



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



8872

(July 2000)

Department of the Treasury
Internal Revenue ServicePolitical Organization
Report of Contributions and Expenditures

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning 07/01/2002, 20 and ending 09/30/2002, 20

B Check applicable boxes: ☐ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Association of California Healthcare Districts PAC Employer identification number 68-0258201

2 Mailing address (P.O. Box or number, street, and room or suite number)
1127 11th Street, Suite 300City or town, state, and ZIP code
Sacramento, CA 95814

3 E-mail address of organization jenniferh@eichmanpcpa.com 4 Date organization was formed 12/26/1995

5a Name of custodian of records
J. Richard Eichman5b Custodian's address
1127 11th Street, Suite 300
Sacramento, CA 958146a Name of contact person
J. Richard Eichman6b Contact person's address
1127 11th Street, Suite 300
Sacramento, CA 958147 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
1127 11th Street, Suite 300City or town, state, and ZIP code
Sacramento, CA 95814

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)b ☐ Second quarterly report (due by July 15)c ☒ Third quarterly report (due by October 15)d ☐ Year-end report (due by January 31)e ☐ Mid-year report (Non-election
year only-due by July 31)f ☐ Monthly report for the month of: _____
(due by the 20th day following the month shown above, except the
December report, which is due by January 31)g ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: _____
(2) Date of election: _____
(3) For the state of: _____h ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A). 9 0.00

10 Total amount of reported expenditures (total from all attached Schedules B). 10 462.50

Sign
HereUnder penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge
and belief, it is true, correct, and complete.

Signature of authorized official

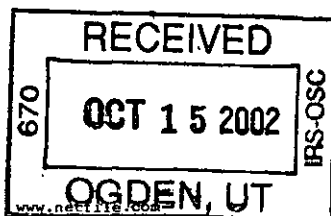
10/01/2002

Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 30406G

Form 8872 (7-2000)



319100-JH

Schedule B Itemized Expenditures		Schedule B page 2 of 2
Name of organization Association of California Healthcare Districts PAC		Employer identification number 68-0258201
Recipient's name, mailing address and ZIP code J. Richard Eichman, CPA 1127 11th Street Suite 300 Sacramento, CA 95814	Name of recipient's employer	Amount of each expenditure reported for this period \$ 321.89
	Recipient's occupation	
Recipient's name, mailing address and ZIP code J. Richard Eichman, CPA 1127 11th Street Suite 300 Sacramento, CA 95814	Name of recipient's employer	Amount of each expenditure reported for this period \$ 140.61
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.		\$ 462.50

