

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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2000 JAN 11 P 1:59

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (M 100)  
 C00183376 121499  
 F 283BARRY L SEWARD  
 HEALTH CARE CONCERNS POLITICAL  
 ACTION COMMITTEE  
 PO BOX 37063  
 KANSAS CITY MO 64138

2. FEC IDENTIFICATION NUMBER  
 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  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

- 12-Day Pre-Election Report for the \_\_\_\_\_  
 (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 30-Day Post-Election 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	7/1/99 through 12/31/99		
6. (a) Cash on Hand January 1, 1999			\$ 2,705.62
(b) Cash on Hand at Beginning of Reporting Period		\$ 10,103.81	
(c) Total Receipts (from Line 19)		\$ 1,950.00	\$ 22,600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 11,953.81	\$ 25,305.62
7. Total Disbursements (from Line 30)		\$ 10,090.02	\$ 23,441.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 1,863.79	\$ 1,863.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ —	For further information contact Federal Election Commission 888 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ —	
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		Date	
BARRY L. SEWARD		1/5/2000	
Signature of Treasurer			
<i>Barry L. Seward</i>			

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 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE <b>HEALTH CARE CONCERNS PAC</b>		REPORT COVERING PERIOD FROM <b>7/1/79</b> TO: <b>11/00</b>		
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	1,850.00	21,700.00	11(a)(i)
ii.	Unitemized		900.00	11(a)(ii)
ii.	Total (add i and ii) >	1,850.00	22,600.00	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	1,850.00	22,600.00	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,850.00	22,600.00	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	1,850.00	22,600.00	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share			21(a)(ii)
ii.	Non-Federal Share			21(b)
b.	Other Federal Operating Expenditures	490.02	591.83	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	490.02	591.83	21(d)
22.	Transfers to Affiliated/Other Party Committees		6,000.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	9,600.00	14,850.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >		2,000.00	28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,090.02	23,441.83	30
31.	Total Federal Disbursements (subtract line 21 a i from line 30) >	10,090.02	23,441.83	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans) (from line 11d)	1,850.00	22,600.00	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans) (subtract line 33 from line 32)	1,850.00	22,600.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	490.02	591.83	35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from line 35) >	490.02	591.83	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11, 2, 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

<p>A. Full Name, Mailing Address and ZIP Code  <b>KEVIN HICKS</b>                  10115 HOWE DR.                  LEAWOOD, KS. 66206</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>OVERLAND PARK REGIONAL MEDICAL CENTER - HEALTH MIDWEST</b></p> <p>Occupation  <b>HEALTH CARE ADMINISTRATION</b></p> <p>Aggregate Year-to-Date &gt; \$ 100</p>	<p>Date (month, day, year)  <b>11/6/99</b></p>	<p>Amount of Each Receipt this Period  <b>\$ 100.<sup>00</sup></b></p>
<p>B. Full Name, Mailing Address and ZIP Code  <b>DARRELL MOORE</b>                  17612 E. 48TH TER. CT.                  INDEPENDENCE, MO. 64055</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>BAPTIST MEDICAL CENTER - HEALTH MIDWEST</b></p> <p>Occupation  <b>HEALTH CARE ADMINISTRATION</b></p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year)  <b>8/12/99</b></p>	<p>Amount of Each Receipt this Period  <b>500.<sup>00</sup></b></p>
<p>C. Full Name, Mailing Address and ZIP Code  <b>THOMAS J. LANGENBERG</b>                  11520 LOWELL                  OVERLAND PARK, KS 66210</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>HEALTH MIDWEST</b></p> <p>Occupation  <b>HEALTH CARE FINANCE (CFO)</b></p> <p>Aggregate Year-to-Date &gt; \$ 1,000</p>	<p>Date (month, day, year)  <b>8/12/99</b></p>	<p>Amount of Each Receipt this Period  <b>1,000.<sup>00</sup></b></p>
<p>D. Full Name, Mailing Address and ZIP Code  <b>JOSEPH L. HIERSTEINER</b>                  8535 JUNIPER LANE                  PRAIRIE VILLAGE, KS 66207</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>HEALTH MIDWEST</b></p> <p>Occupation  <b>HEALTH CARE LAW (ATTORNEY)</b></p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year)  <b>12/29/99</b></p>	<p>Amount of Each Receipt this Period  <b>250.<sup>00</sup></b></p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) .....  
 TOTAL This Period (last page this line number only) ..... **\$ 1,850.<sup>00</sup>**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 266

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**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
DEAN KLINE PRINTING 6524 HARDY RAYTOWN, MO. 64113	PRINTING / STATIONARY	8/5/99	\$ 141.51
B. Full Name, Mailing Address and ZIP Code POSTMASTER KANSAS CITY, MO	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/30/99	Amount of Each Disbursement This Period 32.02
C. Full Name, Mailing Address and ZIP Code ZILLER OF KANSAS CITY 7930 STATE LINE RD, SUITE #112 PRAIRIE VILLAGE, KS 66208	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/99	Amount of Each Disbursement This Period 55.91
D. Full Name, Mailing Address and ZIP Code HEALTH MIDWEST 2304 E. MEYER BLVD., STE A-11 KANSAS CITY, MO. 64132	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/30/99	Amount of Each Disbursement This Period 260.60
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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

\$ 490.02

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)  
**HEALTH CARE CONCERNS PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GOVERNOR GEORGE W. BUSH PRESIDENTIAL EXPLORATORY COMMITTEE P.O. BOX 1902 AUSTIN, TX. 78767	CONTRIBUTION TO GEORGE W. BUSH - FOR PRESIDENTIAL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/99	\$ 100.00
AMERICAN HOSPITAL ASSN. PAC 325 7th St., STE. 700 WASHINGTON, D.C. 20004	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/2/99 9/9/99	4,800.00 500.00
PAC OF MISSOURI HOSPITAL ASSN. P.O. BOX 60 JEFFERSON CITY, MO. 65102	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12/99	2,000.00
KAREN MCCARTHY FOR CONGRESS 1111 VALENTINE KANSAS CITY, MO. 64111	CONTRIBUTION TO KAREN MCCARTHY - 05/MISSOURI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/99	1,000.00
JIM RYUN FOR CONGRESS P.O. BOX 826 TOPEKA, KS. 66601	CONTRIBUTION TO JIM RYUN - 01/KANSAS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/99	500.00
MOORE FOR CONGRESS P.O. BOX 14613 SHAWNEE MISSION, KS. 66285	CONTRIBUTION TO DENNIS MOORE - 03/KANSAS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/99	250.00
CARNAHAN FOR SENATE COMM. P.O. BOX 4708 ST. LOUIS, MO. 63108	CONTRIBUTION TO MEL CARNAHAN - SENATE/MISSOURI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/99	1,000.00
IKE SKELTON FOR CONGRESS P.O. BOX A HARRISONVILLE, MO. 64701	CONTRIBUTION TO IKE SKELTON 04/MISSOURI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/99	250.00
1. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

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

\$ 9,600.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 1-5-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>del</i> PREPARER	1-11-00 DATE PREPARED