RECEIVED
FEC MAIL ROOM

2001 JUN 22 A 10 50

AHCA-PAC
1201 L Street NW
Washington, DC 20005

FEC
Nicholas Ebinger
999 E Street NW
Washington, DC 20463

To the FEC Commission:

(ID C00006080)
Attached you will find our amended Report for the 30 Day Post General Election(10/19/00-11/27/2000. Per our conversation on the phone our software company has corrected the problem so the voided checks included the house or senate and the district. Also the two PAC you are referencing they are leadership pac's they are not earmarked contributions to these candidates but contributions to their PAC.
We will correct this in our system

Sincerely,

Anna Lee
PAC Director
Assistant Treasurer

RECEIVED
FEC MAIL ROOM
2001 JUN 22 A 10: 50

Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. — 12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼ — 1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington — DC — 20005

CITY ▲ — STATE ▲ — ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ — C C00005080

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

(b) Monthly Report Due On:
- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ☐ in the State of ☐

(d) 30-Day POST-Election Report for the: ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ☐ in the State of ☐

5. Covering Period 10 19 2000 through 11 27 2000

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: Anna Lee, PAC Director — Assistant Treasurer

Signature of Treasurer: [signature] — Date 6 19 2001

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

Office Use Only							

FEC FORM 3X (Revised 1/01)

FF: AN047.PDF

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 10 19 2000 To: 11 27 2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000		108,333.90
(b) Cash on Hand at Beginning of Reporting Period	71,055.11	
(c) Total Receipts (from Line 19)	55,067.11	399,670.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	126,122.22	508,004.40
7. Total Disbursements (from Line 30)	44,976.07	419,858.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	81,146.15	88,146.15
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	

X 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)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 10 19 2000 To: 11 27 2000

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		
(i) Itemized (use Schedule A)	47,250.45	
(ii) Unitemized	7,758.49	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	55,008.94	385,971.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5,000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	55,008.94	390,971.56
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 35, page 4)	0.00	502.97
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	7,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	58.17	1,195.97
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) ▶	55,067.11	399,670.50
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	55,067.11	399,670.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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	976.07	7,119.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	976.07	7,119.75
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	44,000.00	412,738.50
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	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	44,976.07	419,858.25
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	44,976.07	419,858.25

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	55,008.94	390,971.56
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	55,008.94	390,971.56
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	976.07	7,119.75
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	502.97
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	976.07	6,616.78

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

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 (Last, First, Middle Initial): Bank of America
Mailing Address:
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Account Analysis Charge
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Date of Disbursement: 10 23 2000
Amount of Each Disbursement this Period: 17.22

B.
Full Name (Last, First, Middle Initial): Bank of America
Mailing Address:
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: BOA Monthly Service Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Date of Disbursement: 10 23 2000
Amount of Each Disbursement this Period: 290.85

C.
Full Name (Last, First, Middle Initial): Bank of America
Mailing Address:
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Amex Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 367.62

SUBTOTAL of Disbursements This Page (optional) ▶ 675.69

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

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

A.
Full Name (Last, First, Middle Initial): **Bank of America**
Mailing Address:
City: **Washington** State: **DC** Zip Code: **20005**
Purpose of Disbursement: **Bank Service Fees**
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 11 22 2000
Amount of Each Disbursement this Period: 272.87

B.
Full Name (Last, First, Middle Initial): **Bank of America**
Mailing Address:
City: **Washington** State: **DC** Zip Code: **20005**
Purpose of Disbursement: **Service Charge-BOA**
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 11 22 2000
Amount of Each Disbursement this Period: 17.51

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement:
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 290.38
TOTAL This Period (last page this line number only) ▶ 966.07

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

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

A.
Full Name (Last, First, Middle Initial): Robb for Senate Committee
Mailing Address: 424 C St. NE, 1st Floor
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Re-Designated funds for trans. dated 10/29/1999
Candidate Name: Senator Charles Robb
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: VA District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 19 2000
Amount of Each Disbursement this Period: 250.00
(Memo Entry)

B.
Full Name (Last, First, Middle Initial): DURBIN FOR CONGRESS CMTE
Mailing Address: PO BOX 1949
City: Springfield State: IL Zip Code: 62704
Purpose of Disbursement: Voided Check
Candidate Name: Mr. Richard Durbin
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 19 2000
Amount of Each Disbursement this Period: -1,000.00

C.
Full Name (Last, First, Middle Initial): DURBIN FOR SENATE COMMITTEE
Mailing Address: PO BOX 1949
City: Springfield State: IL Zip Code: 62704
Purpose of Disbursement: Richard Durbin, U.S. SENATE IL
Candidate Name: Mr. Richard Durbin
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 19 2000
Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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

A. Full Name (Last, First, Middle Initial): **Mark Baker for Congress**
Mailing Address: **46 Lincoln Hill, SW**
City: **Quincy** State: **IL** Zip Code: **62301**
Purpose of Disbursement: **Mark Baker, U.S. HOUSE IL**
Candidate Name: **Mr Mark Baker**
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: **IL** District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify) ▼ **2000**
Date of Disbursement: **10 19 2000**
Amount of Each Disbursement this Period: **1,000.00**

B. Full Name (Last, First, Middle Initial): **Friends of Tim Johnson**
Mailing Address: **PO Box 17097**
City: **Urbana** State: **IL** Zip Code: **61803**
Purpose of Disbursement: **Johnson , U.S. HOUSE IL**
Candidate Name: **Tim Johnson**
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: **IL** District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify) ▼ **2000**
Date of Disbursement: **10 19 2000**
Amount of Each Disbursement this Period: **1,000.00**

C. Full Name (Last, First, Middle Initial): **Ed Schrock for Congress**
Mailing Address: **4213 Doughtery Street**
City: **Virginia Beach** State: **VA** Zip Code: **23455**
Purpose of Disbursement: **Schrock , U.S. HOUSE 2nd VA**
Candidate Name: **Ed Schrock**
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: **VA** District: **2**
Disbursement For: [ ] Primary [X] General [ ] Other (specify) ▼ **2000**
Date of Disbursement: **10 19 2000**
Amount of Each Disbursement this Period: **1,000.00**

SUBTOTAL of Disbursements This Page (optional) ▶ **3,000.00**

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

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

A. Full Name (Last, First, Middle Initial)
Betty McCollum for Congress

Mailing Address
2464 Burke Avenue E

City: **North St. Paul** State: **MN** Zip Code: **55109**

Purpose of Disbursement
McCollum, U.S. HOUSE MN

Candidate Name
Betty McCollum

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: **MN** District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**

Date of Disbursement: **10** **25** **2000**

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

B. Full Name (Last, First, Middle Initial)
Mark Dayton for Minnesota

Mailing Address
3030 Lexington Avenue Suite 150

City: **Eagan** State: **MN** Zip Code: **55121**

Purpose of Disbursement
Dayton, U.S. SENATE MN

Candidate Name
Mark Dayton

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: **MN** District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**

Date of Disbursement: **10** **25** **2000**

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

C. Full Name (Last, First, Middle Initial)
The Freedom Project

Mailing Address
7908 Cincinnati-Dayton Rd

City: **West Chester** State: **OH** Zip Code: **45069**

Purpose of Disbursement
[illegible]

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: **OH** District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**

Date of Disbursement: **10** **25** **2000**

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

SUBTOTAL of Disbursements This Page (optional) ▶ **3,000.00**

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

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

A. Full Name (Last, First, Middle Initial): Hall For Congress Committee
Mailing Address: Post Office Box 711
City: Rockwall State: TX Zip Code: 75087
Purpose of Disbursement: Ralph Hall, U.S. HOUSE 4th TX
Candidate Name: Mr. Ralph Hall
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 4
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Category/Type:
Date of Disbursement: 10 25 2000
Amount of Each Disbursement this Period: 1,000.00

B. Full Name (Last, First, Middle Initial): Volunteer PAC
Mailing Address: 2000 Glen Echo #107
City: Nashville State: TN Zip Code: 37215
Purpose of Disbursement:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: TN District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼ 2000
Category/Type:
Date of Disbursement: 10 25 2000
Amount of Each Disbursement this Period: 1,000.00

C. Full Name (Last, First, Middle Initial): Congressman Phil Crane Committee
Mailing Address: 1450 So. New Wilke, Suite 101
City: Arlington Heights State: IL Zip Code: 60005
Purpose of Disbursement: Philip Crane, U.S. HOUSE 8th IL
Candidate Name: Mr. Philip Crane
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 8
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Category/Type:
Date of Disbursement: 10 25 2000
Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3,000.00

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

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

A.
Full Name (Last, First, Middle Initial): Rogers for Congress
Mailing Address: 1321 E. Michigan Avenue
City: Lansing State: MI Zip Code: 48912
Purpose of Disbursement: Rogers , U.S. HOUSE 8th MI
Candidate Name: Mike Rogers
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: MI District: 8
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 27 2000
Amount of Each Disbursement this Period: 2,000.00

B.
Full Name (Last, First, Middle Initial): Zimmer 2000
Mailing Address: 199 Nassau Street
City: Princeton State: NJ Zip Code: 08540
Purpose of Disbursement: Zimmer , U.S. HOUSE 12th NJ
Candidate Name: Dick Zimmer
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: NJ District: 12
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 27 2000
Amount of Each Disbursement this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): Ashcroft for Senate
Mailing Address: P.O. Box 15577 705 Hart SOB
City: Clayton State: MO Zip Code: 63105
Purpose of Disbursement: Voided Check
Candidate Name: Mr. John Ashcroft
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: MO District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 27 2000
Amount of Each Disbursement this Period: -3,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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

A.
Full Name (Last, First, Middle Initial): Ashcroft for Senate
Mailing Address: P.O. Box 15577 705 Hart SOB
City: Clayton State: MO Zip Code: 63105
Purpose of Disbursement: John Ashcroft, U.S. SENATE MO
Candidate Name: Mr. John Ashcroft
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: MO District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 27 2000
Amount of Each Disbursement this Period: 3,000.00

B.
Full Name (Last, First, Middle Initial): Friends of Clay Shaw
Mailing Address: 1512 East Broward Blvd. Suite 101
City: Fort Lauderdale State: FL Zip Code: 33301
Purpose of Disbursement: Clay Shaw, Jr., U.S. HOUSE 22nd FL
Candidate Name: Mr. Clay Shaw, Jr.
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: FL District: 22
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): Joan Johnson for Congress
Mailing Address: 126 East Main Street
City: Bayshore State: NY Zip Code: 11206
Purpose of Disbursement: Johnson , U.S. HOUSE 2nd NY
Candidate Name: Joan Johnson
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: NY District: 2
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 5,000.00

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

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

A.
Full Name (Last, First, Middle Initial): Chabot for Congress
Mailing Address: 105 West Fourth St, Rm 1133 1641 Longworth HOB
City: Cincinnati State: OH Zip Code: 45202
Purpose of Disbursement: Steve Chabot, U.S. HOUSE 1st OH
Candidate Name: Mr. Steve Chabot
Category/Type
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 1
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial): Mike Bilirakis for Congress
Mailing Address: P O Box 1077
City: Tarpon Springs State: FL Zip Code: 34688-1077
Purpose of Disbursement: Michael Bilirakis, U.S. HOUSE 9th FL
Candidate Name: Mr. Michael Bilirakis
Category/Type
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 9
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 3,000.00

C.
Full Name (Last, First, Middle Initial): SPRATT FOR CONGRESS
Mailing Address: PO Box 636
City: Annandale State: VA Zip Code: 22003
Purpose of Disbursement: John Spratt, U.S. HOUSE 5th SC
Candidate Name: Mr John Spratt
Category/Type
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 5
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 5,000.00

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

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

A.
Full Name (Last, First, Middle Initial): **Pastor for Arizona**
Mailing Address: **413 N. Seventh Ave. 406 Cannon House Ofc Bldg**
City: **Phoenix** State: **AZ** Zip Code: **85007**
Purpose of Disbursement: **Ed Pastor, U.S. HOUSE 2nd AZ**
Candidate Name: **Mr. Ed Pastor**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **AZ** District: **2**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Date of Disbursement: **10 31 2000**
Amount of Each Disbursement this Period: **1,000.00**

B.
Full Name (Last, First, Middle Initial): **Nussle for Congress Committee**
Mailing Address: **PO Box 324**
City: **Manchester** State: **IA** Zip Code: **52057**
Purpose of Disbursement: **Jim Nussle, U.S. HOUSE 2nd IA**
Candidate Name: **Mr. Jim Nussle**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **IA** District: **2**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Date of Disbursement: **10 31 2000**
Amount of Each Disbursement this Period: **2,500.00**

C.
Full Name (Last, First, Middle Initial): **Friends of Dan Miller**
Mailing Address: **1111 3rd Ave., West, Ste. 100 510 Cannon House Ofc Bldg**
City: **Bradenton** State: **FL** Zip Code: **34205-7901**
Purpose of Disbursement: **Dan Miller, U.S. HOUSE 13th FL**
Candidate Name: **Mr. Dan Miller**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **FL** District: **13**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Date of Disbursement: **10 31 2000**
Amount of Each Disbursement this Period: **2,500.00**

SUBTOTAL of Disbursements This Page (optional) ▶ **6,000.00**

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

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

A.
Full Name (Last, First, Middle Initial): **Citizens for David Obey**
Mailing Address: **932 Ross Avenue**
City: **Wausau** State: **WI** Zip Code: **54401**
Purpose of Disbursement: **David Obey, U.S. HOUSE 7th WI**
Candidate Name: **Mr. David Obey**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **WI** District: **7**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 2,000.00

B.
Full Name (Last, First, Middle Initial): **Richard Armey for Congress**
Mailing Address: **250 S Stemmons Suite 316 301 Cannon House Ofc Bldg**
City: **Lewisville** State: **TX** Zip Code: **75067**
Purpose of Disbursement: **Dick Armey, U.S. HOUSE 26th TX**
Candidate Name: **Mr. Dick Armey**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **TX** District: **26**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 2,500.00

C.
Full Name (Last, First, Middle Initial): **Earl Pomeroy for Congress**
Mailing Address: **PO Box 746**
City: **Bismarck** State: **ND** Zip Code: **58502**
Purpose of Disbursement: **Earl Pomeroy, U.S. HOUSE AL ND**
Candidate Name: **Mr. Earl Pomeroy**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **ND** District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 2,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6,500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial): Anne Northup for Congress
Mailing Address: 4006 Dutchman's Lane
City: Louisville State: KY Zip Code: 40207
Purpose of Disbursement: Anne Meagher Northup, U.S. HOUSE 3rd KY
Candidate Name: Ms Anne Meagher Northup
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 3
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

B. Full Name (Last, First, Middle Initial): Sununu for Congress
Mailing Address: 1365 Elm Street
City: Manchester State: NH Zip Code: 3110
Purpose of Disbursement: Sununu John, U.S. HOUSE NH
Candidate Name: Mr. John Sununu
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: NH District: 1
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

C. Full Name (Last, First, Middle Initial): Delahunt Campaign
Mailing Address: 500 Victory Rd
City: N.Quincy State: MA Zip Code: 02171
Purpose of Disbursement: Delahunt , U.S. HOUSE MA
Candidate Name: William Delahunt
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MA District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3,000.00

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

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

A. Full Name (Last, First, Middle Initial): **Joseph Moakley**
Mailing Address: **1812 Columbia Road 235 Cannon House Ofc Bldg**
City: **Boston** State: **MA** Zip Code: **02127**
Purpose of Disbursement: **Joseph Moakley, U.S. HOUSE 9th MA**
Candidate Name: **Mr. Joseph Moakley**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **MA** District: **9**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Date of Disbursement: **10 31 2000**
Amount of Each Disbursement this Period: **1,000.00**

B. Full Name (Last, First, Middle Initial): **Ryan For Congress**
Mailing Address: **P.O. Box 2776**
City: **Arlington** State: **VA** Zip Code: **22202**
Purpose of Disbursement: **Paul Ryan, U.S. HOUSE WI**
Candidate Name: **Mr. Paul Ryan**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **WI** District: **1**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Date of Disbursement: **10 31 2000**
Amount of Each Disbursement this Period: **500.00**

C. Full Name (Last, First, Middle Initial): **Capito for Congress**
Mailing Address: **PO Box 11519**
City: **Charleston** State: **WV** Zip Code: **26339**
Purpose of Disbursement: **Moore Capito, U.S. HOUSE 2nd WV**
Candidate Name: **Ms. Shelly Moore Capito**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **WV** District: **2**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Date of Disbursement: **10 31 2000**
Amount of Each Disbursement this Period: **1,000.00**

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2,500.00**

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)
[ ] 21b [ ] 22 [x] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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

A.
Full Name (Last, First, Middle Initial): Mike Pence for Congress
Mailing Address: 802 S. Anderson Street
City: Elmwood State: IN Zip Code: 46036
Purpose of Disbursement: Pence , U.S. HOUSE 2nd IN
Candidate Name: Mr. Mike Pence
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: IN District: 2
Disbursement For: [ ] Primary [x] General [ ] Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial): Bob Clement
Mailing Address: 1230 Longworth House Ofc Bldg
City: State: TN Zip Code:
Purpose of Disbursement: Bob Clement, U.S. HOUSE 5th TN
Candidate Name: Mr. Bob Clement
Category/Type:
Office Sought: [x] House [ ] Senate [ ] President
State: TN District: 5
Disbursement For: [ ] Primary [x] General [ ] Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): Friends of Tim Johnson
Mailing Address: PO Box 17097
City: Urbana State: IL Zip Code: 61803
Purpose of Disbursement: Johnson , U.S. HOUSE IL
Candidate Name: Tim Johnson
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: IL District:
Disbursement For: [ ] Primary [x] General [ ] Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3,000.00

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): 21b, 22, X 23, 24, 25, 26, 27, 28a, 28b, 28c, 29

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

A. Full Name (Last, First, Middle Initial): KELLY FOR CONGRESS
Mailing Address: 187 Jay St. 1037 Longworth HOB
City: Katonah State: NY Zip Code: 10536
Purpose of Disbursement: Sue Kelly, U.S. HOUSE 19th NY
Candidate Name: Ms. Sue Kelly
Category/Type:
Office Sought: X House, Senate, President
State: NY District: 19
Disbursement For: Primary, X General, Other (specify) 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): Reynolds for Congress
Mailing Address: PO Box 479
City: Victor State: NY Zip Code: 14564
Purpose of Disbursement: Tom Reynolds, U.S. HOUSE 27th NY
Candidate Name: Mr. Tom Reynolds
Category/Type:
Office Sought: X House, Senate, President
State: NY District: 27
Disbursement For: Primary, X General, Other (specify) 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

C. Full Name (Last, First, Middle Initial): Grucci for Congress
Mailing Address: PO Box 790
City: Medford State: NY Zip Code: 11763
Purpose of Disbursement: Grucci, U.S. HOUSE 1st NY
Candidate Name: Mr. Felix Grucci
Category/Type:
Office Sought: House, Senate, President
State: NY District: 1
Disbursement For: Primary, X General, Other (specify) 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2,000.00

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

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

A.
Full Name (Last, First, Middle Initial): **Committee to Re-Elect Ed Towns to Congress**
Mailing Address: **321 Stuyvesant Avenue**
City: **Brooklyn** State: **NY** Zip Code: **11233**
Purpose of Disbursement: **Edolphus Towns, U.S. HOUSE 10th NY**
Candidate Name: **Mr. Edolphus Towns**
Office Sought: ☒ House ☐ Senate ☐ President
State: **NY** District: **10**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Category/Type:
Date of Disbursement: **10 31 2000**
Amount of Each Disbursement this Period: **1,000.00**

B.
Full Name (Last, First, Middle Initial): **Joan Johnson for Congress**
Mailing Address: **126 East Main Street**
City: **Bayshore** State: **NY** Zip Code: **11206**
Purpose of Disbursement: **Voided Check**
Candidate Name: **Joan Johnson**
Office Sought: ☐ House ☐ Senate ☐ President
State: **NY** District: **2**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Category/Type:
Date of Disbursement: **10 31 2000**
Amount of Each Disbursement this Period: **-1,000.00**

C.
Full Name (Last, First, Middle Initial): **Chabot for Congress**
Mailing Address: **105 West Fourth St, Rm 1133 1641 Longworth HOB**
City: **Cincinnati** State: **OH** Zip Code: **45202**
Purpose of Disbursement: **Voided Check**
Candidate Name: **Mr. Steve Chabot**
Office Sought: ☒ House ☐ Senate ☐ President
State: **OH** District: **1**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Category/Type:
Date of Disbursement: **10 31 2000**
Amount of Each Disbursement this Period: **-1,000.00**

SUBTOTAL of Disbursements This Page (optional) ▶ **-1,000.00**

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

A.
Full Name (Last, First, Middle Initial): Joan Johnson for Congress
Mailing Address: 126 East Main Street
City: Bayshore State: NY Zip Code: 11206
Purpose of Disbursement: Johnson , U.S. HOUSE 2nd NY
Candidate Name: Joan Johnson
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: NY District: 2
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial): Chabot for Congress
Mailing Address: 105 West Fourth St, Rm 1133 1641 Longworth HOB
City: Cincinnati State: OH Zip Code: 45202
Purpose of Disbursement: Steve Chabot, U.S. HOUSE 1st OH
Candidate Name: Mr. Steve Chabot
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 1
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): Mike Bilirakis for Congress
Mailing Address: P O Box 1077
City: Tarpon Springs State: FL Zip Code: 34688-1077
Purpose of Disbursement: Voided Check
Candidate Name: Mr. Michael Bilirakis
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 9
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: -3,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ -1,000.00

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

A. Full Name (Last, First, Middle Initial)
Mike Billrakis for Congress

Mailing Address
P O Box 1077

City: **Tarpen Springs** State: **FL** Zip Code: **34688-1077**

Purpose of Disbursement
Michael Billrakis, U.S. HOUSE 9th FL

Candidate Name
Mr. Michael Billrakis

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: **FL** District: **9**

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**

Date of Disbursement: **10** **31** **2000**

Amount of Each Disbursement this Period: **3,000.00**

B. Full Name (Last, First, Middle Initial)
Citizens for David Obey

Mailing Address
932 Ross Avenue

City: **Wausau** State: **WI** Zip Code: **54401**

Purpose of Disbursement
Voided Check

Candidate Name
Mr. David Obey

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: **WI** District: **7**

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**

Date of Disbursement: **10** **31** **2000**

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

C. Full Name (Last, First, Middle Initial)
Earl Pomeroy for Congress

Mailing Address
PO Box 746

City: **Bismarck** State: **ND** Zip Code: **58502**

Purpose of Disbursement
Voided Check

Candidate Name
Mr. Earl Pomeroy

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: **ND** District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**

Date of Disbursement: **10** **31** **2000**

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

SUBTOTAL of Disbursements This Page (optional) ▶ **-1,000.00**

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

Jun 6, 2001
11:35 am

American Health Care Assn.

Sales Tax Detail Report

May 2001 Transactions

ID	Description / Transaction Information			Total Sales	Non Taxable	Taxable	Sales Tax
DC	DISTRICT OF COLUMB						
	BAN20005	2799	05/03/01	64.61		60.95	3.50
	JBJ20024	2974	05/14/01	70.11		61.90	3.56
			Invoices Total	134.72	0.00	122.85	7.06
			Adjustments Total	0.00	0.00	0.00	0.00
			Total	134.72	0.00	122.85	7.06
MD	MARYLAND						
	NOB21218	2713	05/07/01	31.31		27.70	1.39
	HER21222	2714	05/07/01	91.07		80.60	4.03
	GEN21074	2792	05/03/01	107.21		96.90	4.85
	COL21701	2834	05/08/01	68.09		59.95	3.00
	ERI21228	2956	05/14/01	136.15		119.80	5.99
	WES21157	3387	05/24/01	248.03	219.50		10.93
			Invoices Total	681.86	219.50	384.95	30.19
			Adjustments Total	0.00	0.00	0.00	0.00
			Total	681.86	219.50	384.95	30.19
VA	VIRGINIA						
	FRA24151	3151	05/18/01	19.15		16.95	0.76
	BLU24115	3194	05/18/01	30.45		26.95	1.21
	BRI23947	3453	05/31/01	20.95		16.95	0.76
			Invoices Total	70.55	0.00	60.85	2.73
			Adjustments Total	0.00	0.00	0.00	0.00
			Total	70.55	0.00	60.85	2.73
						Report Total	39.98

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial): Citizens for David Obey
Mailing Address: 832 Ross Avenue
City: Wausau State: WI Zip Code: 54401
Purpose of Disbursement: David Obey, U.S. HOUSE 7th WI
Candidate Name: Mr. David Obey
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 7
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 2,000.00

B.
Full Name (Last, First, Middle Initial): Earl Pomeroy for Congress
Mailing Address: PO Box 746
City: Bismarck State: ND Zip Code: 58502
Purpose of Disbursement: Earl Pomeroy, U.S. HOUSE AL ND
Candidate Name: Mr. Earl Pomeroy
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: ND District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 10 31 2000
Amount of Each Disbursement this Period: 2,000.00

C.
Full Name (Last, First, Middle Initial): Rick Larsen for Congress
Mailing Address: PO Box 320
City: Everett State: WA Zip Code: 98206
Purpose of Disbursement: Larsen , U.S. HOUSE 2nd WA
Candidate Name: Rick Larsen
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: WA District: 2
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 11 02 2000
Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 5,000.00

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

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

A.
Full Name (Last, First, Middle Initial): Jim Davis for Congress Cmt
Mailing Address: PO Box 18143
City: Tampa State: FL Zip Code: 33679
Purpose of Disbursement: Jim Davis, U.S. HOUSE 11th FL
Candidate Name: Mr. Jim Davis
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: FL District: 11
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 11 02 2000
Amount of Each Disbursement this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial): Mark Dayton for Minnesota
Mailing Address: 3030 Lexington Avenue Suite 150
City: Eagan State: MN Zip Code: 55121
Purpose of Disbursement: Voided Check
Candidate Name: Mark Dayton
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: MN District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 11 02 2000
Amount of Each Disbursement this Period: -1,000.00

C.
Full Name (Last, First, Middle Initial): Pryce for Congress
Mailing Address: 340 East Gay St.
City: Columbus State: OH Zip Code: 43215
Purpose of Disbursement: Deborah Pryce, U.S. HOUSE 15th OH
Candidate Name: Ms. Deborah Pryce
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 15
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ 2000
Date of Disbursement: 11 02 2000
Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1,000.00

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

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

A.
Full Name (Last, First, Middle Initial): **Rob Portman**
Mailing Address: **238 Cannon House Ofc Bldg.**
City: State: **OH** Zip Code:
Purpose of Disbursement: **Rob Portman, U.S. HOUSE 2nd OH**
Candidate Name: **Mr. Rob Portman**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **OH** District: **2**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Date of Disbursement: **11 02 2000**
Amount of Each Disbursement this Period: **1,000.00**

B.
Full Name (Last, First, Middle Initial): **Pryce for Congress**
Mailing Address: **340 East Gay St.**
City: **Columbus** State: **OH** Zip Code: **43215**
Purpose of Disbursement: **Deborah Pryce, U.S. HOUSE 15th OH**
Candidate Name: **Ms. Deborah Pryce**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **OH** District: **15**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Date of Disbursement: **11 03 2000**
Amount of Each Disbursement this Period: **1,000.00**

C.
Full Name (Last, First, Middle Initial): **Rob Portman**
Mailing Address: **238 Cannon House Ofc Bldg.**
City: State: **OH** Zip Code:
Purpose of Disbursement: **Rob Portman, U.S. HOUSE 2nd OH**
Candidate Name: **Mr. Rob Portman**
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: **OH** District: **2**
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**
Date of Disbursement: **11 03 2000**
Amount of Each Disbursement this Period: **1,000.00**

SUBTOTAL of Disbursements This Page (optional) ▶ **3,000.00**

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

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

A. Full Name (Last, First, Middle Initial): **Rob Portman**

Mailing Address: **238 Cannon House Ofc Bldg.**

City: | State: **OH** | Zip Code:

Purpose of Disbursement: **Voided Check**

Candidate Name: **Mr. Rob Portman**

Category/Type:

Office Sought: ☒ House ☐ Senate ☐ President

State: **OH** District: **2**

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**

Date of Disbursement: **11** **03** **2000**

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

B. Full Name (Last, First, Middle Initial): **Pryce for Congress**

Mailing Address: **340 East Gay St.**

City: **Columbus** | State: **OH** | Zip Code: **43215**

Purpose of Disbursement: **Voided Check**

Candidate Name: **Ms. Deborah Pryce**

Category/Type:

Office Sought: ☒ House ☐ Senate ☐ President

State: **OH** District: **15**

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**

Date of Disbursement: **11** **03** **2000**

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

C. Full Name (Last, First, Middle Initial): **Rob Portman**

Mailing Address: **238 Cannon House Ofc Bldg.**

City: | State: **OH** | Zip Code:

Purpose of Disbursement: **Voided Check**

Candidate Name: **Mr. Rob Portman**

Category/Type:

Office Sought: ☒ House ☐ Senate ☐ President

State: **OH** District: **2**

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**

Date of Disbursement: **11** **10** **2000**

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

SUBTOTAL of Disbursements This Page (optional) ▶ **-3,000.00**

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

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

A.

Full Name (Last, First, Middle Initial): **Buyer for Congress Committee**

Mailing Address: **103 W. Broadway**

City: **Monticello** State: **IN** Zip Code: **47960**

Purpose of Disbursement: **Voided Check**

Candidate Name: **Mr. Steve Buyer**

Category/Type:

Office Sought: ☒ House ☐ Senate ☐ President

State: **IN** District: **5**

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼ **2000**

Date of Disbursement: **11** **13** **2000**

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

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement:

Amount of Each Disbursement this Period:

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶	-1,000.00
TOTAL This Period (last page this line number only) ▶	44,000.00

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.

☑	Hand Delivered	Date of Receipt 6-22-01
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

bel	6-22-01
PREPARER	DATE PREPARED

(6/2000)