter G Eades<br>188 Flying Mist Isle<br>Foster City, CA 94494<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Name of Employer<br>Kaiser Education Hosp.<br>1150 Veterans Blvd<br>Redwood City, CA 94063<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$200.00         | Date (month, day, year)<br>8/8/00             | Amount of Each Receipt this Period<br>200.00          |

**SUBTOTAL** of Receipts This Page (optional) ..... 1,450.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **5** OF **18**

FOR LINE NUMBER **11bi**

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

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

|  |   |   |  |
|--|---|---|--|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>Matthew L Emerick<br/>3704 Point Clear Dr.<br/>Ocean Springs, MI 39564</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer<br/><br/>Occupation<br/><b>Emergency Physicians</b></p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>  | <p>Date (month, day, year)<br/>8/18/00</p>            | <p>Amount of Each Receipt this Period<br/>250.00</p>           |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/>Gregory John Endres-Bercher<br/>651 Hughes Point<br/>Harrison, MI 48625</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer<br/><b>MidMichigan Reg Med Ctr - Charlestar</b><br/>104 W 6th St<br/>Clare Michigan 48617</p> <p>Occupation<br/><b>Emergency Physicians</b></p> <p>Aggregate Year-to-Date &gt; \$ 365.00</p>      | <p>Date (month, day, year)<br/>9/8/00</p>             | <p>Amount of Each Receipt this Period<br/>365.00</p>           |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/>Kristina Karen Erickson<br/>6080 N Camino Arturo<br/>Tucson, AZ 85718</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer<br/><b>North West Hosp.</b><br/>6200 N LaCholla Blvd<br/>Tucson, AZ 85741</p> <p>Occupation<br/><b>Emergency Physicians</b></p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>                      | <p>Date (month, day, year)<br/>9/22/00<br/>8/8/00</p> | <p>Amount of Each Receipt this Period<br/>200.00<br/>50.00</p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/>Edwinds Eugene<br/>5619 Mirador Circle<br/>Shreveport, LA 71119</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                     | <p>Name of Employer<br/><b>Highland Hosp.</b><br/>1453 E bert Kouns Ind Loop<br/>Shreveport, LA 71105</p> <p>Occupation<br/><b>Emergency Physicians</b></p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>              | <p>Date (month, day, year)<br/>8/24/00</p>            | <p>Amount of Each Receipt this Period<br/>200.00</p>           |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/>Kelly Foley<br/>1133 Pond Cypress Dr.<br/>Virginia Beach, VI 23455</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                  | <p>Name of Employer<br/><b>Eastern Virginia Med School</b><br/>600 Gresham Raleigh Bldg. 304<br/>Norfolk, VI 23507</p> <p>Occupation<br/><b>Emergency Physicians</b></p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p> | <p>Date (month, day, year)<br/>8/18/00</p>            | <p>Amount of Each Receipt this Period<br/>200.00</p>           |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/>Marsha D Ford<br/>Carolinas Medical Center<br/>PO Box 32861<br/>Charlotte, NC 28232</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/><b>Carolinas Med Center</b></p> <p>Occupation<br/><b>Emergency Physicians</b></p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>  | <p>Date (month, day, year)<br/>9/22/00</p>            | <p>Amount of Each Receipt this Period<br/>500.00</p>           |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/>Matthew Frankel<br/>6065 N Michelle Ln<br/>Prescott, AZ 86305</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                       | <p>Name of Employer<br/><br/>Occupation<br/><b>Emergency Physicians</b></p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>  | <p>Date (month, day, year)<br/>9/27/00</p>            | <p>Amount of Each Receipt this Period<br/>500.00</p>           |

**SUBTOTAL** of Receipts This Page (optional) ..... 2,265.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 18  
FOR LINE NUMBER 11a1

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

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

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
|---|---|-------------------------|------------------------------------|
| Anita Marie Gage<br>8673 Albury Court<br>Powell, OH 43065   | EMP, Ltd  | 9/15/00                 | 300.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><u>Emergency Physicians</u><br>Aggregate Year-to-Date > \$ 300.00 |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Laurence J Gavin<br>Presbyterian Med Ctr.<br>39th & Market Street<br>Philadelphia, Pennsylvania 19104                       | Presbyterian Med Ctr  | 8/18/00<br>9/14/00      | 100.00<br>100.00                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><u>Emergency Physicians</u><br>Aggregate Year-to-Date > \$ 200.00 |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Jack W Garen<br>909 Witthuhn Way<br>Lexington, KY 40503   | St. Joseph Hosp.<br>One St Joseph Drive<br>Lexington, KY 40504                  | 8/4/00                  | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><u>Emergency Physicians</u><br>Aggregate Year-to-Date > \$ 200.00 |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Keilscha L Glenn<br>94 Greenbridge Ave<br>White Plains, NY 10605  | St Barnabas Hosp.<br>Third Ave. & 183rd Street<br>Bronx, NY 10457               | 7/25/00                 | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><u>Emergency Physicians</u><br>Aggregate Year-to-Date > \$ 200.00 |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Robert T Goldweber<br>Huntington Memorial Hosp.<br>100 W California Blvd<br>Pasadena, CA 91105                              | Huntington Memorial Hospital  | 9/22/00                 | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><u>Emergency Physicians</u><br>Aggregate Year-to-Date > \$ 200.00 |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Mary J Gombash<br>4571 Westbourne Road<br>Toledo, OH 43623  | Flower Hosp.<br>5200 Harroun Rod<br>Sylvania, OH 43560                          | 9/22/00                 | 365.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><u>Emergency Physicians</u><br>Aggregate Year-to-Date > \$ 365.00 |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Greg Houston Gray<br>3637 S Wheeling<br>Tulsa, OK 74105   | 3000 S Elm Place<br>St. Francis Health System<br>Broken Arrow, OK 74012         | 9/22/00                 | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><u>Emergency Physicians</u><br>Aggregate Year-to-Date > \$ 250.00 |                         |                                    |

**SUBTOTAL** of Receipts This Page (optional) ..... 1,715.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 18

FOR LINE NUMBER

1101

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

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

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt This Period |
|--|---|------------------------------------|------------------------------------|
| Timothy G Greco<br>1260 Crestview Dr.<br>Fullerton, CA 92833   | St. Jude Hosp.<br>101 E Valencia Mesa Drive<br>Fullerton, CA 92835        | 7/31/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physicians  | Aggregate Year-to-Date > \$ 200.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt This Period |
| Henry P Hammersmith<br>12070 Hoskins NE<br>Cedar Springs, MI 49319   | Butterworth Hosp.   | 9/15/00<br>9/15/00                 | 200.00<br>50.00                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physicians  | Aggregate Year-to-Date > \$ 250.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt This Period |
|  |   |                                    |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation  | Aggregate Year-to-Date > \$        |                                    |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt This Period |
|  |   |                                    |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation  | Aggregate Year-to-Date > \$        |                                    |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt This Period |
| Kerry Haskins<br>5002 Davenshire Way<br>Tampa, FL 33647  | Univ. Comm. Hosp.<br>3100 E Fletcher Ave.<br>Tampa, FL 33613              | 9/22/00                            | 365.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physicians  | Aggregate Year-to-Date > \$ 365.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt This Period |
| Arthur C Hayes<br>375 Miles Dr.<br>Blue Bell, Pennsylvania 19422   | Montgomery Hosp.<br>1301 Powell St.<br>Norristown, Pennsylvania           | 9/5/00                             | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physicians  | Aggregate Year-to-Date > \$ 200.00 |                                    |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt This Period |
| Gwendolyn L Hoffman<br>1618 Owasippe<br>Twin Lake, MI 49457  | Spectrum Healthcare Downtown<br>100 Michigan NE<br>Grand Rapids, MI 49503 | 8/25/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physicians  | Aggregate Year-to-Date > \$ 200.00 |                                    |

SUBTOTAL of Receipts This Page (optional) 1,215.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 18  
FOR LINE NUMBER 11a1

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

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

| A. Full Name, Mailing Address and ZIP Code<br>Timothy William Holland<br>205 Chancery Road<br>Baltimore, MD 21218               | Name of Employer<br>Gettysburgh Hospital<br>147 Gettys Street<br>Gettysburg, PE 17325<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$ 200.00          | Date (month, day, year)<br>8/22/00            | Amount of Each Receipt this Period<br>200.00          |
|---|--|---|---|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Name of Employer<br>Charity Hosp<br>1532 Tulane Ave. Rm 1321<br>New Orleans, LA 70112<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$ 365.00          | Date (month, day, year)<br>9/15/00            | Amount of Each Receipt this Period<br>365.00          |
| B. Full Name, Mailing Address and ZIP Code<br>Kathleen C Hubbell<br>126 Levegne Street<br>New Orleans, LA 70114                 | Name of Employer<br>Section Of Emergency Med.<br>1501 N Campbell Ave.<br>Tucson, AZ 85724<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$ 200.00      | Date (month, day, year)<br>8/15/00            | Amount of Each Receipt this Period<br>200.00          |
| C. Full Name, Mailing Address and ZIP Code<br>Kenneth V Iserson<br>4930 N Calle Faja<br>Tucson, AZ 85718                        | Name of Employer<br>Mt. Sinai Med Ctr. ED Box<br>1 Gustave Levy<br>New York, NY 10029<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$ 200.00          | Date (month, day, year)<br>9/22/00            | Amount of Each Receipt this Period<br>200.00          |
| D. Full Name, Mailing Address and ZIP Code<br>Sheldon Jacobson<br>37 Tweed Blvd<br>Upper Grandview, NY 10960                    | Name of Employer<br>Kaweah Delta District Hospital<br>400 W. Mineral King<br>Visalia, CA 93291<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$ 360.00 | Date (month, day, year)<br>8/31/00<br>7/17/00 | Amount of Each Receipt this Period<br>300.00<br>50.00 |
| E. Full Name, Mailing Address and ZIP Code<br>Jerry I Jacobson<br>5137 West Lakewood Dr.<br>Visalia, CA 93291                   | Name of Employer<br>St. Mary's Hospital<br>56 Franklin Street<br>Waterbury, CT 06706<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$ 200.00           | Date (month, day, year)<br>8/29/00            | Amount of Each Receipt this Period<br>200.00          |
| F. Full Name, Mailing Address and ZIP Code<br>Peter J Jacoby<br>St. Marys Hospital<br>56 Franklin Street<br>Waterbury, CT 06706 | Name of Employer<br>Harold S Jenkins<br>HC 6 Box 60<br>Madison, VA 22727<br><br>Occupation<br>Emergency Physicians<br>Aggregate Year-to-Date > \$ 365.00                       | Date (month, day, year)<br>9/5/00             | Amount of Each Receipt this Period<br>365.00          |

**SUBTOTAL** of Receipts This Page (optional) ..... 1,880.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 18  
FOR LINE NUMBER 11a1

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

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

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year)            | Amount of Each Receipt this Period |
|---|--|------------------------------------|------------------------------------|
| Brian Scott Katan<br>14200 Sports Of Kings<br>Wichita, KA 67230   | Via Christi Reg Med Ctr.<br>929 N St. Francis St<br>Wichita, Ka 67214  | 9/22/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>Emergency Physicians</b>                              | Aggregate Year-to-Date > \$ 200.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code<br>John Lee<br>1044 Thackery Lane<br>Naperville, IL 60564                        | Edward Hospital<br>801 S Washington St<br>Naperville, IL 60540         | 9/15/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>Emergency Physicians</b>                              | Aggregate Year-to-Date > \$ 200.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code<br>Robert H Leviton<br>249 Malbourne Ave.<br>Mamaroneck, NY 10543                | United Hosp Med.Ct.<br>406 Boston Post Road<br>Port Chester, NY 10573  | 9/8/00                             | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>Emergency Physicians</b>                              | Aggregate Year-to-Date > \$ 500.00 |                                    |
| D. Full Name, Mailing Address and ZIP Code<br>Jean J Liu<br>8748 Pointe Dr.<br>Broadview Hts, OH 44147                      |  | 8/18/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>Emergency physicians</b>                              | Aggregate Year-to-Date > \$ 200.00 |                                    |
| E. Full Name, Mailing Address and ZIP Code<br>Stevens James Lucas<br>28-H Queen Mary Ct<br>Chester, MD 21619                |  | 8/24/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>Emergency Physicians</b>                              | Aggregate Year-to-Date > \$ 200.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code<br>DAn Luozkow<br>14422 Sir Barton Street<br>San Antonio, Texas 78248            |  | 8/18/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>Emergency Physicians</b>                              | Aggregate Year-to-Date > \$ 200.00 |                                    |
| G. Full Name, Mailing Address and ZIP Code<br>George Philip Lum<br>5959 Tamarisk Way<br>San Luis Obispo, CA 93401           | Twin Cities Comm. Hosp.<br>1100 Las Tablas Road<br>Templeton, CA 93465 | 9/15/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>Emergency Physicians</b>                              | Aggregate Year-to-Date > \$ 200.00 |                                    |

SUBTOTAL of Receipts This Page (optional) ..... 1,700.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 18  
FOR LINE NUMBER 11a1

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

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

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| Robert T Malinowski<br>660 Norborne Ave.<br>Dearborne Hts, MI 48127   | Grace Hosp.<br>6071 W. Outer Dr.<br>Detroit, MI 48235                       | 8/18/00                 | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$ 200.00      |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code<br>Amal Mattu<br>8 Watkins Row<br>Edgewater, MD 21037                            | Marcy Med. Center<br>301 St. Paul Place<br>Baltimore, MD 21202              | 8/8/00                  | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$ 200.00      |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code<br>Richard Y McConnell<br>409 Old Landing Road<br>Covington, LA 70433            | Ochener Foundation Hosp.<br>1516 Jefferson Highway<br>New Orleans, LA 70121 | 9/8/00                  | 365.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$ 365.00      |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code<br>John Patrick McGoff<br>6255 Sycamore Hill<br>Indianapolis, ID 46220           | Comm. Hospital<br>1500 N Rittery Ave.<br>Indianapolis, ID 46219             | 8/4/00                  | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$ 200.00      |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code<br>Timothy Dennis McGuirk<br>1009 Seville Dr.<br>Chesapeake, VI 23322            | 1 Portsmouth Naval Hospital<br>Portsmouth, VI 23708                         | 9/27/00                 | 365.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$ 365.00      |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code<br>Jacob Mark Meredith III<br>1231A Rt 532<br>Chatsworth, NJ 08019               | Community Med Ctr.  | 7/11/00                 | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$ 500.00      |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code<br>Nicholas A K Metcalf<br>5201 Sugar Hill Road<br>Brownsville Texas 78526       |   | 9/29/00                 | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$ 250.00      |                         |                                    |

SUBTOTAL of Receipts This Page (optional) ..... 2,090.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 18  
FOR LINE NUMBER 11a

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 Physicians Political Action Committee of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt this Period |
|---|--|-------------------------|------------------------------------|
| Steven R. Minnaugh<br>8419 S Robidoux Road<br>Sandy, Utah 84093   | Emergency Physicians Group<br>1200 E 3900 E<br>Salt Lake City, Utah 84124  | 9/15/00                 | 365.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$365.00      |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code<br>Kristzina L Morin<br>PO Box 190<br>Columbia Falls, ME 04523                   | Down east Comm. Hosp.<br>Rt 1 Box 11<br>Mechan, ME 04554                   | 9/8/00                  | 365.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$365.00      |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code<br>Carla Elizabeth Murphy<br>1196 Preserve Circle<br>Golden, CO 80401            | Luthern Medical Center<br>8300 W 38th Ave.<br>Wheatridge, CO 80033         | 9/27/00                 | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$200.00      |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code<br>Susan Marie Medza<br>812 S Clay Street<br>Hinndale. IL 60521                  | Elmhurst Hospital<br>200 Basteau<br>Elmhurst, IL 60126                     | 8/18/00                 | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$500.00      |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code<br>Joan marie Ockuly<br>5056 Brenden Way<br>Sylvania, OH 43560                   | Flower Memorial Hosp<br>5200 Harroun Road<br>Sylvania, OH 43560            | 9/8/00                  | 365.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$365.00      |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code<br>Susan W Owens<br>PO Box 250<br>Glenslg, MD 21737                              | Northwest Hospital Center<br>5401 Old Court Road<br>Randallstown, MD 21133 | 8/29/00                 | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$250.00      |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code<br>Daniel Eugene Peckenpaugh<br>4107 Woodcreek Court<br>Colleyville, Texas 76034 | Harris Methodist<br>1600 Hospital Parkway<br>Bedford, Tx 76022             | 9/8/00                  | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Emergency Physicians<br>Aggregate Year-to-Date > \$250.00      |                         |                                    |

SUBTOTAL of Receipts This Page (optional) ..... 2,295.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 12 OF 18

FOR LINE NUMBER 11a1

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

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

| A. Full Name, Mailing Address and ZIP Code<br>Paul M Peindl<br>3457Fieldstone Dr.<br>Gastonia, NC 38056                     | Name of Employer<br><br>Occupation<br>Emergency Physician  | Date (month, day, year)<br>9/27/00 | Amount of Each Receipt this Period<br>200.00 |
|---|--|------------------------------------|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00   |                                    |  |
| B. Full Name, Mailing Address and ZIP Code<br>Jorge R Perez- Poveda<br>8282 Woodgrove Road<br>Jacksonville, FL 32256        | Name of Employer<br>Memorial Medical Center<br>3625 Univ. Blvd S<br>Jacksonville, FL 32216<br>Occupation<br>Emergency Physicians     | Date (month, day, year)<br>8/25/00 | Amount of Each Receipt this Period<br>365.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 365.00   |                                    |  |
| C. Full Name, Mailing Address and ZIP Code<br>George Podgorny<br>215 Georgia Ave.<br>Winston Salem, NC 27104                | Name of Employer<br>Moses H Cone Memorial Hosp<br>1200 N Elm Street<br>Greensboro, NC 27401<br>Occupation<br>Emergency Physician     | Date (month, day, year)<br>7/31/00 | Amount of Each Receipt this Period<br>200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00   |                                    |  |
| D. Full Name, Mailing Address and ZIP Code<br>James S Potyka<br>228 Canada Verde<br>San Antonio, TX 78232                   | Name of Employer<br>Baptist Hlth Syst<br>111 Dallas Street<br>San Antonio, TX 78205<br>Occupation<br>Emergency Physician             | Date (month, day, year)<br>9/15/00 | Amount of Each Receipt this Period<br>200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00   |                                    |  |
| E. Full Name, Mailing Address and ZIP Code<br>John Hannon Proctor<br>912 Grapevine Lane<br>Nashville, Tennessee 37221       | Name of Employer<br>Columbia Southern Hills Med Ctr.<br>391 Wallace Road<br>Nashville, TN 37211<br>Occupation<br>Emergency Physician | Date (month, day, year)<br>9/27/00 | Amount of Each Receipt this Period<br>200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00   |                                    |  |
| F. Full Name, Mailing Address and ZIP Code<br>Daniel L Quion<br>20173 Madena Road<br>Apple Valley, CA 92308                 | Name of Employer<br>St Mary Med Ctr.<br>18300 Highway 18-PO Box 7025<br>Apple Valley, CA 92307<br>Occupation<br>Emergency Physician  | Date (month, day, year)<br>9/15/00 | Amount of Each Receipt this Period<br>200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00   |                                    |  |
| G. Full Name, Mailing Address and ZIP Code<br>John E Rampulla<br>260 Van Winkle Dr.<br>San Anselmo, CA 94960                | Name of Employer<br>Doctors Hosp. Of San Pablo<br>2000 Vale Road<br>San Pablo, CA 94806<br>Occupation<br>Emergency Physician         | Date (month, day, year)<br>9/22/00 | Amount of Each Receipt this Period<br>200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00   |                                    |  |

**SUBTOTAL** of Receipts This Page (optional) ..... 1,565.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 13 OF 18  
FOR LINE NUMBER 11a1

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

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

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt this Period |
|--|---|------------------------------------|------------------------------------|
| Michael L Ratter<br>Po Box 868<br>Hemet, CA 92546  |   | 9/22/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physician   | Aggregate Year-to-Date > \$ 200.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt this Period |
| Dale J Ray<br>2167 Hunters Run NE<br>Ada, MI 49301   | Spectrum Hlth Downtown Campus<br>100 Michigan NE<br>Grand Rapids, Michigan 49505  | 8/15/00                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physician   | Aggregate Year-to-Date > \$ 250.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt this Period |
| Marc C Restuccia<br>13 Elliot Road<br>Sterling Massachusetts 01564   | Univ of MA Med. Ctr.<br>55 Lake Ave. North<br>Worcester, Massachusetts 01655      | 7/18/00                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physician   | Aggregate Year-to-Date > \$ 500.00 |                                    |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt this Period |
| Gregory Conway Risk<br>113 Arbon Lane<br>New Bern, NC 28562  | Craven Reg Med Ctr.<br>2000 Menuse Blvd<br>New Bern, NC 28560                     | 9/27/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physician   | Aggregate Year-to-Date > \$ 200.00 |                                    |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt this Period |
| Michael Steven Ritter<br>1575 Tahiti Ave<br>Laguna Beach, CA 92651   | Mission Hosp. Reg Med Ctr.<br>27700 Medical Center Rd.<br>Mission Viejo, CA 92691 | 8/18/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physician   | Aggregate Year-to-Date > \$ 200.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt this Period |
| Otto F Rogers III<br>318 Horse and Carriage Lane<br>Cameron, NC 28326  | Moore Regional Hosp.<br>Pinehurst, NC   | 7/24/00                            | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physician   | Aggregate Year-to-Date > \$ 200.00 |                                    |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year)            | Amount of Each Receipt this Period |
| David Paul Ruby<br>1119 E LeMarche Ave.<br>Phoenix, AZ 85022   | Kingman Regional Med. Ctr.<br>3269 N. Stockton Hill Rd.<br>Kingman, AZ 86401      | 8/25/00                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physician   | Aggregate Year-to-Date > \$ 250.00 |                                    |

|   |          |
|---|----------|
| SUBTOTAL of Receipts This Page (optional) .....           | 1,550.00 |
| TOTAL This Period (last page this line number only) ..... |          |



SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 14 OF 18  
FOR LINE NUMBER 181

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

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

| A. Full Name, Mailing Address and ZIP Code<br>Isi J. Ruess<br>3626 High Tide<br>Rncho Pls Vrd, CA 90275  | Name of Employer<br>Anaheim Gen Hosp.<br>3350 W Ball Rd<br>Anaheim, CA 92804<br><br>Occupation<br>Emergency Physician                   | Date (month, day, year)<br>8/4/00  | Amount of Each Receipt this Period<br>200.00 |
|--|---|------------------------------------|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 200.00  |                                    |  |
| B. Full Name, Mailing Address and ZIP Code<br>Deepak Kumar Sachdeva<br>2424 North Hampton Dr.<br>Alexandria, VI 22311                          | Name of Employer<br>Ft Washington Hospital<br>11711 Livingston Rd.<br>Ft. Washington, MD 20744<br><br>Occupation<br>Emergency Physician | Date (month, day, year)<br>9/27/00 | Amount of Each Receipt this Period<br>200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 200.00  |                                    |  |
| C. Full Name, Mailing Address and ZIP Code<br>Peter Sawchuk<br>168 Lake End Rd.<br>Green Pond, NJ 07435  | Name of Employer<br>Emergency Medical Associates<br><br>Occupation<br>Emergency Physician   | Date (month, day, year)<br>7/5/00  | Amount of Each Receipt this Period<br>200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 200.00  |                                    |  |
| D. Full Name, Mailing Address and ZIP Code<br>David J Schraer<br>5001 Country Club Lane<br>Anchorage, Alaska 99516                             | Name of Employer<br>US Publico Health Service<br>250 Gambell Street<br>Anchorage, Alaska 99501<br><br>Occupation<br>Emergency Physician | Date (month, day, year)<br>8/22/00 | Amount of Each Receipt this Period<br>200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 200.00  |                                    |  |
| E. Full Name, Mailing Address and ZIP Code<br>Kenneth P Schultheis<br>3101 Fluar Dr.<br>Des Moines, IO 50321                                   | Name of Employer<br>Mercy Hospital Med. Ctr.<br>400 Univ. Ave.<br>Des Moines, IO 50314<br><br>Occupation<br>Emergency Physician         | Date (month, day, year)<br>7/26/00 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 500.00  |                                    |  |
| F. Full Name, Mailing Address and ZIP Code<br>Carl H Schulta<br>Cape Coral Hospital Emerg. Dept.<br>636 Del Prado Blvd<br>Cape Coral, FL 33908 | Name of Employer<br>Cape Coral Hospital<br>E.D.<br><br>Occupation<br>Emergency Physician  | Date (month, day, year)<br>7/11/00 | Amount of Each Receipt this Period<br>500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 500.00  |                                    |  |
| G. Full Name, Mailing Address and ZIP Code<br>David L Scott<br>4733 N Ridge Dr.<br>Akron, OH 44333   | Name of Employer<br>Emergency Med Phys, Ltd<br><br>Occupation<br>Emergency Physician  | Date (month, day, year)<br>9/27/00 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 250.00  |                                    |  |

SUBTOTAL of Receipts This Page (optional) ..... 1,800.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 15 OF 18  
FOR LINE NUMBER 11ai

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

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

| A. Full Name, Mailing Address and ZIP Code<br>Randolph M Shiraishi<br>10028 Skipper Ct.<br>Las Vegas, NV 89117   | Name of Employer<br><br>Occupation<br><b>Emergency Physician</b><br>Aggregate Year-to-Date > \$250.00   | Date (month, day, year)<br>9/22/00            | Amount of Each Receipt this Period<br>200.00          |
|--|---|---|---|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br><b>Winter Haven Hospital</b><br>200 Ave. "F" NE<br>Winter Haven, FL 33881<br>Occupation<br><b>Emergency Physician</b><br>Aggregate Year-to-Date > \$550.00    | Date (month, day, year)<br>8/24/00<br>7/26/00 | Amount of Each Receipt this Period<br>500.00<br>50.00 |
| B. Full Name, Mailing Address and ZIP Code<br>David M Siegal<br>706 Promenade Pl<br>Tampa, FL 33602<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br><b>Covenant Medical Center</b><br>3421 W 9th Street<br>Waterloo, Iowa 50702<br>Occupation<br><b>Emergency Physician</b><br>Aggregate Year-to-Date > \$200.00  | Date (month, day, year)<br>9/5/00             | Amount of Each Receipt this Period<br>200.00          |
| C. Full Name, Mailing Address and ZIP Code<br>Robert H Singer<br>Emergency Practice Assoc. Box 1260<br>Waterloo, Iowa 50704<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | Name of Employer<br><b>Geisinger Med Ctr.</b><br><br>Occupation<br><b>Emergency Physician</b><br>Aggregate Year-to-Date > \$200.00  | Date (month, day, year)<br>8/15/00            | Amount of Each Receipt this Period<br>200.00          |
| D. Full Name, Mailing Address and ZIP Code<br>John Skibdzinski<br>Geisinger Medical Center<br>N Academy Ave.<br>Danville, Pennsylvania, 17822<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><b>Gregory Edward Sneep, MD</b><br>4600 S Park Suite #5<br>Tucson, AZ 85714<br>Occupation<br><b>Emergency Physicians</b><br>Aggregate Year-to-Date > \$250.00 | Date (month, day, year)<br>9/22/00<br>7/21/00 | Amount of Each Receipt this Period<br>200.00<br>50.00 |
| E. Full Name, Mailing Address and ZIP Code<br>Gregory Edward Sneep, MD<br>10950 N LaCanada #5204<br>Oro Valley, AZ 85737<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Name of Employer<br><b>Ohio Valley Medical Center</b><br>2000 Eoff Street<br>Wheeling, WV 26003<br>Occupation<br><b>Emergency Physicians</b><br>Aggregate Year-to-Date > \$500.00 | Date (month, day, year)<br>8/4/00             | Amount of Each Receipt this Period<br>500.00          |
| F. Full Name, Mailing Address and ZIP Code<br>David A. Speers, MD<br>1546 Orchard Lane<br>Miles, MI 49120<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | Name of Employer<br><b>Lakeland Medical Center</b><br>31 N St. Joseph<br>Miles, MI 49120<br>Occupation<br><b>Emergency Physician</b><br>Aggregate Year-to-Date > \$200.00         | Date (month, day, year)<br>9/15/00            | Amount of Each Receipt this Period<br>200.00          |

SUBTOTAL of Receipts This Page (optional) ..... 2,100.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 16 OF 18  
FOR LINE NUMBER 1111

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

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

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
|---|--|-------------------------|------------------------------------|
| Donald J. Steiner, MD, FACEP<br>15702 Birchbrook Court<br>Glen Ellyn, IL 60137  | Good Samaritan Hospital<br>3815 Highland Ave<br>Downers Grove, IL 60515<br>Occupation<br>Emergency Physician | 9/22/00<br>9/27/00      | 100.00<br>100.00                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00   |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
| John Strayer, MD<br>509 N. 70th Street<br>Seattle, WA 98103   | Highline Community Hospital<br>16251 Sylvester Rd<br>Burien, WA 98146<br>Occupation<br>Emergency Physician   | 9/15/00<br>7/19/00      | 150.00<br>50.00                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00   |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
| Daniel Sullivan, MD, FACEP<br>23146 Greenleaf Blvd<br>Elkhart, IN 46514   | Elkhart General Hospital<br>600 East Boulevard<br>Elkhart, IN 46514<br>Occupation<br>Emergency Physician     | 9/8/00<br>7/26/00       | 365.00<br>50.00                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 415.00   |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
| Todd Brian Taylor, MD, FACEP<br>1323 E El Parque Drive<br>Tempe, AZ 85282   | Good Samaritan Med Ctr<br>1111 E McDowell Rd<br>Phoenix, AZ 85006<br>Occupation<br>Emergency Physician       | 9/5/00                  | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00   |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
| Keith Van Meter, MD, FACEP<br>17 Carriage Lane<br>New Orleans, LA 70114   | Charity Hosp/LSU EM<br>1532 Tulane, 13th Floor<br>New Orleans, LA 70112<br>Occupation<br>Emergency Physician | 9/14/00                 | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00   |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
| Donald E. Vaughn, MD, FACEP<br>6117 Redmond Ct.<br>Raleigh, NC 27612  | Wake County EMS<br>Occupation<br>Emergency Physician   | 8/25/00                 | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 300.00   |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
| David J. Vukich, MD, FACEP<br>4986 Maybank Way<br>Jacksonville, FL 32225  | Dept of EM<br>Univ FL Hlth Science Ctr<br>Jacksonville, FL 32209<br>Occupation<br>Emergency Physician        | 9/15/00<br>9/27/00      | 100.00<br>100.00                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00   |                         |                                    |

**SUBTOTAL** of Receipts This Page (optional) ..... 1,915.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 OF 18

FOR LINE NUMBER 11a1

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

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

| A. Full Name, Mailing Address and ZIP Code<br>Steven C. Watsky, MD, FACEP<br>2205 87th Street NW<br>Bradenton, FL 34209     | Name of Employer<br>Manatee Memorial Hospital<br>206 2nd Street E<br>Bradenton, FL 34208<br>Occupation<br>Emergency Physician<br>Aggregate Year-to-Date > \$ 200.00 | Date (month, day, year)<br>8/25/00 | Amount of Each Receipt this Period<br>200.00   |
|---|---|------------------------------------|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Lutheran General Hosp<br>1775 Dempster<br>Park Ridge, IL 60068<br>Occupation<br>Emergency Physician<br>Aggregate Year-to-Date > \$ 1,050.00     | Date (month, day, year)<br>9/22/00 | Amount of Each Receipt this Period<br>1,000.00 |
| B. Full Name, Mailing Address and ZIP Code<br>Deborah E. Weber, MD, FACEP<br>1420 Shawnee Trail<br>Riverwood, IL 60015      | Name of Employer<br>Lehigh Valley Hospital<br>Allentown, PA 18105<br>Occupation<br>Emergency Physician<br>Aggregate Year-to-Date > \$ 200.00                        | Date (month, day, year)<br>8/29/00 | Amount of Each Receipt this Period<br>200.00   |
| C. Full Name, Mailing Address and ZIP Code<br>Michael S. Weinstock, MD, FACEP<br>1667 Penns Crossing<br>Allentown, PA 18104 | Name of Employer<br>Lutheran General Hosp<br>1775 Dempster<br>Park Ridge, IL 60068<br>Occupation<br>Emergency Physician<br>Aggregate Year-to-Date > \$ 1,050.00     | Date (month, day, year)<br>9/22/00 | Amount of Each Receipt this Period<br>1,000.00 |
| D. Full Name, Mailing Address and ZIP Code<br>Robert John Westerberg, MD<br>5665 Arapaho Rd #1131<br>Dallas, TX 75248       | Name of Employer<br>Phelps Co Reg Med Ctr<br>1000 W 10th Street<br>Rolla, MO 65401<br>Occupation<br>Emergency Physician<br>Aggregate Year-to-Date > \$ 200.00       | Date (month, day, year)<br>8/24/00 | Amount of Each Receipt this Period<br>200.00   |
| E. Full Name, Mailing Address and ZIP Code<br>Louise Wilkinson, DO<br>820 Laurel Drive<br>Rolla, MO 65401                   | Name of Employer<br>St. Michael Hospital<br>2400 W. Villard<br>Milwaukee, WI 53209<br>Occupation<br>Emergency Physician<br>Aggregate Year-to-Date > \$ 200.00       | Date (month, day, year)<br>9/8/00  | Amount of Each Receipt this Period<br>200.00   |
| F. Full Name, Mailing Address and ZIP Code<br>Gary David Wright, MD, FACEP<br>21 Lagoon Dr.<br>Gulf Shores, AL 36542        | Name of Employer<br>St. Michael Hospital<br>2400 W. Villard<br>Milwaukee, WI 53209<br>Occupation<br>Emergency Physician<br>Aggregate Year-to-Date > \$ 200.00       | Date (month, day, year)<br>8/18/00 | Amount of Each Receipt this Period<br>50.00    |

SUBTOTAL of Receipts This Page (optional) ..... 2,215.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 18 OF 18  
FOR LINE NUMBER 11a1

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

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

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
|---|---|-------------------------|------------------------------------|
| C L McArthur, III, MD, FACEP<br>11 CARDIFF<br>Laguna Niguel, CA 92677   | Riverside Cty Med Ctr   | 7/17/00                 | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physician<br>Aggregate Year-to-Date > \$ 200.00   |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code<br>David E. Wilcox, MD, FACEP<br>57 Highwood Drive<br>S Glastonbury, CT 06073    | Univ of MA Med Ctr  | 9/29/00                 | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physician<br>Aggregate Year-to-Date > \$ 200.00   |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code<br>Robert E. Suter, MD, FACEP<br>5926 St. Marks Circle<br>Dallas, TX 75230       |   | 8/11/00                 | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physician<br>Aggregate Year-to-Date > \$ 1,000.00 |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code<br>Alex D. Antalis, MD, FACEP<br>1121 Shiregreen Lane<br>Fort Wayne, IN 46814    | Parkview Memorial Hoesp   | 9/22/00                 | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Emergency Physician<br>Aggregate Year-to-Date > \$ 200.00   |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code<br>John Keane Sullivan, MD, FACEP<br>263 E. Lake Road<br>Penn Yan, NY 14527      | Geneva General Hoesp  | 8/24/00                 | 200.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>7/5/00<br>Aggregate Year-to-Date > \$ 250.00                |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation  |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation  |                         |                                    |

SUBTOTAL of Receipts This Page (optional) ..... 1,950.00

TOTAL This Period (last page this line number only) ..... 35,560.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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

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

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer | Date (month, day, year)           | Amount of Each Receipt this Period |
|---|------------------|-----------------------------------|------------------------------------|
| Weygand Committee<br>PO Box 7818<br>Warwick, RI 02887   |                  | 8/29/00                           | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Contribution Refund | Occupation       | Itemized on July quarterly report |                                    |
| Aggregate Year-to-Date > \$ 500.00  |                  |                                   |                                    |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer | Date (month, day, year)           | Amount of Each Receipt this Period |
|   |                  |                                   |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Occupation       |                                   |                                    |
| Aggregate Year-to-Date > \$   |                  |                                   |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer | Date (month, day, year)           | Amount of Each Receipt this Period |
|   |                  |                                   |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Occupation       |                                   |                                    |
| Aggregate Year-to-Date > \$   |                  |                                   |                                    |
| D. Full Name, Mailing Address and ZIP Code  | Name of Employer | Date (month, day, year)           | Amount of Each Receipt this Period |
|   |                  |                                   |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Occupation       |                                   |                                    |
| Aggregate Year-to-Date > \$   |                  |                                   |                                    |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer | Date (month, day, year)           | Amount of Each Receipt this Period |
|   |                  |                                   |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Occupation       |                                   |                                    |
| Aggregate Year-to-Date > \$   |                  |                                   |                                    |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer | Date (month, day, year)           | Amount of Each Receipt this Period |
|   |                  |                                   |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Occupation       |                                   |                                    |
| Aggregate Year-to-Date > \$   |                  |                                   |                                    |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer | Date (month, day, year)           | Amount of Each Receipt this Period |
|   |                  |                                   |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Occupation       |                                   |                                    |
| Aggregate Year-to-Date > \$   |                  |                                   |                                    |

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

**TOTAL** This Period (last page this line number only) ..... 500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 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 of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code<br>Soloman Smith Barney<br>1050 Connecticut Ave, NW suite 225<br>Washington, DC 20036                           | Name of Employer<br><br>Occupation  | Date (month, day, year)<br>7/31<br>8/31<br>9/30 | Amount of Each Receipt this Period<br>299.25<br>132.81<br>133.70 |
|--|-------------------------------------|---|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Money Fund Interest | Aggregate Year-to-Date > \$ 1772.60 |   |  |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer<br><br>Occupation  | Date (month, day, year)                         | Amount of Each Receipt this Period                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | Aggregate Year-to-Date > \$         |   |  |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer<br><br>Occupation  | Date (month, day, year)                         | Amount of Each Receipt this Period                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | Aggregate Year-to-Date > \$         |   |  |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer<br><br>Occupation  | Date (month, day, year)                         | Amount of Each Receipt this Period                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | Aggregate Year-to-Date > \$         |   |  |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer<br><br>Occupation  | Date (month, day, year)                         | Amount of Each Receipt this Period                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | Aggregate Year-to-Date > \$         |   |  |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer<br><br>Occupation  | Date (month, day, year)                         | Amount of Each Receipt this Period                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | Aggregate Year-to-Date > \$         |   |  |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer<br><br>Occupation  | Date (month, day, year)                         | Amount of Each Receipt this Period                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | Aggregate Year-to-Date > \$         |   |  |

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

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

565.76

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21b

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

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

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Chase Bank of Texas, NA<br>545 East John Carpenter Freeway<br>Irving, TX 75062   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 7/31/00                 | 44.36                                   |
|  | <input checked="" type="checkbox"/> Other (specify) Bank Fees                       | 8/31/00                 | 39.05                                   |
|  |   | 9/30/00                 | 135.80                                  |
| B. Full Name, Mailing Address and ZIP Code<br>Membership Marketing Service, Inc<br>1280 Perimeter Pkwy<br>Virginia Beach, VA 23454 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 8/22/00                 | 6,589.65                                |
|  | <input checked="" type="checkbox"/> Other (specify) Professional Fees               | 8/30/00                 | 11,158.20                               |
|  |   | 9/28/00                 | 12,390.27                               |
| C. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | 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) .....

30,357.31



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 13  
FOR LINE NUMBER 23

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

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

| A. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Balducci For Congress<br>729 15th Street, NW<br>Third Floor<br>Washington, DC 20005               | Rep John Balducci<br>/2nd Dist Me<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 *              | 7/25/00                 | 1000.00                                 |
| Mac Collins For Congress<br>PO Box 35<br>Jonesboro, GA 30237                                      | Rep Mac Collins<br>3rd Dist GA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 7/25/00                 | 500.00                                  |
| Friends of Kent Conrad<br>420 C Street, NE Lower Level<br>Washington, DC 2002                     | Senator Kent Conrad<br>/ND<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000            | 7/25/00                 | 1000.00                                 |
| Degetta For Congress<br>PO Box 61337<br>Denver, CO 80206  | Rep Diana Degetta<br>/1st Dist CO<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 7/25/00                 | 500.00                                  |
| Delahunt For Congress Committee<br>500 Victory Road<br>Quincy, MA 02171                           | Rep William Delahunt<br>/10th Dist MA<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 7/25/00                 | 500.00                                  |
| People For English<br>PO Box 1940<br>Erie, PA 16507   | Rep Phil English<br>21st Dist PA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 7/25/00                 | 1000.00                                 |
| Bob Filner For Congress<br>PO Box 127868<br>San Diego, CA 92112                                   | Rep Bob Filner<br>CA 50th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 7/25/00                 | 500.00                                  |
| Gephardt In Congress Committee<br>2850 Connecticut Ave, NW<br>First Floor<br>Washington, DC 20008 | Rep Richard Gephardt<br>3rd Dist MO<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 7/25/00                 | 2000.00                                 |
| Bart Gordon Committee<br>PO Box 2008<br>Murfreesboro, TN 37133                                    | Rep Bart Gordon<br>6th Dist TN<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 7/25/00                 | 500.00                                  |

SUBTOTAL of Disbursements This Page (optional) ..... 7,500.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 13  
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (in Full)

National Emergency Medicine Political Action Committee of the American College Of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period            |
|--|--|-------------------------|--|
| Ralph Hall For Congress<br>310 East Capitol Street, NE Apt.A<br>Washington, DC 2005  | Rep Ralph Hall<br>4th Dist TX<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                                   | 7/25/00                 | 500.00   |
| B. Full Name, Mailing Address and ZIP Code<br>Ted House For Congress Committee<br>PO Box 457<br>ST Charles, MO 63302                 | Purpose of Disbursement<br>TED HOUSE /2nd Dist MO<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000               | 7/25/00                 | Amount of Each Disbursement This Period<br>1000.00 |
| C. Full Name, Mailing Address and ZIP Code<br>Freinds of Sam Johnson<br>PO Box 850096<br>Plano, TX 75086                             | Purpose of Disbursement<br>Rep Sam Johnson/3rd<br>Dist TX<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000       | 7/25/00                 | Amount of Each Disbursement This Period<br>500.00  |
| D. Full Name, Mailing Address and ZIP Code<br>Friends of Patrick Kennedy<br>PO Box 321<br>Pawtucket, RI 02862                        | Purpose of Disbursement<br>Rep Patrick Kennedy<br>1st Dist RI<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) X 2000 | 7/25/00                 | Amount of Each Disbursement This Period<br>2000.00 |
| E. Full Name, Mailing Address and ZIP Code<br>John Lewis For Congress<br>729 15th Street, NW<br>Washington, DC 20005                 | Purpose of Disbursement<br>Rep John Lewis<br>5th Dist GA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 7/25/00                 | Amount of Each Disbursement This Period<br>1000.00 |
| F. Full Name, Mailing Address and ZIP Code<br>Minge For Congress<br>PO Box 71<br>Granite Falls, MN 56241                             | Purpose of Disbursement<br>Rep David Minge<br>MN 2nd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Y 2000     | 7/25/00                 | Amount of Each Disbursement This Period<br>1000.00 |
| G. Full Name, Mailing Address and ZIP Code<br>Jim Ramstad Volunteer Committee<br>8100 Penn Ave. South #104<br>Bloomington, MN 554431 | Purpose of Disbursement<br>Rep Jim Ramstad<br>3rd Dist MN<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000       | 7/25/00                 | Amount of Each Disbursement This Period<br>1000.00 |
| H. Full Name, Mailing Address and ZIP Code<br>Friends of Stedem<br>38 Ivy Street, SE<br>Washington, Dc 20003                         | Purpose of Disbursement<br>Mike Stedem/FL 12th<br>Dist<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                     | 7/25/00                 | Amount of Each Disbursement This Period<br>1000.00 |
| I. Full Name, Mailing Address and ZIP Code<br>Bill Thomas Campaign Committee<br>PO Box 595<br>Bakersfield, CA 93302                  | Purpose of Disbursement<br>Rep William Thomas<br>21st Dist CA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 7/25/00                 | Amount of Each Disbursement This Period<br>1000.00 |

SUBTOTAL of Disbursements This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 13  
FOR LINE NUMBER 23

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

**NAME OF COMMITTEE (In Full)**

National Emergency Medicine Political Action Committee of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code                                      | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period                 |
|---|--|-------------------------|---|
| Van Horne For Congress<br>PO Box 444<br>New Kensington, PA 15068                | Terry Van Horne<br>4th Dist PA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 7/25/00                 | 2000.00   |
| B. Full Name, Mailing Address and ZIP Code                                      | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period                 |
|   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |                         |   |
| C. Full Name, Mailing Address and ZIP Code                                      | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period                 |
| Friends of Jim Maloney<br>20v East Main St #235<br>Waterbury, CT 06702          | Rep Jim Maloney<br>5th Dist CT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                 | 8/30/00                 | 1000.00<br>MEMO-void/relasu<br>Lost check dated 6/12/00 |
| D. Full Name, Mailing Address and ZIP Code                                      | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period                 |
| Sue Myrick For Congress<br>PO Box 37091<br>Charlotte, NC 28237                  | Rep Sue Myrick<br>NC 9th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) 2000       | 8/30/00                 | 1000.00   |
| E. Full Name, Mailing Address and ZIP Code                                      | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period                 |
| Friends For Jim McDermott<br>PO Box 21786<br>Main Station<br>Seattle, WA 98111  | Rep Jim McDermott<br>WA 7th Dist<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000    | 8/30/00                 | 1000.00   |
| F. Full Name, Mailing Address and ZIP Code                                      | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period                 |
| Citizen For Gilman<br>PO Box 3001<br>Middletown, NY 10940                       | Rep Benjamin Gilman<br>20th Dist NY<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 8/30/00                 | 500.00  |
| G. Full Name, Mailing Address and ZIP Code                                      | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period                 |
| Cunneen For Congress<br>1723 Hamilton Ave.# C<br>San Jose, CA 95120             | Jim Cunneen<br>CA 15th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000         | 8/30/00                 | 1000.00   |
| H. Full Name, Mailing Address and ZIP Code                                      | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period                 |
| Susan Bitter Smith For Congress<br>5806 East Lewis Ave.<br>Scottsdale, AZ 85257 | Susan Bitter Smith<br>AZ 1st Dist<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 8/22/00                 | 2000.00   |
| I. Full Name, Mailing Address and ZIP Code                                      | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period                 |
|   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |                         |   |

SUBTOTAL of Disbursements This Page (optional) ..... 7,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 13  
FOR LINE NUMBER 23

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

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

| A. Full Name, Mailing Address and ZIP Code                              | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Gene Green Congressional Committee<br>PO Box 16128<br>Houston, TX 77222 | Green/ 29th Dist TX<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                           | 8/22/00                 | 1000.00                                 |
| Laren Beth Gash For Congress<br>PO Box 179<br>Dearfield, IL 60015       | Gash/10th Dist IL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                             | 8/22/00                 | 1000.00                                 |
| Susan Davis For Congress<br>PO Box 84049<br>San Diego, CA 92138         | Susan David/ CA<br>49th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                  | 8/22/00                 | 1000.00                                 |
| Gaessler For Congress<br>PO Box 1807<br>Lexington, KY 40588             | Gaessler/6th Dist KY<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                          | 8/22/00                 | 1000.00                                 |
| US Postmaster   | Pa/13th dist<br>Rep Hoefel/ Fundraiser<br>In Kind 9/10/00<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 8/18/00                 | 297.00                                  |
| Dreshertown Shop N Bag<br>1650 Linekiln Pike<br>Dresher, PA 19025       | In Kind 9/10/00 Rep<br>Joe Hoefel, PA dist 13<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 9/6/00                  | 200.12                                  |
| JD Hayworth For Congress<br>PO Box 14273<br>Scottsdale, AZ 85267        | Rep JD Hayworth AZ<br>6th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                | 9/6/00                  | 500.00                                  |
| Hoefel For Congress<br>24 West Airy Street<br>Northtown, PA 19401       | Rep Joe Hoefel<br>PA 13th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                | 9/6/00                  | 2000.00                                 |
| Langevin For Congress Committee<br>PO Box 55<br>Providence, RI 02901    | Jim Langevin/ 2ndDist<br>RI<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                   | 9/6/00                  | 1000.00                                 |

SUBTOTAL of Disbursements This Page (optional) ..... 7,997.12

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Friends of Jim Maloney<br>20 East Main Street #235<br>Waterbury, CT 06702                | Rep James Maloney<br>5th Dist CT<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                             | 9/6/00                  | 2000.00                                 |
| Fallone For Congress<br>PO Box 3176<br>Long Beach, NJ 07740                              | Purpose of Disbursement<br>Rep Frank Fallone NJ<br>6th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 9/6/00                  | 500.00                                  |
| Baird For Congress Campaign<br>PO Bpx 5016<br>Vancouver, WA 98668                        | Purpose of Disbursement<br>Rep Brian Baird<br>WA 3rd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000    | 9/19/00                 | 1000.00                                 |
| Tammy Baldwin For Congress 2000<br>PO Box 696<br>Madison, WI 53701                       | Purpose of Disbursement<br>Rep Tammy Baldwin<br>WI 2nd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 9/19/00                 | 2000.00                                 |
| Barcia For Congress<br>PO Box 1243<br>Bay city, MI 48706                                 | Purpose of Disbursement<br>Rep James Barcia<br>MI 5th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/19/00                 | 500.00                                  |
| Berkley 2000<br>PO Box 2884<br>Washington, DC 20013                                      | Purpose of Disbursement<br>rep Shelly Berkley<br>NV 1st Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 9/19/00                 | 1000.00                                 |
| A lot of people who support Jeff B.<br>236 Massachusetts Ave. NE<br>Washington, DC 20002 | Purpose of Disbursement<br>Sen Jeff Bingaman / NM<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000            | 9/19/00                 | 2000.00                                 |
| Friends Of Sherrod Brown<br>PO Box 2884<br>Washington, DC 20013                          | Purpose of Disbursement<br>rep Sherrod / OH<br>13th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 9/19/00                 | 1000.00                                 |
| Coble For Congress<br>4451 Brookfield Corporate Dr. #200<br>Chantilly, VA 20151          | Purpose of Disbursement<br>Rep Howarrx Coble NC<br>6th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 9/19/00                 | 1000.00                                 |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 11,000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |           |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 13  
FOR LINE NUMBER 23

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

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

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Friends of Kent Conrad<br>420 C Street, NE<br>Lower Level<br>Washington, DC 20002                  | Sen Kent Conrad/ ND<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000               | 9/19/00                 | 1000.00                                 |
| Ehlers For Congress Committee<br>4451 Brookfield Corp Dr.<br>Suite 200<br>Chantilly, VA 20151-1652 | Rep Vern Ehlers/MI<br>3rd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000    | 9/19/00                 | 1000.00                                 |
| Team Emerson<br>PO Box 16021<br>Alexandria, VA 22302   | Rep Jo Emerson<br>MO 8th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 9/19/00                 | 1000.00                                 |
| Friends of Mark Foley<br>4451 Brookfield Corporate Dr. #200<br>Chantilly, VA 20151                 | Rep Mark Foley<br>FL 16th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000    | 9/19/00                 | 1000.00                                 |
| Porter Goss Re Election Team<br>PO Box 517<br>Fort Myers, FL 33902                                 | Rep Porter Goss / FL<br>14th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 9/19/00                 | 1000.00                                 |
| Committee To Elect Lindsey Graham<br>PO Box 1155<br>Seneca, SC 29627                               | Rep Lindsey Graham/SC<br>3rd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 9/19/00                 | 1000.00                                 |
| Gutierrez For Congress<br>2300 W Wabansia, Unit 334<br>Chicago, IL 60647                           | Rep Gil Gutierrez<br>4th Dist IL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 9/19/00                 | 500.00                                  |
| Hatch Election Committee<br>PO Box 1480<br>Washington, DC 20013                                    | Sen Orrin Hatch/VT<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                | 9/19/00                 | 2000.00                                 |
| Re-Elect Nancy Johnston To Congress<br>4451 Brookfield Corporate Dr. #200<br>Chantilly, VA 20151   | Rep Nancy Johnston<br>CT 6th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 9/19/00                 | 1500.00                                 |

SUBTOTAL of Disbursements This Page (optional) ..... 10,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **7** OF **13**  
FOR LINE NUMBER **23**

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

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

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| <b>Kildee For Congress</b><br>PO Box 2884<br>Washington, DC 20013                            | Rep Dale Kildee<br>MI 9th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 9/19/00                 | 1500.00                                 |
| <b>Friends Of Jerry Kleczka</b><br>4200 Christine Place<br>Alexandria, VA 22311              | Rep Jerry Kleczka<br>4th Dist WI<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 9/19/00                 | 1000.00                                 |
| <b>Lacolline Restaurant</b><br>400 North Capital Street NW Suite 175<br>Washington, DC 20001 | In Kind/ Rep VioSnyder<br>OH 2nd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 9/19/00                 | 221.00                                  |
| <b>Trent Lott For Mississippi</b><br>900 Second Street, NE #114<br>Washington, DC 20002      | Sen Trent Lott/ MS<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                    | 9/19/00                 | 2000.00                                 |
| <b>Luther For Congress</b><br>1399 Gemava Ave. North<br>Suite 202<br>Oakdale, MN 55128       | Rep Bill Luther<br>MN 6th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 9/19/00                 | 500.00                                  |
| <b>friends of Carolyn McCarthy</b><br>38 Ivy Street, SE<br>Washington, Dc 20003              | Rep Carolyn McCarthy<br>NY 4th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/19/00                 | 1000.00                                 |
| <b>Nadler For Congress</b><br>18 East 16th Street #401<br>New York, NY 10003                 | Rep Jerrold Nadler<br>NY 8th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 9/19/00                 | 500.00                                  |
| <b>A Lot Of People For Dave Obey</b><br>PO Box 75214<br>Washington, Dc 20013-5214            | Rep Dave Obey<br>WI 7th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000          | 9/19/00                 | 1000.00                                 |
| <b>Pastor For Arizona Committee</b><br>PO Box 6554<br>Phoenix, AZ 85005                      | Rep Ed Pastor/ AZ 2nd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000            | 9/19/00                 | 1000.00                                 |

SUBTOTAL of Disbursements This Page (optional) ..... **8,721.00**

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 8 OF 13  
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Friends of John Peterson<br>The Nancy Bookor Co.<br>PO Box 1670<br>Arlington, VA 22210                                | Rep John Peterson<br>Pa 5th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 9/19/00                 | 1000.00                                 |
| Friends of Tim Roemer<br>PO Box 4400<br>South Bend, In 46634  | Rep Tim Roemer<br>IN 3rd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 9/19/00                 | 1500.00                                 |
| Friends of Clay Shaw<br>PO Box 2188<br>Fort Lauderdale, FL 33303  | Rep Clay Shaw FL<br>22nd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 9/19/00                 | 5000.00                                 |
| Friends of John Shimkus<br>PO Box 2776<br>Arlington, VA 22202   | Rep John Shimkus<br>IL 20th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 9/19/00                 | 1000.00                                 |
| Friends of Vic Snyder<br>PO Box 250998<br>Little Rock, AR 72225   | Rep Vic Snyder<br>AR 2nd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 9/19/00                 | 500.00                                  |
| Friends of Floyd Spence<br>PO Box 1475<br>Columbia, SC 29202  | Rep Floyd Spence<br>SC 2nd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/19/00                 | 1000.00                                 |
| Pete Stark Re-Election Committee<br>PO Box 75214<br>Washington, DC 20013  | Rep Pete Stark<br>CA 13th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000    | 9/19/00                 | 1000.00                                 |
| Friends of Bob Strickland<br>PO box 580<br>Lucasville, OH 45648   | Rep Bob Strickland<br>OH 6th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 9/19/00                 | 1000.00                                 |
| The Billy Tauzin Committee<br>C/O American Continental Group Inc<br>701 Pennsylvania, NW #250<br>Washington, DC 20004 | Rep Billy Tauzin/ 3rd<br>Dist<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 9/19/00                 | 1000.00                                 |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....   |  |                         | 13,000.00                               |
| <b>TOTAL</b> This Period (last page this line number only) .....  |  |                         |   |



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 13  
FOR LINE NUMBER 23

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

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

| A. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Tihart For Congress<br>4451 Brookfield Corp. Dr. #200<br>Chantilly, VA 20151  | Rep Todd Tihart<br>4th Dist KS<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                                 | 9/19/00                 | 500.00                                  |
| B. Full Name, Mailing Address and ZIP Code<br>Optown For All of US<br>4451 Brookfield Corp. Dr. Suite # 200<br>Chantilly, VA 20151    | Rep Fred Optown MI<br>6th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                                 | 9/19/00                 | 1000.00                                 |
| C. Full Name, Mailing Address and ZIP Code<br>Walsh For Congress Committee<br>4451 Brookfield Corp. Dr. #200<br>Chantilly, VA 20151   | Purpose of Disbursement<br>Rep James Walsh<br>NY 25th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 9/19/00                 | 1000.00                                 |
| D. Full Name, Mailing Address and ZIP Code<br>Gerald C 'Jerry' Weller For Congress<br>PO Box 15283<br>Washington, DC 20055            | Purpose of Disbursement<br>Rep Jerry Weller<br>IL 11th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000    | 9/19/00                 | 1000.00                                 |
| E. Full Name, Mailing Address and ZIP Code<br>Abercrombie For Congress<br>PO Box 2884<br>Washington, DC 20013                         | Purpose of Disbursement<br>Rep Neil Abercrombie<br>HI 1st Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 9/28/00                 | 1000.00                                 |
| F. Full Name, Mailing Address and ZIP Code<br>Dick Arney Campaign Committee<br>PO Box 85<br>Lewisville, TX 75067                      | Purpose of Disbursement<br>Rep Richard Arney<br>TX 26th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/28/00                 | 1000.00                                 |
| G. Full Name, Mailing Address and ZIP Code<br>Barr For Congress<br>PO Box 4323<br>Marietta, GA 30061                                  | Purpose of Disbursement<br>Rep Bob Barr<br>7th Dist GA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000         | 9/28/00                 | 500.00                                  |
| H. Full Name, Mailing Address and ZIP Code<br>Becerra For Congress<br>PO Box 261010<br>Los Angeles, CA 90026                          | Purpose of Disbursement<br>Rep Xavier Becerra<br>CA 30th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 9/28/00                 | 500.00                                  |
| I. Full Name, Mailing Address and ZIP Code<br>Sanford Bishop For Congress Committee<br>436 New Jersey Ave, SE<br>Washington, DC 20003 | Purpose of Disbursement<br>Rep Sanford Bishop<br>GA 2nd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/28/00                 | 1000.00                                 |

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

7,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 10 OF 13  
FOR LINE NUMBER 23

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

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

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Friends of Sherwood Boehlert Committee<br>PO Box 1670<br>Arlington, VA 22210   | Rep Sherwood Boehlert<br>23rd Dist NY<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) 2000 | 9/28/00                 | 1000.00                                 |
| Friends of Conrad Burns<br>PO Box 70347<br>Washington, Dc  | Sen Conrad Burns/ MT<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) 2000                  | 9/28/00                 | 2000.00                                 |
| Friends of Lois Gapps<br>38 Ivy Street, SE<br>Washington, Dc 20003   | Rep Lois Capp<br>CA 22nd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) 2000         | 9/28/00                 | 1000.00                                 |
| Crane For Congress<br>Po Box 2776<br>Arlington, VA 22202   | Rep Phillip Crane<br>11 5th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) 2000      | 9/28/00                 | 2000.00                                 |
| Dooley For Congress Committee<br>Dooley For Congress Committee<br>300 North Lee Street Suite 500<br>Alexandria, VA 22314 | Rep. Calvin Dooley<br>CA 20th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) 2000    | 9/28/00                 | 2000.00                                 |
| People For English<br>PO Box 1940<br>Erie, PA 16507  | Rep Phil English<br>21st dist PA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) 2000      | 9/28/00                 | 1000.00                                 |
| Eshoo For Congress<br>555 Bryant Street<br>Box 335<br>Palo Alto, CA 94301  | Rep Anna Eshoo<br>CA 14th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) 2000        | 9/28/00                 | 1000.00                                 |
| The Jefferson Committee<br>PO Box 77137<br>Washington, DC 20013  | William Jefferson<br>2nd Dist LA<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) 2000      | 9/28/00                 | 1500.00                                 |
| Jeffords For Vermont<br>507 Capitol Court, NE<br>Suite 100<br>Washington, Dc 20002                                       | Sen Jim Jeffords/ VT<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) 2000                  | 9/28/00                 | 2000.00                                 |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....  |   |                         | 13,500.00                               |
| <b>TOTAL</b> This Period (last page this line number only) .....   |   |                         |   |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 11 OF 13  
FOR LINE NUMBER 25

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

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

| A. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Re-Elect Nancy Johnston To Congress<br>4451 Brookfield Corp. Dr. #200<br>Chantilly, VA 22051                                      | Rep. Nancy Johnston<br>CT 6th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 9/28/00                 | 500.00                                  |
| Sue Kelly For Congress<br>Po Box 16021<br>Alexandria, VA 22303  | Rep. Sue Keely<br>NY 19th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 9/28/00                 | 1000.00                                 |
| Kolbe 2000 Committee<br>PO Box 23543<br>Alexandria, VA 22304  | Rep Jim Kolbe<br>AZ 5th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 9/28/00                 | 1500.00                                 |
| Friends of John LaFalce<br>38 Ivy Street, SE<br>Washington, DC 20003  | Rep Hohn LaFalce<br>NY 29th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000    | 9/28/00                 | 500.00                                  |
| Mascara For Congress<br>PO Box 75214<br>Washington, DC 20013  | Rep Frank Mascara PA<br>20th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/28/00                 | 500.00                                  |
| Mike McIntyre For Congress<br>Po Box 1<br>Lumberton, NC   | Rep Mike McIntyre<br>NC Dist C<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 9/28/00                 | 500.00                                  |
| G. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |                         |   |
| H. Full Name, Mailing Address and ZIP Code<br>Mendez For Congress, Inc<br>PO Box 848<br>Union City, NJ 07087                      | Rep Robert Menendez<br>NJ 13th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 9/28/00                 | 500.00                                  |
| I. Full Name, Mailing Address and ZIP Code<br>Friends of Connie Morella<br>7101 Wisconsin Ave.<br>Suite 102<br>Bethesda, MD 20814 | Rep Connie Morella<br>8th Dist MD<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/28/00                 | 1000.00                                 |

SUBTOTAL of Disbursements This Page (optional) ..... 6,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 12 OF 13  
FOR LINE NUMBER 23

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

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

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Richard E. Neal for Congress Committee<br>PO Box 2884<br>Washington, DC 20515  | Rep Richard Neal<br>MA 2nd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/28/00                 | 1000.00                                 |
| B. Full Name, Mailing Address and ZIP Code<br>Bob Ney For Congress<br>PO Box 490<br>St. Clairsville, OH 43950  | Rep Bob Ney<br>OH 18th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000       | 9/28/00                 | 2000.00                                 |
| C. Full Name, Mailing Address and ZIP Code<br>Norwood For Congress<br>PO Box 499<br>Evans, GA 30809  | Rep Charles Norwood<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000               | 9/28/00                 | 500.00                                  |
| D. Full Name, Mailing Address and ZIP Code<br>Citizens For Tom Petri<br>4451 Brookfield Corporate Dr. #200<br>Chantilly, VA 20151                        | Rep Thomas Petri<br>WI 6th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/28/00                 | 1000.00                                 |
| E. Full Name, Mailing Address and ZIP Code<br>Earl Pomeroy For Congress<br>Po Box 75214<br>Washington, Dc 20013  | Rep Earl Pomeroy/ND<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000               | 9/28/00                 | 1000.00                                 |
| F. Full Name, Mailing Address and ZIP Code<br>Tom Sawyer Committee<br>PO Box 75214<br>Washington, Dc 20013-5214  | Rep Thomas Sawyer<br>OH 14th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 9/28/00                 | 1000.00                                 |
| G. Full Name, Mailing Address and ZIP Code<br>Serrano For Congress<br>421 New Jersey Ave. SE<br>Washington, Dc 20003                                     | Rep Jose Serrano<br>NY 16th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 9/28/00                 | 1000.00                                 |
| H. Full Name, Mailing Address and ZIP Code<br>Shadegg For Congress<br>C/O Epiphany Productions<br>2016 Mt. Vernon Ave. 3rd Floor<br>Alexandria, VA 22301 | Rep John Shadegg<br>4th Dist AZ<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/28/00                 | 1000.00                                 |
| I. Full Name, Mailing Address and ZIP Code<br>Friends Of Ronnie Shows<br>499 S. Capital St, SW<br>Washington, Dc 20003                                   | Rep Ronnie Shows<br>MS 4th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/28/00                 | 2000.00                                 |

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

10,500.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 13 OF 13  
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (in Full)

National Emergency Medicine Political Action Committee of the American College of Emergency Physicians

| A. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Ellen Tauscher For Congress<br>503 Capitol Courte NE<br>Suite 100<br>Washington, DC 20002 | Rep Ellen Tauscher<br>CA 10th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 9/28/00                 | 2000.00                                 |
| Udall For Congress<br>C/O Lori LaFave<br>6282 Ocoquon Forest Drive<br>Manassas, VA 20112  | Rep mark Udall CO 2nd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000         | 9/28/00                 | 2000.00                                 |
| Ews Watkins For Congress<br>PO Box W<br>Stillwater, OK 74076                              | Rep Wes Watkins<br>OK 3rd Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 9/28/00                 | 1000.00                                 |
| Friends of Dave Weldon<br>PO Box 16021<br>Alexandria, VA 22302                            | Rep David Weldon<br>15th Dist FL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 9/28/00                 | 500.00                                  |
| Wexler For Congress<br>499 S. Capitol Street, SW<br>Suite 603<br>Washington, DC 20003     | Rep Robert Wexler<br>FL 19th Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 9/28/00                 | 500.00                                  |
| david Wu For US Congress<br>818 SW Third Ave. #1182<br>Portland, OR 97204                 | Rep David WU<br>OR 1st Dist<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 9/28/00                 | 1000.00                                 |
|   |   |                         |   |
|   |   |                         |   |
|   |   |                         |   |
|   |   |                         |   |

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

7,000.00

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

119,218.12

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

|   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                      |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                       | POSTMARKED (R/C)<br>10/17/00         |
| <input type="checkbox"/> No Postmark  |                                      |
| <input type="checkbox"/> Postmark Illegible   |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| PREPARER  | DATE PREPARED                        |