REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

FEB 26 1998

1. NAME OF COMMITTEE (in full)
American Health Care Association Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1201 L Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0006-6080

3. [X] 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

☐ Twelfth day report preceeding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY

5. Covering Period 01/01/98 through 01/31/98

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1998		$ 103,776.31
(b) Cash on Hand at Beginning of Reporting Period	$ 103,776.31	
(c) Total Receipts (from line 19)	$ 73,639.47	$ 73,639.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 177,415.78	$ 177,415.78
7. Total Disbursements (from Line 30)	$ 27,315.91	$ 27,315.91
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 150,099.87	$ 150,099.87
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	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Paul Willging, Phd

Signature of Treasurer
Paul Willging

Date
2-26-1998

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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: American Health Care Association Political Action Committee

REPORT COVERING PERIOD FROM: 01/01/98 TO: 01/31/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	64,766.50	64,766.50
ii. Unitemized	8,577.50	8,577.50
iii. Total (add i and ii) >	73,344.00	73,344.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add aiii,b and c) >	73,344.00	73,344.00
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.)	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.)	295.47	295.47
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	73,639.47	73,639.47
20. Total Federal Receipts (subtract line 18 from line 19) >	73,639.47	73,639.47
II. Disbursements		
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	815.91	815.91
c. Total Operating Expenditures (Add ai,aii, and b) >	815.91	815.91
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	26,500.00	26,500.00
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 a,b, and c) >	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	27,315.91	27,315.91
31. Total Federal Disbursements (Subtract line 21 all from line 30) >	27,315.91	27,315.91
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	73,344.00	73,344.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	73,344.00	73,344.00
35. Total Federal Operating Expenditures (add 21 ai and 21 bi) >	815.91	815.91
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	815.91	815.91

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 10
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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)
American Health Care Association Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Millard Cursey 531 Stevenson Ln Towson, MD 21286	Holly Hill Manor Occupation: Administrator	01/06/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael Morton 100-B Garrison Ave Ft Smith, AR 72901	Central Arkansas Nursing Ctrs Occupation: Owner	01/08/98	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,000.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dixie Taylor 932 Baldour Pkwy Lebanon, TN 37087	Quality Care Health Center Occupation: Administrator	01/08/98	1,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,500.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Ronnie Rollins PO Box 63 Macon, GA 31202	CareMore Occupation: President	01/08/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
William Kempiners 1029 S 4th St Springfield, IL 62703	Illinois Health Care Assn Occupation: Executive Director	01/08/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Ronnie Rollins PO Box 63 Macon, GA 31202	CareMore Occupation: President	01/08/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,000.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert M Coury Two Berea Commons #1 Berea, OH 44017	Aristocrat Berea Occupation: Administrator	01/09/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	6,500.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 10
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NAME OF COMMITTEE (in full)
American Health Care Association Political Action Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. Rick L Holloway 1475 N Cole Road Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Parke View Care & Rehab VP, Systems Design Aggregate Year-to-date > $ 250.00	01/09/98	50.00
B. Walter Ledig PO Box 892 Minden, LA 71058 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Town & Country Nrsg Home Administrator Aggregate Year-to-date > $ 250.00	01/10/98	250.00
C. Barbra McClung 3710 W Mineral King Avenue Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Moyles Central Valley HC Vice President Aggregate Year-to-date > $ 500.00	01/10/98	500.00
D. Mark Tobin 50 Christy Place Brockton, MA 02401 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	The Pointe Group President Aggregate Year-to-date > $ 250.00	01/10/98	250.00
E. John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	White Oak Manor Executive VP/CFO Aggregate Year-to-date > $ 2,000.00	01/10/98	2,000.00
F. Stuart Goldberg 134 Great East Neck Rd PO Box 5249 West Babylon, NY 11704 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	East Neck Nursing Center President Aggregate Year-to-date > $ 250.00	01/10/98	250.00
G. Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Westgate Nursing Home Proprietor Aggregate Year-to-date > $ 250.00	01/12/98	250.00

SUB TOTAL of Receipts This Page (Optional) >	3,550.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 10
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NAME OF COMMITTEE (in full)
American Health Care Association Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
A D Buffington 2506 Lakeland Dr PO Box 8075 Jackson, MS 39204	Hillcrest Health Center Occupation: Owner	01/12/98	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 600.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062	Weirton Convalescent Home Occupation: Owner/Administrator	01/12/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Benno W Salewski 501 Woodlane Dr #300 Little Rock, AR 72201	Arkansas Health Care Assn Occupation: Executive Director	01/12/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Wally Miller 104 E Central Ave P.O. Box 168 LaGrange, IN 46761	MMM Investment Inc Occupation: CEO/Operations	01/13/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Frank Wronski 64500 Van Dyke Washington, MI 48095	Medilodge Group Occupation: Administrator	01/13/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Herman Conaway 2312 Highland Avenue Parkersburg, WV 26101	Mound View Health Care Inc Occupation: Administrator	01/13/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Gail Clarkson 64500 Van Dyke Washington, MI 48095	The Medilodge Group Occupation: Vice President	01/13/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	3,650.00
TOTAL this Period (Last page this line number only) ..... >	

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NAME OF COMMITTEE (in full)
American Health Care Association Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Jack Markovitz P.O. Box 605 Sunset Beach, CA 90742-0605	JK Health Care Mgmt. Inc.	01/13/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: President Aggregate Year-to-date > $ 500.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
V Richard Miller PO Box 498 Plymouth, IN 46563	MMM Investment Inc	01/13/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: CEO/CFO Aggregate Year-to-date > $ 500.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
David E Meillier 27 Brank Avenue P.O. Box 446 Faribault, MN 55021	Pleasant Manor Inc	01/13/98	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Administrator Aggregate Year-to-date > $ 350.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Ruth Braswell 3674 Pacific Ave Riverside, CA 92509	Vista Pacifica Enterprises	01/13/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Owner/Administrator Aggregate Year-to-date > $ 1,000.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Herbert Heflich 33 Union Pl 2nd Flr Summit, NJ 07901	Long Term Care Mgt Co	01/13/98	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Owner Aggregate Year-to-date > $ 2,000.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
James Westbury 922 McDonough Rd Jackson, GA 30233	Westbury Medical Care Home Inc	01/13/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: President Aggregate Year-to-date > $ 500.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Gerald Romano 7 Creek Ln Bristol, RI 02809	Silver Creek Manor	01/13/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Administrator Aggregate Year-to-date > $ 1,000.00		

SUB TOTAL of Receipts This Page (Optional) >	5,850.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 10
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NAME OF COMMITTEE (In full)
American Health Care Association Political Action Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. Jeff Chapple III, 150 So Champlain St, Burlington, VT 05401	Marlin Management Services / President	01/13/98	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,000.00		
B. Gail Horrigan, 1016 E Couley Dr #G, Colton, CA 92324	Horrigan Enterprises / Owner	01/13/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
C. Elton Beebe, PO Box 6015, Ridgeland, MS 39158	Magnolia Management Corp / President	01/13/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Patrick T Kriner, 6228 Merger Drive, Holland, OH 43528	Woodside Management Group / Owner	01/14/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
E. Joseph Warner, 115 W Jefferson, Suite 401, Bloomington, IL 61702-3188	Heritage Enterprise / President	01/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
F. Lee Marchant, 3800 Gifford Road, Bloomington, IN 47402	LJM Enterprises / CEO	01/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Simon Pelman, 140 St Edwards St, Brooklyn, NY 11201	Greenpark Care Center Inc / Administrator	01/14/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

SUB TOTAL of Receipts This Page (Optional) >	5,300.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 10
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NAME OF COMMITTEE (In full)
American Health Care Association Political Action Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. W Parker Tomlinson, 513 E Whitaker Mill Rd, Raleigh, NC 27608	Mayview Convalescent Center / Vice President	01/15/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
B. Jean Wells, 725 Harvard Drive, Owensboro, KY 42301	Wells Health Systems / Owner	01/15/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Jerry Sansby, 2319 W 7th St, St Paul, MN 55116	Highland Chateau / President	01/15/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
D. Kris Baldock, 8028 Ritchie Hwy Ste 210B, Pasadena, MD 21122	Future Care Health Mgmt / President	01/16/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
E. Steven Wolf, 2620 West Blvd., Belleville, IL 62221-7208	Eldercare Inc / President	01/16/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Edward Kuntz, 8807 Stable Crest Blvd., Houston, TX 77024	Name of Employer / Chairman & CEO	01/20/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Patti Turenne, 407 S McDonough St, Montgomery, AL 36104	Turenne & Associates Inc / Administrator	01/20/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) >	3,300.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 10
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NAME OF COMMITTEE (In full)
American Health Care Association Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Eugene Bishop PO Box 397 Roswell, GA 30077	Health Services Centers Occupation: President	01/20/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Orme 4882 Wilcox Ave Holt, MI 48842	FICAM-PAC Occupation:	01/21/98	1,266.50
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,266.50		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Sharon Flippen 4107 Spicewood Road #216 Austin, TX 78759	Occupation:	01/21/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Don Angell 6000 Meadowbrook Mall #27 PO Box 1670 Clemmons, NC 27012	Angell Group Inc Occupation: Owner	01/21/98	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Delta Holloway 1475 N Cole Rd Boise, ID 83704	Western Health Care Corp Occupation: Owner/Nurse Consult	01/21/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Jerry Franks 124 S Elm Pl Broken Arrow, OK 74102	Park Boulevard Inc Occupation: Owner	01/21/98	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
David Banks PO Box 3324 Ft Smith, AR 72913	Beverly Enterprises Occupation: Chairman/President	01/21/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	12,566.50
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 10
	FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in full)
American Health Care Association Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Lynette Goux PO Box 338 Mandeville, LA 70470	Pontchartrain Health Care Ctr	01/21/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Owner/Administrator		
	Aggregate Year-to-date > $ 250.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Jack Vetter 5020 South 118th St. Omaha, NE 68137	Vetter Health Services	01/21/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Administrator		
	Aggregate Year-to-date > $ 600.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Jan Thayer 404 Woodland Dr Grand Island, NE 68801	Riverside Lodge	01/22/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Owner/Administrator		
	Aggregate Year-to-date > $ 250.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Dixie Taylor 932 Raddour Pkwy Lebanon, TN 37087	Quality Care Health Center	01/22/98	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Administrator		
	Aggregate Year-to-date > $ 2,750.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Larry Juhl 104 Glen Oaks Dr Box 31 New London, MN 56273	GlenOaks Care Center	01/22/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Administrator		
	Aggregate Year-to-date > $ 250.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Hugh Franklin 865 North St. Jackson, MS 39202	Health Care Facilities Mgmt	01/22/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Owner		
	Aggregate Year-to-date > $ 500.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Philip Small 5111 Rogers Ave, Suite 40-A Fort Smith, AR 72919	Beverly Enterprises	01/22/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Senior Vice President, Finance		
	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) >	3,500.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 9 OF 10
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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)
American Health Care Association Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Keith Holloway 1475 N Cole Rd Boise, ID 83704	Western Health Care Corp Occupation: Administrator	01/22/98	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Ruth Braswell 3674 Pacific Ave Riverside, CA 92509	Vista Pacifica Enterprises Occupation: Owner/Administrator	01/22/98	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,250.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Sally Rapp 5700 Stone Ridge Mall Ste 280 Pleasantine, CA 94588	Rapp Health Facilities Occupation: Administrator	01/22/98	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Mary Ousley 6001 Indian School Rd NE #530 Albuquerque, NM 87110	Horizon Healthcare Corporation Occupation: Corporate Director	01/22/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Mary Baker 108 Starr Ave. PO Box 1129 Turlock, CA 95381	Bel-Air Lodge Occupation: Administrator	01/22/98	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Joseph Donchess 7844 Office Park Blvd Baton Rouge, LA 70809	Louisiana Nursing Home Assn Occupation: Executive Director	01/23/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
J Robert Wilson 947 Worthington Circle Ft Collins, CO 80526	Columbine Mgmt. Svcs. Occupation: President	01/23/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) >	17,000.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 OF 10
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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)
American Health Care Association Political Action Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. William Dunn 195 Executive Dr Marion, OH 43302	Marion Manor Nursing Hm Inc Occupation: Administrator	01/26/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Hollis Helgeson 520 1st St NE Sartell, MN 56377	Country Manor Occupation: CEO	01/26/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
C. Robert Murtha 27 E Russell St #200 Columbus, OH 43215	The MacIntosh Company Occupation: President	01/26/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Ron Floyd 505 Robert Rd Slidell, LA 70458	Greenbriar Nursing Home Occupation: Administrator	01/26/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
E. Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432	Hillside Manor Rehab Ctr Occupation: Executive Director	01/27/98	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,250.00		
F. John W Jamison III PO Box 360067 Birmingham, AL 35236	CARECORPS Occupation: President & CEO	01/27/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
G. Bernard Dana 5010 S 118th St Ste 250 Omaha, NE 68137	Vetter Health Services Occupation: Executive VP	01/30/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) >	3,550.00
TOTAL this Period (Last page this line number only) >	64,766.50

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

SCHEDULE A ITEMIZED RECEIPTS

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)
American Health Care Association Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
PO Box 85024 Richmond, VA 23285-5024	Occupation	01/31/98	224.59
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 224.59		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	224.59
TOTAL this Period (Last page this line number only) ..... >	224.59

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 21B

SCHEDULE B ITEMIZED DISBURSEMENTS

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)
American Health Care Association Political Action Committee

A. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Credit card fees Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year) 01/31/98	Amount of Each Disb. this Period 534.30
B. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Banking fees Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year) 01/31/98	Amount of Each Disb. this Period 281.61
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	815.91
TOTAL this Period (Last page this line number only) ..... >	815.91

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 3
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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)
American Health Care Association Political Action Committee

A. Full Name, Mailing Address and Zip Code Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003	Purpose of Disbursement DCCC 98 Membership Dues Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 98 Other	Date (Month day,Year) 01/16/98	Amount of Each Disb. this Period 5,000.00
B. Full Name, Mailing Address and Zip Code Ted Strickland for Congress P.O. Box 580 1429 Longworth House Ofc Bldg Lucasville, OH 45648	Purpose of Disbursement Ted Strickland, OH Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 01/16/98	Amount of Each Disb. this Period 2,000.00
C. Full Name, Mailing Address and Zip Code Whitfield for Congress Cmt PO Box 391 1541 Longworth HOB Hopkinsville, KY 42241	Purpose of Disbursement Ed Whitfield, U.S. HOUSE 1st KY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 01/20/98	Amount of Each Disb. this Period 4,000.00
D. Full Name, Mailing Address and Zip Code Citizens for Joe Kennedy 233 Needham Street Suite 200 Newton, MA 02164	Purpose of Disbursement Joseph Kennedy, U.S. HOUSE 8th MA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 01/20/98	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Friends of Byron Dorgan P O Box 871 SH-713 Hart Senate Ofc Bldg Bismarck, ND 58502	Purpose of Disbursement Byron Dorgan, U.S. SENATE ND Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 01/20/98	Amount of Each Disb. this Period 500.00
F. Full Name, Mailing Address and Zip Code Friends of Byron Dorgan P O Box 871 SH-713 Hart Senate Ofc Bldg Bismarck, ND 58502	Purpose of Disbursement Byron Dorgan, U.S. SENATE ND Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 01/20/98	Amount of Each Disb. this Period 500.00
G. Full Name, Mailing Address and Zip Code Pete Stark Re-Election Cmt PO Box 121 Hayward, CA 94543	Purpose of Disbursement Pete Stark, U.S. HOUSE 13th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 01/20/98	Amount of Each Disb. this Period 500.00
H. Full Name, Mailing Address and Zip Code Friends of John Tanner P.O. Box 1988 1427 Longworth House Ofc Bldg Union City, TN 38261	Purpose of Disbursement John Tanner, U.S. HOUSE 8th TN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 01/20/98	Amount of Each Disb. this Period 500.00
I. Full Name, Mailing Address and Zip Code Joseph Moakley 1812 Columbia Road 235 Cannon House Ofc Bldg Boston, MA 02127	Purpose of Disbursement Joseph Moakley, U.S. HOUSE 9th MA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 01/20/98	Amount of Each Disb. this Period 2,000.00
SUB TOTAL of Disbursements this page (Optional) ---------->			15,500.00
TOTAL this Period (Last page this line number only) ---------->			

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 3
	FOR LINE NUMBER 23

SCHEDULE B ITEMIZED DISBURSEMENTS

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)
American Health Care Association Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Boxer for Senate Committee PO Box 4881 SH-112 Hart Senate Ofc Bldg Greenbrae, CA 94904	Barbara Boxer, U.S. SENATE CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	01/20/98	500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
McCrery for Congress Suite 350, 6425 Youree Dr. 225 Cannon House Ofc Bldg Shreveport, LA 71105-0650	Jim McCrery, U.S. HOUSE 5th LA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	01/28/98	2,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	DSCC 98 Membership Dues Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 98 Other	01/28/98	5,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Tom DeLay for Congress PO Box 101 407 Cannon House Ofc Bldg Sugar Land, TX 77487	Tom DeLay, U.S. HOUSE 22nd TX Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	01/29/98	1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Hastert for Congress P.O. Box 625 2453 Rayburn House Ofc Bldg Batavia, IL 60510	Dennis Hastert, U.S. HOUSE 14th IL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	01/29/98	3,250.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Hastert for Congress P.O. Box 625 2453 Rayburn House Ofc Bldg Batavia, IL 60510	Dennis Hastert, U.S. HOUSE 14th IL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	01/29/98	1,750.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
William Coyne 2455 Rayburn House Ofc Bldg , PA	Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	01/31/98	-500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Pickering for Congress 661 Highway 51 North Suite 2C Ridgeland, MS 39157	Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	01/31/98	-500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Dave Camp for Congress 135 Ashman 137 Cannon House Ofc Bldg Midland, MI 48640	Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	01/31/98	-500.00

SUB TOTAL of Disbursements this page (Optional) ---------->	12,000.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 3
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Nickles For US Senate 1412 Meadowbrook SH-133 Hart Senate Ofc Bldg Ponca City, OK 74601	Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	01/31/98	-1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ---------->	-1,000.00
TOTAL this Period (Last page this line number only) ---------->	26,500.00

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 recived.

☑	Hand Delivered	Date of Receipt 3-26-98
☐	First Class Mail	POSTMARKED
☐	Registerd/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

MS — PREPARER

3-26-98 — DATE PREPARED

(7/97)