22037791348

HEALTH CHOICE PAC

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 OCT 20 P 1:11

September 2, 2002

Mr. John D Gibson
Assistant Staff Director
Reports Analysis Division
Federal Elections Commission
999 E Street, NW
Room 709
Washington, DC

Dear Sir:

I arrived home this weekend from an extended family vacation overseas to find your mailgram dated August 2, 2002.

I was completely shocked – as I had left the report with my assistant – with clear instructions that it be mailed in time for timely delivery.

However much to my chagrin I found out that I had placed the report with the mailing instructions in my "To Be Filed" folder rather than my "To Do" folder – and so it simply was left until she could get to it after her vacation.

I recognize that timely filing of reports is a serios matter. Health Choice PAC is currently fairly inactive – we expect only a few contributions or disbursements in this next period – and will make a timely filing.

Sincerely,

Sand Cutler
Treasurer

P.O.BOX 802 • LANGLEY, WA • 98260
PHONE: 360-221-8574

22037791349

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 OCT 20 P 1:11

Office Use Only

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. — 12FE4M5

HEALTH CHOICE PAC

ADDRESS (number and street) ▼ POST OFFICE BOX 802

☐ Check if different than previously reported (ACC)

CITY ▲ LANGLEY STATE ▲ WA ZIP CODE ▲ 98260-

2. FEC IDENTIFICATION NUMBER ▼ C

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 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

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

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

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 04 / 01 / 2002 through 06 / 30 / 2002

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 SANDI CUTLER

Signature of Treasurer _____ Date 07 / 13 / 2002

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 1/01)

22037791350

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 5X (Revised 1/01)

Write or Type Committee Name

HEALTH CHOICE PAC

Report Covering the Period: From: 04 01 2002 To: 06 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, -0-		-0-
(b) Cash on Hand at Beginning of Reporting Period	-0-	
(c) Total Receipts (from Line 19)	6700.00	6700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6700.00	6700.00
7. Total Disbursements (from Line 30)	3141.37	3141.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3559.43	3559.43
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-	

☐ 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 800-424-9530
Local 202-694-1100

22037791351

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

HEALTH CHOICE PAC

Report Covering the Period: From: 04 01 2002 To: 06 30 2002

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)	6200.00	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	6700.00	6700.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	500.00	500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	6700.00	6700.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	.80	.80
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	6700.80	6700.80
20. Total Federal Receipts (subtract Line 19 from Line 19) ▶	6700.80	6700.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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	213132	213132
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	100000	100000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements	1005	1005
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	314137	314137
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	314137	314137

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	6700 00	6700 00
33. Total Contribution Refunds (from Line 28(d))	-0-	-0-
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	670000	6700 00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	314137	314137
36. Offsets to Operating Expenditures (from Line 15, page 3)	-0-	-0-
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	355863	355863

22037791353

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE OF
☐ 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)

A.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

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

22037791354

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate 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 OF

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): Heath Choice PAC

A.

Full Name (Last, First, Middle Initial): Inglewood Golf Club

Mailing Address: Box 82076

City: Kenmore State: WA Zip Code: 98028

Purpose of Disbursement: Fundraiser Syrmses

Candidate Name: —

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

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

Date of Disbursement: 04 02

Amount of Each Disbursement this Period: 213132

B.

Full Name (Last, First, Middle Initial): Harkin for Senate

Mailing Address: 926 C Street WA

City: WASHINGTON State: DC Zip Code:

Purpose of Disbursement: Contribution

Candidate Name: Senator Tom HARKIN

Category/Type:

Office Sought: ☐ House ☒ Senate ☐ President

State: District:

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

Date of Disbursement: 05 01 2002

Amount of Each Disbursement this Period: 1000 00

C.

Full Name (Last, First, Middle Initial): US BANK

Mailing Address: 2nd + Anthes

City: Langley WA State: 98260 Zip Code:

Purpose of Disbursement: BANK ACCT. FEES

Candidate Name: —

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

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

Date of Disbursement: 05 17 2002

Amount of Each Disbursement this Period: 10 05

SUBTOTAL of Disbursements This Page (optional) ▶ 3141 37

TOTAL This Period (last page this line number only) ▶ 3141 37

FEC Schedule B (Form 3X) (Revised 1/01)

22037791355

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:
- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan | Cumulative Payments To Date | Balance Outstanding at Close of This Period

TERMS Date Incurred | Date Due | Interest Rate % (a/v) | Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

22037791356

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for Information found on Page _____ of Schedule C

NAME OF COMMITTEE (in Full)

FEC IDENTIFICATION NUMBER
C

LENDING INSTITUTION (LENDER)
Full Name

Amount of Loan

Interest Rate (APR) %

Mailing Address

City State Zip Code

Date Incurred or Established

Date Due

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred

B. If line of credit,
Amount of this Draw:

Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify:

What is the value of this collateral?

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B).

Date account established:

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature

DATE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature

Title

DATE

22037791357

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (in Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

2) **TOTALS** This Period (last page this line number only) ..... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ▶

4) **ADD** 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER ▼ C

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/ Type

Name of Federal Candidate supported or opposed by expenditure:

Office Sought: House Senate Presidential

State: District:

Check One: Support Oppose

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/ Type

Name of Federal Candidate supported or opposed by expenditure:

Office Sought: House Senate Presidential

State: District:

Check One: Support Oppose

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/ Type

Name of Federal Candidate supported or opposed by expenditure:

Office Sought: House Senate Presidential

State: District:

Check One: Support Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ▶

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶

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.

Subscribed and sworn to before me this day of

My Commission expires:

Signature

Date

NOTARY PUBLIC

22037791359

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)

Has your committee been designated to make coordinated expenditures by a political party committee?
☐ YES ☐ NO
If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date

Amount

SUBTOTAL of Expenditures This Page (optional) ▶

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

SCHEDULE H1 (FEC Form 3X)

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

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTON

A. NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right) ..... %

☐ Presidential Year (65%)

☐ All Other Years (60)%

B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ **MINIMUM FEDERAL PERCENTAGE** (65%) (If checked, enter 65% in box to right) ..... %

OR

☐ **FUNDS EXPENDED:**

- Estimated Direct Candidate Support – Federal ..... %
- Estimated Direct Candidate Support – Non-Federal ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support – Federal .....

Actual Direct Candidate Support – Non-Federal .....

..... %

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

C. SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- Estimated Direct Candidate Support – Federal ..... %
- Estimated Direct Candidate Support – Non-Federal ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support – Federal .....

Actual Direct Candidate Support – Non-Federal .....

..... %

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

			NUMBER OF POINTS
1. President	☐	(1 Point)	
2. U.S. Senate	☐	(1 Point)	
3. U.S. Congress	☐	(1 Point)	
4. SUBTOTAL – Federal (ADD 1, 2, AND 3)			
5. Governor	☐	(1 Point)	
6. Other Statewide Office(s)	☐	(1 or 2 Points)	
7. State Senate	☐	(1 Point)	
8. State Representative	☐	(1 Point)	
9. Local Candidates	☐	(1 or 2 Points)	
10. Extra Non-Federal Point	☐	(1 Point)	
11. SUBTOTAL – Non-Federal (Add 5, 6, 7, 8, 9, and 10)			
12. TOTAL POINTS (Line 4 plus Line 11)			

FEDERAL ALLOCATION = Line 4 divided by Line 12 ..... %

22037791361

SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%

22037791362

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE OF
FOR LINE 16 OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive .....

ii) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct Fundraising ..

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For
Exempt Activity/Direct Candidate Support .....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount) .....

TOTAL This Period (Direct Fundraising Amount) .....

TOTAL This Period (Exempt Activity/Direct Candidate Support) .....

TOTAL This Period (Total Amount Transferred) .....

22037791363

DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose/Event:

Description:

Category/Type

Type of Allocated Activity:
- Admin./Voter Drive
- Exempt
- Fundraising
- Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose/Event:

Description:

Category/Type

Type of Allocated Activity:
- Admin./Voter Drive
- Exempt
- Fundraising
- Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose/Event:

Description:

Category/Type

Type of Allocated Activity:
- Admin./Voter Drive
- Exempt
- Fundraising
- Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))

FEDERAL SHARE

NON-FEDERAL SHARE

TOTAL AMOUNT

TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)

SCHEDULE I (FEC Form 3X)
AGGREGATION PAGE
NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

Coverage Period
From: __ / __ / ____ To: __ / __ / ____

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
RECEIPTS (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of $200 During the Calendar Year)		
1. TOTAL RECEIPTS:		
DISBURSEMENTS: (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of $200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses		
3. Transfers to State/Local Party Organizations		
4. Direct State/Local Candidate Support		
5. Other Disbursements		
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)		
SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
8. RECEIPTS (from Line 1)		
9. SUBTOTAL		
10. DISBURSEMENTS (from Line 6)		
11. ENDING CASH ON HAND		

Alan Gaby 125 NE 61st Street Seattle, WA 98115	Bastyr University 14500 Juanita DR Kenmore, WA	April 2, 2002	$100.00
Amanda Meisel 7732 16th Ave NE Seattle, WA 98115	self employed	April 2, 2002	$50.00
Barbara Grigsby 7213 33rd Ave SE Lacey, WA 98503	self employed	April 2, 2002	$25.00
Cathy Rogers 6870 Chico Way NW Bremerton, WA 98312	self employed	April 2, 2002	$50.00
Christopher G Huson 126 10th Ave E Seattle, WA 98102		April 2, 2002	$50.00
Christy Lee Engel 9410 44th Place NE Seattle, WA 98115	Bastyr University	April 2, 2002	$100.00
Cynthia Phillips 5415 S Hudson Seattle, WA 98118	self employed	April 2, 2002	$250.00
Cynthia Zehnder 1703 Susan Ct SE Olympia, WA 98501		April 2, 2002	$50.00
Danielle Devine 2215 NW Irving St Portland, OR 97210	self employed	April 2, 2002	$100.00
David Matteson 830 Northstream Lane Edmonds, WA 98020	Bastyr University	April 2, 2002	$500.00
Dennis LaMaster PO Box 22835 Seattle, WA 98122	self employed	April 2, 2002	$50.00
Diana Kincaid 2811 NW 59th Street Seattle, WA 98107	self employed	April 2, 2002	$50.00

Diana Thompson 6720 14th Ave SW Seattle, WA 98106	self employed	April 2, 2002	$100.00
Emma Bezy 819 NE 102nd St Seattle, WA 98125	Bastyr University	April 2, 2002	$50.00
Gowsala Sivam 922 Hindley Lane Edmonds, WA 98020	Bastyr University	April 2, 2002	$50.00
Joanne Meyers Ciecko 2807 32nd Ave S Seattle, WA 98144	self employed	April 2, 2002	$300.00
Joanna Therese Forwell 4800 Phinney Ave #6 Seattle, WA 98103	self employed	April 2, 2002	$50.00
Joanne Kundrat 3465 Circleville Rd Unit 105 State College, PA 16803	self employed	April 2, 2002	$25.00
John Donald 75 N Dogwood St Ste 8 Issaquah, WA 98027	self employed	April 2, 2002	$50.00
Jose Berger 5624 Roosevelt Way NE Apt 202 Seattle, WA 98105	self employed	April 2, 2002	$50.00
Lisa Alschuler 7120 26th Ave NW Seattle, WA 98117	Bastyr University	April 2, 2002	$50.00
Lizbeth Anne Adams 9233 49th Ave NE Seattle, WA 98115	Bastyr University	April 2, 2002	$50.00
Maggi Fimia 729 N 143th Street Seattle, WA 98133		April 2, 2002	$50.00
Mary McGann 22911 102nd Place West Edmonds, WA 98020	self employed	April 2, 2002	$50.00

Marybeth Bemey 209 E 4th #210 Olympia, WA 98501		April 2, 2002	$50.00
Melanie Stewart 416 S 4th Ave Tumwater, WA 98512	self employed	April 2, 2002	$20.00
Michelle Minch 27082 Burkes Lane Kingston, WA 98346		April 2, 2002	$75.00
Priscilla Hake Lauris 507 5th Ave West Seattle, WA 98119		April 2, 2002	$50.00
Richard B Lyons 916 S 223rd St Des Moines, WA 98198		April 2, 2002	$100.00
Richard Block	self employed	April 2, 2002	$50.00
Richard Dent 6823 Shell Pl Edmonds, WA 98026	Bastyr University	April 2, 2002	$50.00
Robert Bost 1425 5th Ave N Apt 306 San Diego, WA 98109		April 2, 2002	$25.00
Sally Ringdahl 14500 Juanita Dr Kenmore, WA 98028	Bastyr University	April 2, 2002	$50.00
Steven Loyd 14030 12th Ave NE Seattle, WA 98125	self employed	April 2, 2002	$50.00
Susie Hayes 1318 121st Way Ste 100 Kirkland, WA 98034	self employed	April 2, 2002	$50.00
Teresa Allen 7320 NE 141 Place # F208 Bothell, WA 98011	self employed	April 2, 2002	$50.00
Thomas Patrick Keefe Jr 447 Wes 17th Ave Spokane, WA 99203		April 2, 2002	$100.00

Timothy Callahan 1428 21st Ave Seattle, WA 98122	Bastyr University	April 2, 2002	$50.00
W. Bruce Milliman 420 Ravenna Blvd Seattle, WA 98115	self employed	April 2, 2002	$100.00
Heather Berg 4250 W Lake Sammamish Pkwy #2059 Redmond, WA 98059	Berg Recruiting Naturally	April 2, 2002	$50.00
Marc VanDressche 12704 Mukilteo Speedway Ste C Mukilteo, WA 98275	Beverly Park Chiropractic	April 2, 2002	$100.00
Heida Brenneke 160 Roy Street Seattle, WA 98109	Brenneke School	April 2, 2002	$150.00
Brian Utting 900 Thomas St Ste 200 Seattle, WA 98109	Brian Utting School	April 2, 2002	$50.00
P Chen 14040 NE 8th Street #225 Bellevue, WA 98007	Chen's Accupuncture	April 2, 2002	$50.00
John Rasmussen 127 Avenue C Ste A Snohomish, WA 98290	Chiropractic Health Center	April 2, 2002	$50.00
Mark Kossian 127 Avenue C Ste A Snohomish, WA 98290	Chiropractic Health Center	April 2, 2002	$50.00
Sigrid Penrod 14777 NE 40th St, Suite 206 Bellevue, WA 98006	Clinic of Natural Medicine	April 2, 2002	$50.00
Francis Corbin 4608 NE 4th Street Renton, WA 98059	Corbin Chiropractic Clinic	April 2, 2002	$50.00
Timothy Day 2721 E Sprague Spokane, WA 99202	Day Clinic	April 2, 2002	$50.00

Loren Ernst 16714 Smoky Point Blvd Arlington, WA 98223	Ernst Chiropractic P.S.	April 2, 2002	$50.00
Patti Wagner 2203 Airport Way South Ste 450 Seattle, WA 98134	Eton Technical Institute	April 2, 2002	$100.00
Patricia Phillips 1900 S Puget Dr Ste 110 Renton, WA 98055	Get In Touch	April 2, 2002	$75.00
Ann Brittain 2212 Queen Anne Ave N #255 Seattle, WA 981109	Healthyself	April 2, 2002	$80.00
John Huber 19809 87th Ave S Renton, WA 98055	Highline Community College	April 2, 2002	$50.00
Jensen Thompson 31217 Pac Hwy S PMB 278 Federal Way, WA 98003	Massage On The Way	April 2, 2002	$50.00
David Gilbertson 16212 Bothell Everett Hwgy Ste E Mill Creek, WA 98012	Mill Creek Chiropractic Clinic	April 2, 2002	$50.00
Paul Reilly 3620 Sixth Ave Tacoma, WA 98406	Natural Healing Clinic	April 2, 2002	$500.00
Jennifer Booker 6326 Martin Way E Ste 205 Olympia, WA 98516	Natural Health Works	April 2, 2002	$100.00
Naturopaths of Washington PAC 19710 8th Ave SE Bothell, WA 98012		April 2, 2002	$500.00
Douglas Nordstrom 1818 Grove Street Marysville, WA 98270	Nordstrom Chiropractic	April 2, 2002	$50.00
Dennis Cozzocrea 4001 Summitview Ave #2E Yakima, WA 98908	Precision Spinal Care	April 2, 2002	$50.00
David Butters 5201 Martin Luther King Jr Way S Seattle, WA 98118	Rainer Valley Chiropractic	April 2, 2002	$100.00

Douglas Long 1833 Mariner Cir NE Tacoma, WA 98422	Renaissance Chiropractic	April 2, 2002	$50.00
4313 Evergreen Way Everett, WA 98203	Schmidt Family Chiropractic	April 2, 2002	$50.00
Sylvia Burns 5508 20th Ave NE Seattle, WA 98105	Second Wind	April 2, 2002	$50.00
Frances Goodwin 16827 Smokey Point Blvd Arlington, WA 98223	Smokey Point Chiropractic	April 2, 2002	$50.00
Mark Webber 14802 NE 31st Circle Redmond, WA 98052	Webber Chiropractic	April 2, 2002	$50.00
Sheila Quinn 300 Harborcourt Gig Harbor, WA	Inst. For Functional Medicine	April 2, 2002	$50.00
Christine Jackson	self employed	April 2, 2002	$100.00
Walter Crinnion	self employed	April 2, 2002	$50.00
Mark Tilly, LMP	self employed	April 2, 2002	$25.00
Jeff Stand	Metagenics, Inc.	April 2, 2002	$700.00
TOTAL			$6,700.00

22037791371

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 9-5-02
☐	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	

PREPARER	10-20-02 DATE PREPARED

(6/2000)