

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL ROOM  
2002 JAN 22 P 3 30

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Political Action Committee of the Missouri Hospital Association

ADDRESS (number and street)

4712 Country Club Drive, P.O. Box 60

Check if different than previously reported. (ACC)

Jefferson City

MO

65102

0060

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 000289777

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

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)

(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)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

01/15/02

in the State of

MO

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

01/15/02

in the State of

MO

5. Covering Period

07

01

2001

through

12

31

2001

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

Dwight L. Fine

Signature of Treasurer

*Dwight L. Fine*

Date

01

15

2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

Office Use Only

**FEC FORM 3X**  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

**Political Action Committee of the Missouri Hospital Association**

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2001"/>	<input type="text" value="3,891.19"/>	<input type="text" value="3,891.19"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="2,373.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5,010.79"/>	<input type="text" value="6,500.81"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="7,383.80"/>	<input type="text" value="10,391.80"/>
7. Total Disbursements (from Line 30)	<input type="text" value="7,251.00"/>	<input type="text" value="10,259.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="132.80"/>	<input type="text" value="132.80"/>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Political Action Committee of the Missouri Hospital Association

Report Covering the Period: From: 07 01 2001 To: 12 31 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	750.04	
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4,246.66	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4,996.70	6,463.38
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	4,996.70	6,463.38
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	14.09	37.23
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	5,010.79	6,500.61
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	5,010.79	6,500.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

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 .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	7,250.00	10,250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements .....	1.00	9.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	7,251.00	10,259.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) .....	7,251.00	10,259.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4,996.70	6,463.38
33. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	4,996.70	6,463.38
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER (check only one)		PAGE 1 OF 3	
<input checked="" 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"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**Political Action Committee of the Missouri Hospital Association**

Full Name (Last, First, Middle Initial) <b>A. Dwight L. Fine</b>		Date of Receipt 07 09 2001	
Mailing Address <b>12675 Riviera Heights Road</b>		Amount of Each Receipt this Period 33.34	
City <b>Holts Summit</b>	State <b>MO</b>	Zip Code <b>65043</b>	Transaction ID: 10000000082800002
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 233.32	
Name of Employer <b>Missouri Hospital Association</b>		Occupation <b>Senior V.P., Governmental Relations</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Gerald M. Sill</b>		Date of Receipt 07 09 2001	
Mailing Address <b>2808 Valley View Terrace</b>		Amount of Each Receipt this Period 33.34	
City <b>Jefferson City</b>	State <b>MO</b>	Zip Code <b>65109</b>	Transaction ID: 10000000083800003
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 233.32	
Name of Employer <b>Missouri Hospital Association</b>		Occupation <b>Senior Vice Pres. &amp; General Counsel</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dwight L. Fine</b>		Date of Receipt 08 09 2001	
Mailing Address <b>12675 Riviera Heights Road</b>		Amount of Each Receipt this Period 33.34	
City <b>Holts Summit</b>	State <b>MO</b>	Zip Code <b>65043</b>	Transaction ID: 10000000086100004
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 266.66	
Name of Employer <b>Missouri Hospital Association</b>		Occupation <b>Senior V.P., Governmental Relations</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	100.02
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 2 OF 3  
(check only one)  
 11a  11b  11c  12  
 13  14  15  18  17

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the Missouri Hospital Association**

Full Name (Last, First, Middle Initial) <b>A. Gerald M. Sili</b>		Date of Receipt <b>08 05 2001</b>
Mailing Address <b>2906 Valley View Terrace</b>		Amount of Each Receipt this Period <b>33.34</b>
City <b>Jefferson City</b>	State Zip Code <b>MO 65109</b>	
FEC ID number of contributing federal political committee <b>C</b>		Transaction ID: 1000000006100005
Name of Employer <b>Missouri Hospital Association</b>	Occupation <b>Senior Vice Pres. &amp; General Counsel</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>268.88</b>	

Full Name (Last, First, Middle Initial) <b>B. Dwight L. Fine</b>		Date of Receipt <b>09 07 2001</b>
Mailing Address <b>12675 Riviera Heights Road</b>		Amount of Each Receipt this Period <b>33.34</b>
City <b>Holt Summit</b>	State Zip Code <b>MO 65043</b>	
FEC ID number of contributing federal political committee <b>C</b>		Transaction ID: 1000000006400006
Name of Employer <b>Missouri Hospital Association</b>	Occupation <b>Senior V.P., Governmental Relations</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Gerald M. Sili</b>		Date of Receipt <b>09 07 2001</b>
Mailing Address <b>2906 Valley View Terrace</b>		Amount of Each Receipt this Period <b>33.34</b>
City <b>Jefferson City</b>	State Zip Code <b>MO 65109</b>	
FEC ID number of contributing federal political committee <b>C</b>		Transaction ID: 1000000006400007
Name of Employer <b>Missouri Hospital Association</b>	Occupation <b>Senior Vice Pres. &amp; General Counsel</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>100.02</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE 3 OF 3	
<input checked="" 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"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the Missouri Hospital Association**

Full Name (Last, First, Middle Initial) <b>A. Mark R. Taylor</b>		Date of Receipt <b>09 01 2001</b>
Mailing Address <b>5821 Foxfire Lane</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Lohman</b>	State Zip Code <b>MO 65053</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 4000000000000000
Name of Employer <b>St. Marys Health Center</b>	Occupation <b>President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Marc D. Smith</b>		Date of Receipt <b>09 17 2001</b>
Mailing Address <b>5612 Tanner Bridge Road</b>		Amount of Each Receipt this Period <b>300.00</b>
City <b>Jefferson City</b>	State Zip Code <b>MO 65101</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 1000000000000000
Name of Employer <b>Missouri Hospital Association</b>	Occupation <b>President and CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID:
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	<b>550.00</b>
TOTAL This Period (last page this line number only)	<b>750.04</b>

**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 2

21b  22  23  24  25  
 26  27  28a  28b  28c  29

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the Missouri Hospital Association**

**A. Ike Skelton for Congress Committee**

Full Name (Last, First, Middle Initial)  
**Ike Skelton for Congress Committee**

Date of Disbursement  
10 05 2001

Mailing Address  
**P.O. Box A**

City State Zip Code  
**Harrisonville MO 64701**

Purpose of Disbursement  
**YTD:\$750.00 Ike Skelton, U.S. HOUSE 4th MO**

Candidate Name  
**Ike Skelton**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: **MO** District: **4**

Amount of Each Disbursement this Period  
**750.00**

Category/Type  
**24K**

Transaction ID: 10000000071500002

**B. Missourians For Kit Bond**

Full Name (Last, First, Middle Initial)  
**Missourians For Kit Bond**

Date of Disbursement  
11 02 2001

Mailing Address  
**8229 Clayton Road Suite 200**

City State Zip Code  
**St Louis MO 63117**

Purpose of Disbursement  
**YTD:\$1000.00 Kit Bond, MO**

Candidate Name  
**Christopher S. Bond**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: **MO** District:

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type  
**24K**

Transaction ID: 10000000073700003

**C. Graves For Congress**

Full Name (Last, First, Middle Initial)  
**Graves For Congress**

Date of Disbursement  
11 06 2001

Mailing Address  
**4701 Northwest 82nd Street**

City State Zip Code  
**Kansas City MO 64151**

Purpose of Disbursement  
**YTD:\$1500.00 Sam Graves, U.S. HOUSE 6th MO**

Candidate Name  
**Samuel B. (Sam) Graves Jr.**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: **MO** District: **8**

Amount of Each Disbursement this Period  
**500.00**

Category/Type  
**24K**

Transaction ID: 10000000073800004

SUBTOTAL of Disbursements This Page (optional) ..... **2,250.00**

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

21b  22  23  24  25  
 26  27  28a  28b  28c  29

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the Missouri Hospital Association**

**A. Talent for Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**507 Capitol Court NE #100**  
City **Washington** State **DC** Zip Code **20002**

Purpose of Disbursement  
**YTD:\$2000.00 Jim Talent, U.S. SENATE MO**

Candidate Name  
**Jim Talent**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: **MO** District:

Date of Disbursement  
**11 14 2001**

Amount of Each Disbursement this Period  
**2,000.00**

Category/Type  
**24K**

Transaction ID: 10066000075400006

**B. TEAM EMERSON**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**P.O. Box 822 400 Broadway**  
City **Cape Girardeau** State **MO** Zip Code **63702**

Purpose of Disbursement  
**YTD:\$500.00 Jo Ann Emerson, U.S. HOUSE 8th MO**

Candidate Name  
**Jo Ann Emerson**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: **MO** District: **8**

Date of Disbursement  
**11 30 2001**

Amount of Each Disbursement this Period  
**500.00**

Category/Type  
**24K**

Transaction ID: 10066000075500006

**C. American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**325 Seventh Street, N.W.**  
City **Washington** State **DC** Zip Code **20004**

Purpose of Disbursement  
**Contribution**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**12 29 2001**

Amount of Each Disbursement this Period  
**2,500.00**

Category/Type  
**24K**

Transaction ID: 10066000074200007

SUBTOTAL of Disbursements This Page (optional) ..... **5,000.00**

TOTAL This Period (last page this line number only) ..... **7,250.00**

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 1-22-02
<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	
<i>sc1</i> PREPARER	1-22-02 DATE PREPARED