

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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01/28/2000 16 : 12

1. NAME OF COMMITTEE (in full) American Association for Respiratory Care Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 11030 Ables Lane	2. FEC IDENTIFICATION NUMBER C00150201
CITY, STATE, and ZIP CODE Dallas TX 75220	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- February 20 June 20 October 20
 July 15 Quarterly Report March 20 July 20 November 20
 October 15 Quarterly Report April 20 August 20 December 20
 May 20 September 20 January 31
- January 31 Year End Report Twelfth day report preceding _____
(election type)
- July 31 Mid-Year Report (Non-election Year Only) election on _____ In the State of _____
- Termination report on _____ In the State of _____
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/1999</u> through <u>12/31/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		69112.85
(b) Cash on Hand at Beginning of Reporting Period	63550.45	
(c) Total Receipts (from line 19)	6213.62	9754.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69764.07	76666.80
7. Total Disbursements (from line 30)	6941.83	16044.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62822.14	62822.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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 Electronically Filed by Mr. Robert McCarthy		
Signature of Treasurer	Date 01/26/2000	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE American Association for Respiratory Care Political Action Committee	REPORT COVERING PERIOD FROM 07/01/1999 TO: 12/31/1999	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	4401.50	6540.50
ii. Unitemized	0.00	0.00
iii. Total (add i and ii)*	4401.50	6540.50
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c)*	4401.50	6540.50
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.)	840.07	1206.45
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	972.05	2007.20
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)*	6213.62	9754.15
20. Total Federal Receipts (subtract line 18 from line 19)*	6213.62	9754.15
II. Disbursements		
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	741.93	2094.66
c. Total Operating Expenditures (add a i, a ii, and b)*	741.93	2094.66
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	6200.00	13950.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. 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 Contributions Refunds (add a, b, and c)*	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)*	6941.93	16044.66
31. Total Federal Disbursements (subtract line 21 a ii from line 30)*	6941.93	16044.66
III. Net Contributions / Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	4401.50	6540.50
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	4401.50	6540.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b)*	741.93	2094.66
36. Offsets to Operating Expenditures (from line 15)	840.07	1206.45
37. Net Operating Expenditures (subtract line 36 from 35)*	-98.14	888.21

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 7
			FOR LINE NUMBER 11A1
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 Association for Respiratory Care Political Action Committee			
Full Name, Mailing Address, and ZIP Code itemized contributions	Name of Employer	Date (month, day, year) 12/31/1999	Amount of Each Receipt This Period 4401.50
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 6540.50		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			4401.50

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 7
			FOR LINE NUMBER 15
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 Association for Respiratory Care Political Action Committee			
Full Name, Mailing Address, and ZIP Code AARC 11030 ABLES lane DALLAS TX 75229 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > 5 534.38	Date (month, day, year) 10/14/1998	Amount of Each Receipt this Period 167.88
Full Name, Mailing Address, and ZIP Code AARC 11030 ABLES lane DALLAS TX 75229 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > 8 1206.45	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period 672.09
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			840.07

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 7
			FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
American Association for Respiratory Care Political Action Committee

Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282	Name of Employer	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 172.30
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1207.45		
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282	Name of Employer	Date (month, day, year) 08/31/1999	Amount of Each Receipt this Period 171.03
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1378.48		
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282	Name of Employer	Date (month, day, year) 09/30/1998	Amount of Each Receipt this Period 170.09
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1548.57		
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282	Name of Employer	Date (month, day, year) 10/31/1999	Amount of Each Receipt this Period 154.10
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1702.67		
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282	Name of Employer	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 149.56
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1852.23		
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282	Name of Employer	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period 154.57
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2007.20		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	972.05

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	6 / 7
					FOR LINE NUMBER 21B
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 Association for Respiratory Care Political Action Committee					
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282		Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 07/31/1998	Amount of Each Disbursement This Period 30.55
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282		Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/31/1998	Amount of Each Disbursement This Period 16.45
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282		Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/30/1998	Amount of Each Disbursement This Period 22.84
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282		Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 10/31/1998	Amount of Each Disbursement This Period 23.61
Full Name, Mailing Address, and ZIP Code Gail Vercelotti 110 Horizon Dr Venetia PA 15367		Purpose of Disbursement Reimburse raffle prizes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 11/23/1998	Amount of Each Disbursement This Period 577.57
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282		Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 11/30/1998	Amount of Each Disbursement This Period 16.78
Full Name, Mailing Address, and ZIP Code Comerica Bank P. O. Box 650282 Dallas TX 75265-0282		Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 12/31/1998	Amount of Each Disbursement This Period 54.13
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					741.93

SCHEDULE B		ITEMIZED DISBURSEMENTS		7 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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 Association for Respiratory Care Political Action Committee				
Full Name, Mailing Address, and ZIP Code FRIENDS OF DICK DURBIN COMMITTEE P O BOX 1549 SPRINGFIELD IL 62705	Purpose of Disbursement (Senate - IL - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/15/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code FRIENDS OF MAURICE HINCHEY PO BOX 4497 KINGSTON NY 12402	Purpose of Disbursement (House - NY - 26) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/15/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Norwood for Congress P. O. Box 495 Evans GA 30809	Purpose of Disbursement (House - GA - 10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/15/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code BILL THOMAS CAMPAIGN COMMITTEE PO BOX 395 BAKERSFIELD CA 93302	Purpose of Disbursement (House - CA - 21) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/28/1998	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code ENSIGN FOR SENATE 9904 GLENROCK DRIVE LAS VEGAS NV 89134	Purpose of Disbursement (Senate - NV - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/28/1998	Amount of Each Disbursement This Period 700.00	
Full Name, Mailing Address, and ZIP Code FRIENDS OF JOHN PETERSON 114 W STATE ST PO BOX 295 PLEASANTVILLE PA 16341	Purpose of Disbursement (House - PA - 05) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/28/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code GENE GREEN CONGRESSIONAL CAMPAIGN PO BOX 18128 HOUSTON TX 77222	Purpose of Disbursement (House - TX - 29) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/28/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code GRASSLEY COMMITTEE PO BOX 1000 DES MOINES IA 50304	Purpose of Disbursement (Senate - IA - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/28/1998	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code MAINSTREAM AMERICA POLITICAL ACTION COMMITTEE PO BOX 4267 BATON ROUGE LA 70821	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/28/1998	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			6200.00	