

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
OFFICE OF THE CLERK
2002 OCT 15 A 9 56
Office Use Only

1. NAME OF COMMITTEE (in full) **HEALTH CARE CONCERNS POLITICAL ACTION COMMITTEE**
USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. **12FE4MS**

ADDRESS (number and street) **P.O. BOX 380111**
Check if different than previously reported. (ACC)
KANSAS CITY MO 641138

2. FEC IDENTIFICATION NUMBER **C00183376**
CITY STATE ZIP CODE

3. IS THIS REPORT NEW (N) OR 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 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report (M) 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 (12S)
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 **09/30/2002**

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 *Barry L. Seward* Date **10/13/2002**

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form SX (Revised 1/01)

Page 2

Write or Type Committee Name

HEALTH CARE CONCERNS PAC

Report Covering the Period:

From:

01 01 2002

To:

09 30 2002

COLUMN A This Period

COLUMN B Calendar Year-to-Date

6. (a) Cash on Hand January 1, 2002

7,002

8,548.65

(b) Cash on Hand at Beginning of Reporting Period

14,251.07

(c) Total Receipts (from Line 19)

2,650.00

14,200.00

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)

16,901.07

22,748.65

7. Total Disbursements (from Line 30)

10,046.29

15,893.27

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

6,854.78

6,855.38

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 20463

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/07)

Page 3

Write or Type Committee Name

HEALTH CARE CONCERNS PAC

Report Covering the Period: From: 01/01/2002 To: 09/30/2002

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)	2,650.00	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2,650.00	142,000.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	2,650.00	142,000.00
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 36, 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)	2,650.00	142,000.00
20. Total Federal Receipts (subtract Line 15 from Line 19)	2,650.00	142,000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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	46,290	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46,290	
22. Transfers to Affiliated/Other Party Committees	6,000,000	
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500,000	
24. Independent Expenditures (see Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (see 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))	50,000	
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	1,004,629	1,589,327
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	1,004,629	1,589,327
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	2,650,000	1,420,000
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	2,650,000	1,420,000
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	46,290	
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)	46,290	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 11a 11b 11c 12
 13 14 15 16 17
PAGE 1 OF 1

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. WILKINSON, STEVEN D.

Mailing Address

4001 W. 150th St.

City

LEAWOOD

State

KS.

Zip Code

66224

FEC ID number of contributing federal political committee

OC

Name of Employer

HEALTH MINDSET

Occupation

HEALTH CARE EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10/23/2024

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MORANTZ, ROBERT

Mailing Address

17100 HIGHLANDS RIDGE DR.

City

BELTON

State

MO

Zip Code

67012

FEC ID number of contributing federal political committee

OC

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10/21/2024

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KAISER, GINA

Mailing Address

4100 W. 88th St.

City

PRairie Village

State

KS

Zip Code

66207

FEC ID number of contributing federal political committee

OC

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10/21/2024

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

2650.00

**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 1 OF 1

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 25	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (in Full)

HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)

POSTMASTER

Mailing Address

City State Zip Code

KANSAS CITY MO

Purpose of Disbursement

POSTAGE

Candidate Name

N/A

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

07 12 2002

Amount of Each Disbursement this Period

1394

Full Name (Last, First, Middle Initial)

POSTMASTER

Mailing Address

City State Zip Code

KANSAS CITY MO

Purpose of Disbursement

POSTAGE

Candidate Name

N/A

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

07 14 2002

Amount of Each Disbursement this Period

1935

Full Name (Last, First, Middle Initial)

MISSOURI SECRETARY OF STATE

Mailing Address

City State Zip Code

JEFFERSON CITY MO

Purpose of Disbursement ANNUAL CORPORATE REGISTRATION FEE

Candidate Name

N/A

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

07 25 2002

Amount of Each Disbursement this Period

1500

SUBTOTAL of Disbursements This Page (optional) ▶

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

4629

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

the separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE / OF /	
	<input type="checkbox"/> 21b 2B	<input checked="" type="checkbox"/> 22 27	<input type="checkbox"/> 25 28a	<input type="checkbox"/> 24 28b

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NAME OF COMMITTEE (If Filer)

HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)

A. HEALTH CARE CONCERNS PAC #1 (State)

Mailing Address

P.O. Box 380111

City: **KANSAS CITY** State: **MO** Zip Code: **64138**

Purpose of Disbursement

TRANSFER TO STATE PAC

Candidate Name

N/A

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District

Date of Disbursement

07 / 07 / 2002

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. HEALTH CARE CONCERNS PAC #1 (State)

Mailing Address

P.O. Box 380111

City: **KANSAS CITY** State: **MO** Zip Code: **64138**

Purpose of Disbursement

TRANSFER TO STATE PAC

Candidate Name

N/A

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District

Date of Disbursement

08 / 29 / 2002

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City: State: Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

6000.00

**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)

<input type="checkbox"/> 21b	<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

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NAME OF COMMITTEE (In Full)
HEALTH CARE CONCERNS PAC

A. Full Name (Last, First, Middle Initial)
MOORE FOR CONGRESS

Date of Disbursement
12/12/2002

Mailing Address
P.O. Box 14431

City
SHAWNEE MISSION State **KS** Zip Code **66285**

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DENNIS MOORE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **KS** District: **03**

Amount of Each Disbursement this Period
1,000.00

B. Full Name (Last, First, Middle Initial)
Colyer FOR CONGRESS

Date of Disbursement
12/16/2002

Mailing Address
P.O. Box 25345

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

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JEFF COLYER, M.D.

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **KS** District: **02**

Amount of Each Disbursement this Period
250.00

C. Full Name (Last, First, Middle Initial)
BOND SENATE FOUNDATION

Date of Disbursement
12/01/2002

Mailing Address
8327 CLAYTON RD, STE 200

City
ST. LOUIS State **MO** Zip Code **63117**

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CHRISTOPHER "KIT" BOND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MO** District:

Amount of Each Disbursement this Period
1,000.00

SUBTOTAL of Disbursements This Page (optional) _____

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 2 OF 2
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input 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 <input type="checkbox"/> 29a	

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NAME OF COMMITTEE (in Full)

HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)

A. SKELTON FOR CONGRESS

Date of Disbursement

09 / 20 / 2002

Mailing Address

P.O. Box A

City: HARRISBURG State: MO Zip Code: 64701

Amount of Each Disbursement this Period

25000

Purpose of Disbursement: CONTRIBUTION

Candidate Name: IKE SKELTON

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District: 4

Full Name (Last, First, Middle Initial)

B. MISSOURI SENATE 2002

Date of Disbursement

09 / 20 / 2002

Mailing Address

P.O. Box 56550

City: ST. LOUIS State: MO Zip Code: 63156

Amount of Each Disbursement this Period

100000

Purpose of Disbursement: CONTRIBUTION

Candidate Name: JOINT FUND RAISING COMMITTEE BY DEMOCRATIC SENATORS (AMERICAN COUNCIL + JEFF CARPENTIER)

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page fills the number only)

350000

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FDR LINE NUMBER: (check only one)					PAGE / OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 28	<input type="checkbox"/> 22 <input type="checkbox"/> 27	<input type="checkbox"/> 23 <input type="checkbox"/> 28a	<input type="checkbox"/> 24 <input type="checkbox"/> 28b	<input type="checkbox"/> 25 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
HEALTH CARE CONCERNS PAC

A.

Full Name (Last, First, Middle Initial): **MISSOURI MILLENNIUM FUND (Special PAC)**

Mailing Address: **677 N. NEW BALLAS RD STE. 217**

City: **St. Louis** State: **MO** Zip Code: **63141**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **N/A**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

Date of Disbursement: **08 / 16 / 2002**

Amount of Each Disbursement this Period: **500.00**

Category/Type: _____

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 Disbursement This Page (optional) _____


TOTAL This Period (last page 14a line number only) _____

Amount of Each Disbursement this Period: **500.00**

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/13/09
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
 PREPARER	10/13/09 DATE PREPARED

2009年10月13日 星期二 10:13:09 AM