

RECEIVED  
FEC MAIL ROOM  
APR 17 A 10:50

# 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.

12FB4N5

00183376 030602 P 283

BARRY L SEWARD  
HEALTH CARE CONCERNS POLITICAL  
ACTION COMMITTEE

ADDRESS (number and street)

P O BOX 380111  
KANSAS CITY MO 64138

Check if different than previously reported. (ALC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00183376

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
	<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
	<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(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)

(c) 12-Day PIRE-Election Report for this:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on [ ] [ ] [ ] in the State of [ ]

(d) 30-Day POST-Election Report for this:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period

01 01 2002 through 03 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 BARRY L. SEWARD

Signature of Treasurer

Date

04 04 2002

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

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

HEALTH CARE CONCERNS PAC

Report Covering the Period:

From:

01 / 01 / 2002

To:

03 / 31 / 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		8,548.65
(b) Cash on Hand at Beginning of Reporting Period	8,548.65	
(c) Total Receipts (from Line 19)	1,200.00	1,200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9,748.65	9,748.65
7. Total Disbursements (from Line 30)	2,750.00	2,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,998.65	6,998.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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 20469

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

PEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

HEALTH CARE CONCERNS PAC

Report Covering the Period:

From:

01 01 2002

To:

03 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) .....
  - (ii) Unitemized .....
  - (ii) TOTAL (add Lines 11(a)(i) and (ii)) .....

1,200.00  
300.00  
1,200.00

1,200.00

- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs) .....
- (d) Total Contributions (and Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 32, page 4) .....

1,200.00

1,200.00

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 38, page 4) .....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....

17. Other Federal Receipts (Dividends, Interest, etc.) .....

18. Transfers from Nonfederal Account for Joint Activity .....

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....

1,200.00

1,200.00

20. Total Federal Receipts (subtract Line 18 from Line 19) .....

1,200.00

1,200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

**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		
(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	27,500.00	27,500.00
24. Independent Expenditures (see 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		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	27,500.00	27,500.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	27,500.00	27,500.00

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans) (from Line 11(d), page 3)	1,200.00	1,200.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	1,200.00	1,200.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 16, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0.00	0.00

2025 RELEASE UNDER E.O. 14176

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE / OF /	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 10
19	14	15	19
			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)

HEALTH CARE CONCERNS

Full Name (Last, First, Middle Initial)

A. CHAPPELW, MICHAEL W.

Mailing Address

733 N.E. SEABROOK CIRCLE

City

LEE'S SUMMIT

State

MO.

Zip Code

04064

Date of Receipt

03 / 06 / 2002

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt This Period

100.00

Name of Employer

HEALTH ADVISER

Occupation

PRESIDENT, INDEPENDENT REGIONAL  
HEALTH CENTER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Date of Receipt

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt This Period

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt This Period

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

100.00

2002-03-04 10:00

**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)

PAGE / OF 2

<input type="checkbox"/> 11	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29

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)

**HEALTH CARE CONCERNS PAC**

Full Name (Last, First, Middle Initial)

**A. IKE SKELTON FOR CONGRESS**

Date of Disbursement

03 / 08 / 2002

Mailing Address

P.O. Box A

City

HARRISONVILLE

State  
MO

Zip Code  
64701

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

CONTRIBUTION

011  
Category/  
Type

Candidate Name

IKE SKELTON

Office Sought

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: MO

District: 4

Full Name (Last, First, Middle Initial)

**B. KAREN MCCARTHY FOR CONGRESS**

Date of Disbursement

03 / 16 / 2002

Mailing Address

111 VALENTINE RD.

City

KANSAS CITY

State  
MO

Zip Code  
64111

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

CONTRIBUTION

011  
Category/  
Type

Candidate Name

KAREN MCCARTHY

Office Sought

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: MO

District: 5

Full Name (Last, First, Middle Initial)

**C. JEAN CANNANAN FOR MISSOURI**

Date of Disbursement

03 / 25 / 2002

Mailing Address

4236 LINDELL BLVD., STE. 106

City

St. Louis

State  
MO

Zip Code  
63108

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

CONTRIBUTION

011  
Category/  
Type

Candidate Name

JEAN CANNANAN

Office Sought

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: MO

District:

SUBTOTAL of Disbursements This Page (optional)

2500.00

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)	PAGE 1 OF 1
	<input type="checkbox"/> 21a <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 29 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 29	

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)  
**HEALTH CARE CONCERNS PAC**

**A**

Full Name (Last, First, Middle Initial)  
**COLYER FOR CONGRESS**

Mailing Address  
**P.O. BOX 15345**

City **OVERLAND PARK** State **KS** Zip Code **66225**

Purpose of Disbursement  
**CONTRIBUTION**

Candidate Name  
**JEFF COLYER, MD.**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **▼**

State: **KS** District: **3**

Date of Disbursement  
**03 / 25 / 2002**

Amount of Each Disbursement this Period  
**2,500.00**

Category/Type  
**011**

**B**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **▼**

State District

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **▼**

State District

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) **2,500.00**


TOTAL This Period (see page this line number only) **2,750.00**

0120-153-001-001

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" 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	
 _____ PREPARER	4-17-08 _____ DATE PREPARED