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Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

NATIONAL ASSOCIATION OF PORTABLE X-RAY PROVIDERS POLITICAL ACTION COMMITTEE (NAP-XP-PAC)

ADDRESS (number and street) ▼ 2111 WILSON BOULEVARD SUITE 600

☐ Check if different than previously reported. (ACC)

ARLINGTON | VA | 22201 -

CITY ▲ STATE ▲ ZIPCODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00347658

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report(Q1)
- ☐ July 15 Quarterly Report(Q2)
- ☒ October 15 Quarterly Report(Q3)
- ☐ January 31 Quarterly Report(YE)
- ☐ July 31 Mid-Year Report(Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (M13)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12G)

Election on ☐ ☐ ☐ in the State of ☐

(d) 30-Day Post -Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ☐ ☐ ☐ in the State of ☐

5. Covering Period 07 01 2000 through 09 30 2000

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 Kenneth A. Harris

Signature of Treasurer

Date

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

Office Use Only

FEC FORM 3X (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name
NATIONAL ASSOCIATION OF PORTABLE X-RAY PROVIDERS POLITICAL ACTION COMMITTEE (NAP-XP-PAC)

Report Covering the Period: From 07 01 2000 To: 09 30 2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2000		8410.00
(b) Cash on Hand at Begining of Reporting Period	7546.72	
(c) Total Receipts (from Line 19)	11500.00	11750.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19046.72	20160.00
7. Total Disbursements (from Line 30)	12500.00	13613.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6546.72	6546.72
9 Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-420-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

NATIONAL ASSOCIATION OF PORTABLE X-RAY PROVIDERS POLITICAL ACTION COMMITTEE (NAP-XP-PAC)

Report Covering the Period: From: 07 01 2000 To: 09 30 2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1500.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	1500.00	1750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) [Carry Totals to Line 32, page 4) ▶	1500.00	1750.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	10000.00	10000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	11500.00	11750.00
20. Total Federal Receipts (subtract Line 16 from Line 19) ▶	11500.00	11750.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	113.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	113.28
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	12500.00	13500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	12500.00	13613.28
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	12500.00	13613.28

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	1500.00	1750.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	1500.00	1750.00
35. Total Federal Operating Expenditures (add Line 21(a)(ii) and Line 21(b)) ▶	0.00	113.28
36. Offsets to Operating Expenditures (from Line 15, page 3)	10000.00	10000.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	-10000.00	-9886.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5/7

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PORTABLE X-RAY PROVIDERS POLITICAL ACTION COMMITTEE (NAP-XP-PAC)

A.
Full Name (Last, First, Middle Initial)
Mr. Kenneth Andrews

Mailing Address
6400 Collamer Rd.

City: East Syracuse
State: NY
Zip Code: 13057

FEC ID number of contributing federal political committee.

Name of Employer
K&A Services

Occupation
Portable X-Ray Provider

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify)

Aggregate Year-to-Date
1500.00

Date of Receipt
09 / 01 / 2000

Amount of Each Receipt this Period
1500.00

Transaction ID: SA11A1.4131

B.

C.

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only) 1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 7

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PORTABLE X-RAY PROVIDERS POLITICAL ACTION COMMITTEE (NAP-XP-PAC)

A.
Full Name (Last, First, Middle Initial): National Association of Portable
Mailing Address: X-Ray Providers 1333 Village Dr.
City: St. Joseph State: MO Zip Code: 64506
FEC ID number of contributing federal political committee:
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 10000.00
Date of Receipt: 07 / 25 / 2000
Amount of Each Receipt this Period: 10000.00
Expenditure Reimbursement
Transaction ID: SA15.4129

B.

C.

SUBTOTAL of Receipts This Page (optional) 10000.00

TOTAL This Period (last page this line number only) 10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE 7/7

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PORTABLE X-RAY PROVIDERS POLITICAL ACTION COMMITTEE (NAP-XP-PAC)

A. Full Name (Last, First, Middle Initial)
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address
430 SOUTH CAPITOL STREET, SE

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement: 07 / 28 / 2000

Amount of Each Disbursement this Period: 2500.00

Transaction ID: SB23 4133

B. Full Name (Last, First, Middle Initial)
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address
430 SOUTH CAPITOL STREET, SE

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement: 07 / 28 / 2000

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4135

C. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address
425 SECOND STREET NE

City: WASHINGTON State: DC Zip Code: 20002

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement: 07 / 30 / 2000

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4136

SUBTOTAL of Receipts This Page (optional) ▶ 12500.00

TOTAL This Period (last page this line number only) ▶ 12500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 1-30-02
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMD
PREPARER

1-30-02
DATE PREPARED

(6/2000)