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**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: II typing, type over the lines. **12FE4M5**

000323758 030501 N 2004

SIRNEY N WEISS  
INDEPENDENT HEALTH ASSOCIATION  
INC POLITICAL ALLIANCE  
6495 REMINGTON AVENUE  
BUFFALO NY 14201

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

**000323758** **030501** **NY 14201**

8. 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 Due On:

Feb 20 (M2)  
 Mar 20 (M3)  
 Apr 20 (M4)  
 May 20 (M5)  
 Jun 20 (M6)  
 Jul 20 (M7)  
 Aug 20 (M8)  
 Sep 20 (M9)  
 Oct 20 (M10)  
 Nov 20 (M11) (Non-Election Year Only)  
 Dec 20 (M12) (Non-Election Year Only)  
 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 **07/01/2004** through **07/30/2004**

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 **SIRNEY N. WEISS**

Signature of Treasurer *Sirney N. Weiss* Date **07/15/2004**

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**

Write or Type Committee Name

INDEPENDENT HEALTH ASSN INC. POLITICAL ALLIANCE

Report Covering the Period:

From:

09 01 2004

To:

06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		10,919.63
(b) Cash on Hand at Beginning of Reporting Period	9,919.63	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9,919.63	10,919.63
7. Total Disbursements (from Line 31)	6,000.00	7,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3,919.63	3,919.63
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

Write or Type Committee Name

**INDEPENDENT HEALTH ASSN INC POLITICAL ALLIANCE**

Report Covering the Period: From: **04 01 2001** To: **06 30 2001**

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) .....	00	00
(ii) Unitemized .....	00	00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii) .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs) .....	00	00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	00	00
12. Transfers From Affiliated/Other Party Committees .....	00	00
13. All Loans Received .....	00	00
14. Loan Repayments Received .....	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	00	00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	00	00
18. Transfers From Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	00	00
(b) Levin Funds (from Schedule H5) .....	00	00
(c) Total Transfers (add 18(a) and 18(b)) .....	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	00	00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	00	00

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	00	00
(ii) Non-Federal Share	00	00
(b) Other Federal Operating Expenditures	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	00
22. Transfers to Affiliated/Other Party Committees	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees	6000.00	7000.00
24. Independent Expenditures (use Schedule E)	00	00
25. Coordinated Party Expenditures (2 U.S.C. §441e(d)) (use Schedule F)	00	00
26. Loan Repayments Made	00	00
27. Loans Made	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	00	00
(c) Total Contribution Refunds (add Lines 28(a), (b), and (c))	00	00
29. Other Disbursements	00	00
30. Federal Election Activity (2 U.S.C. §431(20))		
(b) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00	00
(ii) "Levin" Share	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	00	00
31. Total Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	6000.00	7000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6000.00	7000.00

DETAILED SUMMARY PAGE  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(a), page 3) .....	00	00
34. Total Contribution Refunds (from Line 20(d)) .....	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	00	00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	00	00

**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 type="checkbox"/> 11A	<input type="checkbox"/> 11B	<input type="checkbox"/> 11C	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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)

**INDEPENDENT HEALTH ASSN INC. POLITICAL ALLIANCE**

**A.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee:  C \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Amount of Each Receipt this Period: \_\_\_\_\_

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee:  C \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Amount of Each Receipt this Period: \_\_\_\_\_

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee:  C \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Amount of Each Receipt this Period: **NONE**

SUBTOTAL of Receipts 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 1 OF 1

21b  22  23  24  25  26  
 27  28a  28b  28c  28

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NAME OF COMMITTEE (In Full)

**INDEPENDENT HEALTH ASSN INC. POLITICAL ALLIANCE**

Full Name (Last, First, Middle Initial)

**A. HEALTH PLAN PAC**

Date of Disbursement

**06 17 2004**

Mailing Address

**1129 20TH STREET NW**

City

**WASHINGTON**

State

**DC**

Zip Code

**20036**

Purpose of Disbursement

**PAC CONTRIBUTION**

**011**  
Category/Type

Amount of Each Disbursement This Period

**5000.00**

Candidate Name

**NA**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) **PAC USE**

State:

District:

Full Name (Last, First, Middle Initial)

**B. NANCY NAPLES FOR CONGRESS**

Date of Disbursement

**06 17 2004**

Mailing Address

**P.O. BOX 1261**

City

**ROFFANO**

State

**NY**

Zip Code

**14205**

Purpose of Disbursement

**POLITICAL CONTRIBUTION**

**011**  
Category/Type

Amount of Each Disbursement This Period

**1000.00**

Candidate Name

**NANCY NAPLES**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) **▼**

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement This Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) **▼**

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**6000.00**

**6000.00**

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER

(5/2004)

7-20-04  
 DATE PREPARED