REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION
Oct 31 11 28 AM '00
DON'T YET ✓ AVE

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
ALLIED NURSES AND DOCTORS OF PENNSYLVANIA

ADDRESS (number and street) ☐ Check if different than previously reported
2105 KEATS WAY

CITY, STATE and ZIP CODE
INDIANA PA 15701

2. FEC IDENTIFICATION NUMBER

3. ☐ 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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☑ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-29-00 through 11-07-00 (Avg Run)		$ 0
6. (a) Cash on Hand January 1, 19__		
(b) Cash on Hand at Beginning of Reporting Period	$ 0	
(c) Total Receipts (from Line 19)	$ 4528	$ 4528
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4528	$ 4528
7. Total Disbursements (from Line 30)	$ 4420	$ 4420
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 108	$ 108
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
THOMAS C. TREVORROW, M.D.

Signature of Treasurer
[signature]

Date
10-28-00

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM TO:

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	4525	4525
ii. Unitemized	3	3
iii. Total (add i and ii) ➤	4528	4528
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	4528	4528
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4528	4528
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4528	4528
II. Disbursements	all federal	all federal
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	4420	4420
b. Other Federal Operating Expenditures	4420	4420
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	4420	4420
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	4420	4420
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4420	4420
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4528	4528
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	4528	4528
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	4420	4420
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	4420	4420

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

PAGE 2 OF 3X

FOR LINE NUMBER A1

SCHEDULE A

ITEMIZED RECEIPTS

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): ALLIED NURSES AND DOCTORS OF PENNSYLVANIA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. THOMAS C. TREVERROW MD 2105 KEATS WAY INDIANA, PA 15701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Occupation: OPHTHALMOLOGIST Aggregate Year-to-Date $ 4525	10-07-00 10-17-00 10-22-00 10-25-00 [illegible]	25.00 60.00 500.00 3900.00 40.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SCHEDULE B

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page 1 of 1 Pages

Name of Committee (in Full): ALLIED NURSES AND DOCTORS OF A DEMASTAVANIA

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
TRIBUNE - DEMOCRAT NEWSPAPER JOHNSTOWN, PA	NEWSPAPER AD	10-29-00 TO 11-07-00	$ 470.16	V.P. GORE ☐ Support ☑ Oppose
PITTSBURGH POST-GAZETTE PITTSBURGH PA	NEWSPAPER AD	10-29-00 & 11-05-00	$ 3858.14	V.P. GORE ☐ Support ☑ Oppose
DEPT OF STATE OF PA HARRISBURG, PA	FILING OF NAME OF ORGANIZATION	10 17 00	$52.00	V.P. GORE ☐ Support ☑ Oppose
MISCELLANEOUS	MOVIES, FAXES POSTAGE, NOTARY		$40.00	V.P. GORE ☐ Support ☑ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ 4420

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ 0

(c) TOTAL Independent Expenditures ..... 4420 $ 4420

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature: [signature] Date: 10-28-00

Subscribed and sworn to before me this 28th day of October 19 2000

My Commission expires: 4-26-04

NOTARY PUBLIC

Notarial Seal
Jodi Lynn Miller, Notary Public
White Twp., Indiana County
My Commission Expires Apr. 26, 2004

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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 10-28-02
☐	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

10-31-02
DATE PREPARED

(6/2000)