SUMMARY OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -9 A 11: 32

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): ALLIED NURSES AND DOCTORS OF PENNSYLVANIA

ADDRESS (number and street) ☐ Check if different than previously reported: 2105 KEATS WAY

CITY, STATE and ZIP CODE: INDIANA PA 15701

2. FEC IDENTIFICATION NUMBER: C SUNT 4 SF CLAUS

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 ☐ March 20 ☐ April 20 ☐ May 20 ☐ June 20 ☐ July 20 ☐ August 20 ☐ September 20 ☐ October 20 ☐ November 20 ☐ December 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☑ Thirtieth day 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 11-07-00 through 12-07-00		
6. (a) Cash on Hand January 1, 19____		$ 0
(b) Cash on Hand at Beginning of Reporting Period	$ 108	
(c) Total Receipts (from Line 19)	$ 109	$ 4637
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 217	$ 4637
7. Total Disbursements (from Line 30)	$ 217	$ 4637
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 0	$ 0
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 202-219-3420

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: THOMAS C. TREUGMAN MD

Signature of Treasurer: [signature] Date: 12-06-00

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)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Alliance Nurses and Doctors of PA.

REPORT COVERING PERIOD FROM: 11-07-00 TO: 12-07-00

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	109	4634
i. Itemized (use Schedule A)	0	3
ii. Unitemized	109	4634
iii. Total (add i and ii) ➤	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	109	4637
d. Total Contributions (add a iii, b and c) ➤	0	0
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	109	4637
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	109	4637
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
II. Disbursements	all federal	all federal
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0	0
i. Federal Share	0	0
ii. Non-Federal Share	217	4637
b. Other Federal Operating Expenditures	217	4637
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	217	4637
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	217	4637
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	217	4637
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	109	4637
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	109	4637
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	217	4637
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	217	4637

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 134

FOR LINE NUMBER A1

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): ALLIED NURSES AND DOCTORS OF PENNSYLVANIA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. THOMAS C. TREVORROW MD, 2105 KEATS WAY, INDIANA PA 15701	SELF / OPHTHALMOLOGIST	12-08-00 / 12-07-00	$79.00 / $30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 4634		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page 1 of 1 Pages

Name of Committee (in Full): ALLIED NURSES AND DOCTORS OF PENNSYLVANIA

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
SUPINKA & SUPINKA W. INDIANA PROF. BLDG 736 PHILADELPHIA ST INDIANA PA 15701	PUBL. NOTICE IN INDIANA PA LAW JOURNAL OF ORG. NAME	12-05-00	25.00	V.P. GORE ☐ Support ☑ Oppose
SUPINKA & SUPINKA SAME	PUBL. NOTICE IN INDIANA GAZETTE OF ORG. NAME	12-05-00	37.62	V.P. GORE ☐ Support ☑ Oppose
SUPINKA & SUPINKA SAME	LEGAL FEES	12-05-00	125.00	V.P. GORE ☐ Support ☑ Oppose
MISCELLANEOUS	PHONES, FAXES, POSTAGES, NOTARY	12-07-00	30.00	V.P. GORE ☐ Support ☑ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ 217

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ 0

(c) TOTAL Independent Expenditures ..... $ 217

217

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.

Signature: [signature] Date: 12-07-00

Subscribed and sworn to before me this 7 day of December 2000

My Commission expires:

Susan M. Shank
NOTARY PUBLIC

Notarial Seal
Susan M. Shank, Notary Public
White Twp., Indiana County
My Commission Expires May 31, 2004
Member, Pennsylvania Association of Notaries

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
☑	Registered/Certified Mail	POSTMARKED (R/C) 12-7-00
☐	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

12-8-00

DATE PREPARED

(6/2000)