REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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2000 OCT -6 P 1:15

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Hawaii Medical Service Association Employees' Committees for Quality Health Care

ADDRESS (number and street) ☐ Check if different than previously reported
818 Keeaumoku Street

CITY, STATE and ZIP CODE
Honolulu, HI 96814

2. FEC IDENTIFICATION NUMBER
C00321992

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

☐ 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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/00 through 09/30/00		
6. (a) Cash on Hand January 1, 19XX 2000		$ 7,936.28
(b) Cash on Hand at Beginning of Reporting Period	$ 8,548.03	
(c) Total Receipts (from Line 19)	$ 30.00	$ 10,736.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 8,578.03	$ 18,673.02
7. Total Disbursements (from Line 30)	$ 1,650.00	$ 11,744.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6,928.03	$ 6,928.03
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 202-694-1100

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
Steve Van Lier Ribbink

Signature of Treasurer

Date 9-28-00

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)