

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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1. NAME C00160259                      090600              F 285 STEVEN KROLL A) NEW YORK STATE HOSPITAL AND HE ALTHCARE ASSOCIATIONS' FEDERAL ONE EMPIRE DRIVE C) RENSSELAER                      NY 12144	2. FEC IDENTIFICATION NUMBER C00160259 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Satisfied criteria prior to 1/1/94
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## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report                      Monthly Report Due On:
- February 20     June 20                       October 20  
 July 15 Quarterly Report                       March 20                       July 20                       November 20  
 October 15 Quarterly Report                       April 20                       August 20                       December 20  
 January 31 Year End Report                       May 20                       September 20                       January 31
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- 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 11/7/00 in the State of New York
- (b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/00</u> through <u>11/27/00</u>		
6. (a) Cash on Hand January 1, <u>10/2000</u>		\$ 17,105.22
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,616.89	
(c) Total Receipts (from Line 19)	\$ 7,220.00	\$ 81,731.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,836.89	\$ 98,836.89
7. Total Disbursements (from Line 30)	\$ 5,750.00	\$ 90,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,086.89	\$ 8,086.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 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)	\$ 0	

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 Steven Kroll	Date
Signature of Treasurer	11/28/00

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 1/1/91)

NAME OF COMMITTEE **New York State Hospital and Healthcare  
Associations' Federal PAC**

REPORT COVERING PERIOD

FROM **10/19/00**

TO: **11/27/00**

	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,000.00	64,550.00	11(a)(i)
ii. Unitemized	220.00	17,141.97	11(a)(ii)
ii. Total (add i and ii) >	7,220.00	81,691.97	11(a)(iii)
b. Political Party Committees	0	39.70	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) >	7,220.00	81,731.67	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	7,220.00	81,731.67	19
20. Total Federal Receipts (subtract line 18 from line 19) >	7,220.00	81,731.67	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	70,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,750.00	20,750.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,750.00	90,750.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	5,750.00	90,750.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	7,220.00	81,731.67	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,220.00	81,731.67	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 11a1

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)**

New York State Hospital and Healthcare Associations' Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James H. Campbell 100 High Street Buffalo, NY 14203	Kaleids Health		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: Vice President	10/20/00	
	Aggregate Year-to-Date > \$ 300.00		\$300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James B. Watson 7571 State Route 54 Bath, NY 14810	Ira Davenport Memorial Hospital		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: Chief Executive Officer	10/20/00	
	Aggregate Year-to-Date > \$ 250.00		\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Walsh 150 55th Street Brooklyn, NY 11220	Lutheran Medical Center		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: Senior Vice President	10/20/00	
	Aggregate Year-to-Date > \$250.00		\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Bielaus 499 South Capitol Street, S.W. Washington, DC 20003	Healthcare Association of New York State		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: Vice President	10/20/00	
	Aggregate Year-to-Date > \$ 250.00		\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Ray Ritchie 17 Halfmoon Executive Park Drive Clifton Park, NY 12065	Iroquois Healthcare Alliance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: Executive Vice President	10/20/00	
	Aggregate Year-to-Date > \$ 250.00		\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Murphy 1000 Montauk Highway West Islip, NY 11795	Good Samaritan Hospital		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: President/CEO	10/20/00	
	Aggregate Year-to-Date > \$ 250.00		\$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matthew J. Salanger 33 Harrison Street Johnson City, NY 13790	United Health Services Hospitale		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: President/CEO	10/20/00	
	Aggregate Year-to-Date > \$ 250.00		\$250.00

**SUBTOTAL** of Receipts This Page (optional) ..... \$1,800.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**  
New York State Hospital and Healthcare Associations' Federal PAC

<b>A. Full Name, Mailing Address and ZIP Code</b> David J. Campbell 130 West 12th Street, Ste. 1g New York, NY 10011		<b>Name of Employer</b> St. Vincent's Catholic Medical Centers of NY	<b>Date (month, day, year)</b> 10/20/00	<b>Amount of Each Receipt this Period</b> \$1,000.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		<b>Occupation</b> President/CEO	<b>Aggregate Year-to-Date</b> > \$ 1,000.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Peter V. McGinn 10-42 Mitchell Ave. Binghamton, NY 13903		<b>Name of Employer</b> United Health Services	<b>Date (month, day, year)</b> 10/20/00	<b>Amount of Each Receipt this Period</b> \$1,000.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		<b>Occupation</b> President	<b>Aggregate Year-to-Date</b> > \$ 1,000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> David P. Rozen 8900 Van Wyck Expressway Jamaica, New York 11418		<b>Name of Employer</b> Jamaica Hospital Medical Center	<b>Date (month, day, year)</b> 10/20/00	<b>Amount of Each Receipt this Period</b> \$650.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		<b>Occupation</b> President/CEO	<b>Aggregate Year-to-Date</b> > \$ 650.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Gary S. Moran 600 E. 233rd Street Bronx, NY 10466		<b>Name of Employer</b> Our Lady of Mercy Healthcare System	<b>Date (month, day, year)</b> 10/20/00	<b>Amount of Each Receipt this Period</b> \$650.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		<b>Occupation</b> President/CEO	<b>Aggregate Year-to-Date</b> > \$ 650.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Barry Freedman One Gustave Le Levy Place, Box 1068 New York, NY 10029		<b>Name of Employer</b> Mt. Sinai Medical Ctr.	<b>Date (month, day, year)</b> 10/20/00	<b>Amount of Each Receipt this Period</b> \$650.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		<b>Occupation</b> President	<b>Aggregate Year-to-Date</b> > \$ 650.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Jon B. Schandler Davis Ave. at East Post Road White Plains, NY 10601		<b>Name of Employer</b> White Plains Hospital Center	<b>Date (month, day, year)</b> 10/20/00	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		<b>Occupation</b> President/CEO	<b>Aggregate Year-to-Date</b> > \$ 500.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Vincent DiRubbio 1000 N. Village Avenue Rockville Centre, NY 11570		<b>Name of Employer</b> Mercy Medical Center	<b>Date (month, day, year)</b> 10/20/00	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		<b>Occupation</b> President/CEO	<b>Aggregate Year-to-Date</b> > \$ 500.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$4,950.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**

New York State Hospital and Healthcare Associations' Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R. Carman 134 Homer Avenue Cortland, NY 13045  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Cortland Memorial Hospital  Occupation: President/CEO Aggregate Year-to-Date > \$ 250.00	10/20/00	\$250.00
B. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$ 250.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$7,000.00

**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)**

New York State Hospital and Healthcare Associations' Federal PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Maurice Hinchey P.O. Box 4497 Kingston, NY 12402	Contribution to Rep. Maurice Hinchey (26-NY) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/00	\$250.00
B. Full Name, Mailing Address and ZIP Code Hillary Rodham Clinton for US Senate Committee 450 Seventh Ave., Ste.804 New York, NY 10123	Purpose of Disbursement Contribution to Senate Candidate Hillary Clinton Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/23/00	\$2,500.00
C. Full Name, Mailing Address and ZIP Code Friends of Sherwood Boehlert P.O. Box C Utica, NY 13503	Purpose of Disbursement Contribution to Rep. Sherwood Boehlert (23-NY) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/23/00	\$500.00
D. Full Name, Mailing Address and ZIP Code Engel for Congress P.O. Box 60 Bronx, NY 10463	Purpose of Disbursement Contribution to Rep. Eliot Engel (17-NY) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/23/00	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Lazio 2000 P.O. Box 5063 Bay Shore, NY 11706	Purpose of Disbursement Contribution to Rep. Rick Lazio (2-NY) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/1/00	\$1,500.00
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)

\$5,750.00

TOTAL This Period (last page this line number only)

\$5,750.00

