

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 5
01/22/1999 16 : 40

1. NAME OF COMMITTEE (in full) American Association for Respiratory Care Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 11030 Ables Lane	2. FEC IDENTIFICATION NUMBER C00150201
CITY, STATE, and ZIP CODE Dallas TX 75220	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report Twelfth day report preceding _____
(election type)
- July 31 Mid-Year Report (Non-election Year Only) election on _____ In the State of _____
- Termination report on _____ In the State of _____
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/24/1998</u> through <u>12/31/1998</u>		
6. (a) Cash on Hand, January 1, <u>1998</u>		66426.89
(b) Cash on Hand at Beginning of Reporting Period	67910.38	
(c) Total Receipts (from line 19)	1515.33	11484.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69225.71	77913.59
7. Total Disbursements (from line 30)	113.05	8800.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69112.65	69112.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 Electronically Filed by Mr. Robert McCarthy	
Signature of Treasurer	Date 01/22/1999

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE American Association for Respiratory Care Political Action Committee	REPORT COVERING PERIOD FROM 11/24/1998 TO: 12/31/1998	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	0.00	0.00
ii. Unitemized	425.50	8088.00
iii. Total	425.50	8088.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions	425.50	8088.00
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.)	504.70	758.87
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	385.13	2637.73
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts	1315.33	11484.70
20. Total Federal Receipts	1315.33	11484.70
II. Disbursements		
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	113.06	2050.94
c. Total Operating Expenditures	113.06	2050.94
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	8750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. 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 Contributions Refunds	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements	113.06	8800.94
31. Total Federal Disbursements	113.06	8800.94
III. Net Contributions / Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	425.50	8088.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	425.50	8088.00
35. Total Federal Operating Expenditures	113.06	2050.94
36. Offsets to Operating Expenditures (from line 15)	504.70	758.97
37. Net Operating Expenditures	-391.64	1291.97

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 5
			FOR LINE NUMBER 15
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) American Association for Respiratory Care Poli			
Full Name, Mailing Address, and ZIP Code AARC 11030 ABLES lane DALLAS TX 75220	Name of Employer Occupation	Date (month, day, year) 12/31/1988	Amount of Each Receipt This Period 504.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 672.21		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			504.70

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 5
			FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) American Association for Respiratory Care Poli			
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282	Name of Employer Occupation	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 385.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date 5 1279.48		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			385.13

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5
			FOR LINE NUMBER 21B
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NAME OF COMMITTEE (In Full) American Association for Respiratory Care Poli			
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/31/1998	Amount of Each Disbursement This Period 63.06
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			63.06