08/17/2004 09 : 22

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

Office Use Only

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

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼ 1201 L Street, NW

Check if different than previously reported. (ACC)

Washington | DC | 20005

2. **FEC IDENTIFICATION NUMBER** ▼ C00006080

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT — NEW (N) **OR** X 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 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On: X

| | | | |
|---|---|---|---|
| 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 (12G)

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 01 01 2002 through 01 31 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 Anna Lee

Signature of Treasurer Electronically Filed by Anna Lee Date 08 17 2004

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**
(Rev. 02/2003)

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)



Write or Type Committee Name
American Health Care Association Political Action Committee

Report Covering the Period: From: 01 01 2002 To: 01 31 2002

| | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2002 | | 157661.04 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 157661.04 | |
| (c) Total Receipts (from Line 19) ..... | 12026.22 | 12026.22 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 169687.26 | 169687.26 |
| 7. Total Disbursements (from Line 31) ..... | 6573.65 | 6573.65 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 163113.61 | 163113.61 |
| 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 | |

X 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

# DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)



Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 01 01 2002 To: 01 31 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) ..... | 10917.30 | |
| (ii) Unitemized ..... | 936.92 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶ | 11854.22 | 11854.22 |
| (b) Political Party Committees ..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) ..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ▶ | 11854.22 | 11854.22 |
| 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.) (Carry Totals to Line 37, page 5) ..... | 114.00 | 114.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees ..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) ..... | 58.00 | 58.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) ..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) ..... | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... | 12026.22 | 12026.22 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... | 12026.22 | 12026.22 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)



| 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 | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 323.65 | 323.65 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 323.65 | 323.65 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 6250.00 | 6250.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule 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 Contribution Refunds (add Lines 28(a), (b), and (c)) ▶ | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 6573.65 | 6573.65 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 6573.65 | 6573.65 |

# DETAILED SUMMARY PAGE

of Disbursements



| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) ..... | 11854.22 | 11854.22 |
| 34. Total Contribution Refunds (from Line 28(d)) ..... | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... | 11854.22 | 11854.22 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 323.65 | 323.65 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) ..... | 114.00 | 114.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... | 209.65 | 209.65 |

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12
(check only one)
[X] 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)
American Health Care Association Political Action Committee

**A.**
Full Name (Last, First, Middle Initial)
Mr Delbert Ousley
Mailing Address 300 Provider Court
City: Richmond State: KY Zip Code: 40475-8488
FEC ID number of contributing federal political committee. C
Name of Employer: PMD Corporation
Occupation: President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 14 2002
Transaction ID: 12206626
Amount of Each Receipt this Period: 250.00

**B.**
Full Name (Last, First, Middle Initial)
Mr. Bruce Thevenot
Mailing Address 4156 Carmichael Rd
City: Montgomery State: AL Zip Code: 36106-2866
FEC ID number of contributing federal political committee. C
Name of Employer: Alabama Nursing Home Assn.
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 22 2002
Transaction ID: 12206628
Amount of Each Receipt this Period: 500.00

**C.**
Full Name (Last, First, Middle Initial)
Ms Sandra Higgins-Stinson
Mailing Address 170 Buckner Ridge
City: Madisonville State: KY Zip Code: 42431-3822
FEC ID number of contributing federal political committee. C
Name of Employer: The Thomas Group
Occupation: President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 25 2002
Transaction ID: 12206637
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1250.00

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

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 12
(check only one)
[X] 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)
American Health Care Association Political Action Committee

**A.**
Full Name (Last, First, Middle Initial): Mr Michael W Massey
Mailing Address: 313 Memorial Drive
City: Greer | State: SC | Zip Code: 29650-1599
FEC ID number of contributing federal political committee: C
Name of Employer: Roger Huntington Nursing Center
Occupation: Administrator
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 01 25 2002
Transaction ID: 12206634
Amount of Each Receipt this Period: 5000.00

**B.**
Full Name (Last, First, Middle Initial): Mr John Kielfraber
Mailing Address: 221 SW 33rd
City: Topeka | State: KS | Zip Code: 66611-2245
FEC ID number of contributing federal political committee: C
Name of Employer: Kansas Health Care Association
Occupation: Executive VP
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 25 2002
Transaction ID: 12206638
Amount of Each Receipt this Period: 500.00

**C.**
Full Name (Last, First, Middle Initial): Mr R James Miller
Mailing Address: 357D Commerce Drive
City: Warsaw | State: IN | Zip Code: 46580-3550
FEC ID number of contributing federal political committee: C
Name of Employer: MMM Investment Inc
Occupation: Partner
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 25 2002
Transaction ID: 12206633
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 6500.00

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

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 12
(check only one)
[X] 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)
American Health Care Association Political Action Committee

**A.**
Full Name (Last, First, Middle Initial)
Ms. Barbara Miller
Mailing Address 357D Commerce Drive
City: Warsaw State: IN Zip Code: 46580
FEC ID number of contributing federal political committee: C
Name of Employer: MMM Invest Inc
Occupation: Assistant Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 25 2002
Transaction ID: 12206635
Amount of Each Receipt this Period: 1000.00

**B.**
Full Name (Last, First, Middle Initial)
Ms. Beverly Miller Marshall
Mailing Address 357D Commerce Drive
City: Warsaw State: IN Zip Code: 46580
FEC ID number of contributing federal political committee: C
Name of Employer: MMM Invest Inc.
Occupation: Treasurer Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 25 2002
Transaction ID: 12206632
Amount of Each Receipt this Period: 1000.00

**C.**
Full Name (Last, First, Middle Initial)
Ms. Nancy Hubler
Mailing Address 1313 St. Anthony Place 5E
City: Louisville State: KY Zip Code: 40204-1740
FEC ID number of contributing federal political committee: C
Name of Employer: Kindred HealthCare
Occupation: Regional Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 25 2002
Transaction ID: 12206638
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2500.00

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

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 12
(check only one)
[X] 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)
American Health Care Association Political Action Committee

**A.**
Full Name (Last, First, Middle Initial)
Mr Farooq Khan
Mailing Address 163 Quinnipiac Ave
City: North Haven State: CT Zip Code: 06473
FEC ID number of contributing federal political committee. C
Name of Employer: Montower Health Care Ctr
Occupation: President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 475.00
Date of Receipt: 01 28 2002
Transaction ID: 12206642
Amount of Each Receipt this Period: 475.00

**B.**
Full Name (Last, First, Middle Initial)
Mr. Chip Roadman
Mailing Address 6856 Avigon Blvd.
Payroll Deduction
City: Falls Church State: VA Zip Code: 22043-1752
FEC ID number of contributing federal political committee. C
Name of Employer: AHCA
Occupation: President & CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 384.80
Date of Receipt: 01 28 2002
Transaction ID: 12206661
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ..... ▶ 667.30

TOTAL This Period (last page this line number only) ..... ▶ 10917.30

# 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)

| | | | | | |
|---|---|---|---|---|---|
| [X] 21b | [ ] 22 | [ ] 23 | [ ] 24 | [ ] 25 | [ ] 26 |
| [ ] 27 | [ ] 28a | [ ] 28b | [ ] 28c | [ ] 29 | [ ] 30b |



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 Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 730 15th Street N.W.
2 nd Floor

City: Washington | State: DC | Zip Code: 20005

Purpose of Disbursement: BANK OF AMERICA

Candidate Name:

Category/Type: 001

Office Sought: House / Senate / President

State: District: D

Disbursement For: Primary / General / Other (specify)

Transaction ID: 12206865
Date of Disbursement: 01 / 31 / 2002

Amount of Each Disbursement this Period: 282.49

BANK OF AMERICA

**B.** Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 730 15th Street N.W.
2 nd Floor

City: Washington | State: DC | Zip Code: 20005

Purpose of Disbursement: BANK OF AMERICA

Candidate Name:

Category/Type: 001

Office Sought: House / Senate / President

State: District: D

Disbursement For: Primary / General / Other (specify)

Transaction ID: 12206866
Date of Disbursement: 01 / 31 / 2002

Amount of Each Disbursement this Period: 15.03

BANK OF AMERICA

**C.** Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 730 15th Street N.W.
2 nd Floor

City: Washington | State: DC | Zip Code: 20005

Purpose of Disbursement: BANK OF AMERICA

Candidate Name:

Category/Type: 001

Office Sought: House / Senate / President

State: District: D

Disbursement For: Primary / General / Other (specify)

Transaction ID: 12206867
Date of Disbursement: 01 / 31 / 2002

Amount of Each Disbursement this Period: 26.13

BANK OF AMERICA

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) ..... ▶ | 323.65 |
| TOTAL This Period (last page this line number only) ..... ▶ | 323.65 |

# 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 | ☐ 30b |



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 Health Care Association Political Action Committee

**A.**
Full Name (Last, First, Middle Initial)
Committee for the Preservation of Capitalism

Mailing Address PO Box 65314

City: Washington | State: DC | Zip Code: 20036

Purpose of Disbursement: COMMITTEE FOR THE PRESERVATION OF CAPITA

Category/Type: 011

Candidate Name:

Office Sought: House / Senate / President

State: District: D

Disbursement For: Primary / General / Other (specify)

Transaction ID: 12206627
Date of Disbursement: 01 / 22 / 2002
Amount of Each Disbursement this Period: 3000.00

COMMITTEE FOR THE PRESERVATION OF CAPITALISM

**B.**
Full Name (Last, First, Middle Initial)
Dan Stevens' Congressional Exploratory Cmte.

Mailing Address 1949 Collin St

City: Mora | State: MN | Zip Code: 55051

Purpose of Disbursement: DAN STEVENS' CONGRESSIONAL EXPLORATORY C

Category/Type: 011

Candidate Name: Mr. Dan Stevens

Office Sought: X House / Senate / President

State: MN District: D

Disbursement For: 2002 X Primary / General / Other (specify)

Transaction ID: 12206629
Date of Disbursement: 01 / 23 / 2002
Amount of Each Disbursement this Period: 250.00

DAN STEVENS' CONGRESSIONAL EXPLORATORY CMTE.

**C.**
Full Name (Last, First, Middle Initial)
Dennis Moore for Congress

Mailing Address PO Box 14631

City: Shawnee Mission | State: KS | Zip Code: 66285

Purpose of Disbursement: DENNIS MOORE FOR CONGRESS

Category/Type: 011

Candidate Name: Mr. Dennis Moore

Office Sought: X House / Senate / President

State: KS District: 3

Disbursement For: 2002 X Primary / General / Other (specify)

Transaction ID: 12206630
Date of Disbursement: 01 / 23 / 2002
Amount of Each Disbursement this Period: 1000.00

DENNIS MOORE FOR CONGRESS

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4250.00**

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

## 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 | X 23 | 24 | 25 | 26 |
| 27 | 28a | 28b | 28c | 29 | 30b |



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 Health Care Association Political Action Committee

**A.**
Full Name (Last, First, Middle Initial)
Bob Etheridge for Congress Cmt

Mailing Address P.O. Box 28001

City Raleigh, State NC Zip Code 27611

Purpose of Disbursement
BOB ETHERIDGE FOR CONGRESS CMT

Candidate Name
Mr. Bob Etheridge

011 Category/Type

Office Sought: X House / Senate / President
State: NC District: 2

Disbursement For: 2002
X Primary / General / Other (specify)

Transaction ID: 12206639
Date of Disbursement 01 / 28 / 2002

Amount of Each Disbursement this Period
1000.00

BOB ETHERIDGE FOR CONGRESS CMT

**B.**
Full Name (Last, First, Middle Initial)
The Freedom Project

Mailing Address 7908 Cincinnati-Dayton Rd

City West Chester State OH Zip Code 45069

Purpose of Disbursement
THE FREEDOM PROJECT

Candidate Name

011 Category/Type

Office Sought: House / Senate / President
State: OH District: 0

Disbursement For: Primary / General / Other (specify)

Transaction ID: 12206640
Date of Disbursement 01 / 28 / 2002

Amount of Each Disbursement this Period
1000.00

THE FREEDOM PROJECT

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) ..... ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ..... ▶ | 6250.00 |