

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ALLIED NURSES AND DOCTORS OF PENNSYLVANIA	<input type="checkbox"/> (Check if name is changed)	2. DATE 10-29-00	? FIRST PUBLIC EXPRESSION
(b) Number and Street Address 2105 KEATS WAY	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number	
(c) City, State and ZIP Code INDIANA PA 15701		4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

B. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
 - (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| V.P. GORE | | | |
- (c) This committee supports/opposes only one candidate **V.P. GORE** and is NOT an authorized committee. (name of candidate)
 - (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
 - (e) This committee is a separate segregated fund.
 - (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name THOMAS C. TREVORROW, MD	Mailing Address 2105 KEATS WAY INDIANA PA 15701	Title or Position TREASURER
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name THOMAS C. TREVORROW, MD	Mailing Address 2105 KEATS WAY INDIANA PA 15701	Title or Position TREASURER
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. S & T BANK	Mailing Address and ZIP Code WAYNE AVE INDIANA, PA 15701
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER THOMAS C. TREVORROW MD	SIGNATURE OF TREASURER <i>Thomas C. Trevorrow</i>	DATE 10-28-00
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5137g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>10-28-02</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>amp</i> PREPARER	<i>10-31-02</i> DATE PREPARED