

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

OCT 15 12 43 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)			2. FEC IDENTIFICATION NUMBER
CD0183374	081698	P 250	
BARRY L SEWARD HEALTH CARE CONCERNS POLITICAL ACTION COMMITTEE PO BOX 37063 KANSAS CITY MO 64133			
			3. <input checked="" type="checkbox"/> 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	7/1/98 through 9/30/98		
6. (a) Cash on Hand January 1, 1998			\$ 10,097.46
(b) Cash on Hand at Beginning of Reporting Period		\$ 14,969.62	
(c) Total Receipts (from Line 18)		\$ 3,300.00	\$ 19,250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 18,269.62	\$ 29,347.46
7. Total Disbursements (from Line 30)		\$ 11,135.00	\$ 22,212.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 7,134.62	\$ 7,134.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ —	For further information contact: Federal Election Commission 988 E Street, NW Washington, DC 20463 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 <b>BARRY L. SEWARD</b>	Date <b>10/12/98</b>
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.

										<b>FEC FORM 3X</b> (revised 9/93)
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**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

[revised 1/1/91]

NAME OF COMMITTEE **HEALTH CARE CONCERNS PAC**

REPORT COVERING PERIOD  
FROM **July 1, 1998** TO: **October 1, 1998**

		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)	3,000.00	18,950.00	11(a)(i)
ii.	Unitemized	300.00	300.00	11(a)(ii)
iii.	Total (add i and ii) >	3,300.00	19,250.00	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) >	3,300.00	19,250.00	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) >	3,300.00	19,250.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	3,300.00	19,250.00	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	—	—	21(a)(i)
ii.	Non-Federal Share	—	—	21(a)(ii)
b.	Other Federal Operating Expenditures	35.00	512.84	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	35.00	512.84	21(c)
22.	Transfers to Affiliated/Other Party Committees	—	10,000.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	8,100.00	8,700.00	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) >	—	—	28(d)
29.	Other Disbursements (NON-FEDERAL PAES)	3,000.00	3,000.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,135.00	22,212.84	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	11,135.00	22,212.84	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans) (from line 11d)	8,100.00	19,250.00	32
33.	Total Contribution Refunds (from line 28d)	—	—	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	8,100.00	19,250.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	35.00	512.84	35
36.	Offsets to Operating Expenditures (from line 15)	—	—	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	35.00	512.84	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. a. i.

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOAN SEIVERS 305 N.E. CHELMSFORD CT. LEE'S SUMMIT, 64064	HEALTH MIDWEST	7/8/98	\$ 300. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MARKETING	Aggregate Year-to-Date > \$ 300	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY IHDE 8240 W. 98TH TERR. OVERLAND PARK, KS. 66212	HEALTH MIDWEST	7/8/98	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELAINE MCINTOSH 7326 MERCIER KANSAS CITY, MO. 64114	KANSAS CITY HOSPICE	7/8/98	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOM LANGENBERG 11520 LOWELL OVERLAND PARK, KS. 66210	HEALTH MIDWEST	7/27/98	1,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RON OHMEN 13837 GOOD MAN OVERLAND PARK, KS. 66223	TRINITY LUTHERAN HOSPITAL / HEALTH MIDWEST	7/27/98	1,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ADMINISTRATOR	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICH GUTHRIE 9405 HALL DR. LENEXA, KS 66219	HEALTH MIDWEST	9/10/98	200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STATE (KANSAS) GOVERNMENT AFFAIRS	Aggregate Year-to-Date > \$ 200	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

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

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

3,000.<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 21, B.

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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
POSTMASTER KANSAS CITY, MO.	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/98 8/19/98	3.00 32.00
B. 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
C. 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
D. 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
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) .....	35.00

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 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
SNOWBARGER FOR CONGRESS P.O. Box 3001 Olathe, Ks. 66063	CONTRIBUTION TO VINCE SNOWBARGER 03/KS.	7/18/98	\$ 500. <sup>00</sup>
KAREN MCCARTHY FOR CONGRESS 1111 VALENTINE KANSAS CITY, MO. 64111	CONTRIBUTION TO KAREN MCCARTHY 05/MO.	7/16/98	1,000. <sup>00</sup>
NIXON CAMPAIGN FUND P.O. BOX 143 JEFFERSON CITY, MO. 65102	CONTRIBUTION TO JAY NIXON SENATE/MO.	7/7/98	500. <sup>00</sup>
MISSOURIANS FOR KIT BOND 34 N. GREENTWOOD BLD, STE. 14 St. LOUIS, MO. 63105	CONTRIBUTION TO KIT BOND SENATE/MO.	8/19/98	2,000. <sup>00</sup>
DENNIS MOORE FOR CONGRESS P.O. BOX 14613 SHAWNEE MISSION, KS. 66205	CONTRIBUTION TO DENNIS MOORE 03/KS.	8/19/98	500. <sup>00</sup>
IKE SKELTON FOR CONGRESS R.D. BOX A HARRISONVILLE, MO, 64701	CONTRIBUTION TO IKE SKELTON 04/MO.	8/27/98	500. <sup>00</sup>
FELECIANO FOR US SENATE P.O. Box 4084 TOPEKA, KS. 66604	CONTRIBUTION TO PAUL FELECIANO SENATE/KS	9/9/98	100. <sup>00</sup>
AMERICAN HOSPITAL ASSOCIATION PAC 385 7th St., Ste. 700 WASHINGTON, D.C. 20004	CONTRIBUTION	8/6/98 8/18/98	2,500. <sup>00</sup> 500. <sup>00</sup>
L 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) .....

\$ 8,100.<sup>00</sup>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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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
MISSOURI HOSPITAL ASSN. PAC P.O. Box 60 JEFFERSON CITY, MO. 65102	CONTRIBUTION - NON-FEDERAL PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/98	2,500. <sup>00</sup>
B. Full Name, Mailing Address and ZIP Code KANSAS HOSPITAL ASSN. PAC P.O. Box 2308 TOPEKA, KS. 66601	CONTRIBUTION NON-FEDERAL PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/18/98	500. <sup>00</sup>
C. 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
D. 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
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) .....

\$ 3,000.<sup>00</sup>

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 10-12-98
<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>SEP</i> PREPARER	10-15-98 DATE PREPARED