REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
National Association of Portable X-Ray Providers

ADDRESS (number and street) ☐ Check if different than previously reported
2111 Wilson Boulevard. Suite 600
2111 Wilson Boulevard. Suite 600

2. FEC IDENTIFICATION NUMBER
C00347656

CITY, STATE, and ZIP CODE
Arlington VA 22201-

3. ☐ This committee has qualified as a multi-candidate 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 _____ (election type)
election on 11/07/2000 in the State of VA

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

(b) Is this Report an Amendment ☐ YES ☒ NO

SUMMARY 5. Covering Period 07/01/2000 through 09/30/2000	**COLUMN A** **This Period**	**COLUMN B** **Calendar Year-to-Date**
6. (a) Cash on Hand, January 1, 2000		8680.00
(b) Cash on Hand at Beginning of Reporting Period	8680.00	
(c) Total Receipts (from line 19)	11500.00	11500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20180.00	20180.00
7. Total Disbursements (from line 30)	12500.00	12500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7680.00	7680.00
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	

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
Electronically Filed by Kenneth Harris

Signature of Treasurer

Date
10/12/2000

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 9/98)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X) (revised 1/1/91)

NAME OF COMMITTEE
National Association of Portable X-Ray Providers

REPORT COVERING PERIOD
FROM 07/01/2000 TO: 09/30/2000

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)	1500.00	1500.00	11.a.i.
ii. Unitemized	0.00	0.00	11.a.ii.
iii. Total (add i and ii)»	1500.00	1500.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)»	1500.00	1500.00	11.d.
12. Transfers From Affiliated/Other Party Committees	10000.00	10000.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	11500.00	11500.00	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	11500.00	11500.00	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	12500.00	12500.00	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	12500.00	12500.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)»	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	12500.00	12500.00	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	12500.00	12500.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	1500.00	1500.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	1500.00	1500.00	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	12500.00	12500.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	12500.00	12500.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 6 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 Association of Portable X-Ray Providers

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Andrews K & A Services 6400 Collamer Road East Syracuse NY 13057-	K & A Services	09/01/2000	1500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation Portable Xray Services		
	Aggregate Year-to-Date > 5 1500.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**1500.00**

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 6 FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)
National Association of Portable X-Ray Providers

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l Assoc. of Portable Xray Providers	NAPXP	07/26/2000	10000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation Xray Providers		
	Aggregate Year-to-Date > 5 10000.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**10000.00**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 6 FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)
National Association of Portable X-Ray Providers

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kenneth Harris Advanced Imaging Services P.O. Box 380552 San Antonio TX 78268-	Operating Expenditure Contribution - DSC Disbursement for: ☐ Primary ☐ General ☐ Other (specify) :	07/28/2000	2500.00
Kenneth Harris Advanced Imaging Services P.O. Box 380552 San Antonio TX 78268-	Operating Expenditure Contribution - DSC Disbursement for: ☐ Primary ☐ General ☐ Other (specify) :	07/28/2000	5000.00
Kenneth Harris Advanced Imaging Services P.O. Box 380552 San Antonio TX 78268-	Operating Expenditure Contribution - RSC Disbursement for: ☐ Primary ☐ General ☐ Other (specify) :	07/30/2000	5000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**12500.00**

SCHEDULE H1
(revised 5/93)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE (in Full)
National Association of Portable X-Ray Providers

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX) ..... 65.00 %

☐ PRESIDENTIAL YEAR (65%)
☐ ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ **MINIMUM FEDERAL PERCENTAGE** (65%) (IF CHECKED, ENTER % IN BOX) ..... 00.00 %

OR

☐ **FUNDS EXPENDED :**

ESTIMATED DIRECT CANDIDATE SUPPORT - FEDERAL ..... 00.00 %
ESTIMATED DIRECT CANDIDATE SUPPORT - NON-FEDERAL ..... 00.00 %

ADJUSTMENTS TO FUNDS EXPENDED:
ACTUAL DIRECT CANDIDATE SUPPORT - FEDERAL ..... $ 0.00 ..... 00.00 %
ACTUAL DIRECT CANDIDATE SUPPORT - NON-FEDERAL ..... $ 0.00

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED :

ESTIMATED DIRECT CANDIDATE SUPPORT - FEDERAL ..... 00.00 %
ESTIMATED DIRECT CANDIDATE SUPPORT - NON-FEDERAL ..... 00.00 %

ADJUSTMENTS TO FUNDS EXPENDED:
ACTUAL DIRECT CANDIDATE SUPPORT - FEDERAL ..... $ 0.00 ..... 00.00 %
ACTUAL DIRECT CANDIDATE SUPPORT - NON-FEDERAL ..... $ 0.00

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

				POINTS
1.	PRESIDENT	(1 point)	.....	0
2.	U.S. SENATE	(1 point)	.....	0
3.	U.S. CONGRESS	(1 point)	.....	0
4.	SUBTOTAL (FEDERAL) (1 + 2 + 3)		.....	0
5.	GOVERNOR	(1 point)	.....	0
6.	OTHER STATEWIDE OFFICE(S)	(1 or 2 points)	.....	0
7.	STATE SENATE	(1 point)	.....	0
8.	STATE REPRESENTATIVE	(1 point)	.....	0
9.	LOCAL CANDIDATES	(1 or 2 points)	.....	0
10.	EXTRA NON-FEDERAL POINT	(1 point)	.....	0
11.	SUBTOTAL (NON-FEDERAL) (5 + 6 + 7 + 8 + 9 + 10)		.....	0
12.	TOTAL POINTS (4 + 11)		.....	0

FEDERAL ALLOCATION ([(4) / (12)] x 100) ..... %