REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

JUN 19 11 28 AM '98

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

2. FEC IDENTIFICATION NUMBER
C-0000-6080

CITY, STATE and ZIP CODE
Washington, DC 20005

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	[X] 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 05/01/98 through 05/31/98

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1998		$ 103,778.00
(b) Cash on Hand at Beginning of Reporting Period	$ 109,156.27	
(c) Total Receipts (from line 19)	$ 14,325.73	$ 184,240.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 123,482.00	$ 288,018.57
7. Total Disbursements (from Line 30)	$ 18,308.16	$ 182,844.73
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 105,173.84	$ 105,173.84
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 6/18/98

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: 05/01/98 TO: 05/31/98

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)	9,900.00	155,376.20
ii. Unitemized	3,597.00	25,196.82
iii. Total (add i and ii) >	13,497.00	180,573.02
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) >	13,497.00	180,573.02
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.)	550.00	750.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	278.73	1,417.55
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) >	14,325.73	184,240.57
20. Total Federal Receipts (subtract line 18 from line 19) >	14,325.73	184,240.57
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	633.16	3,182.73
c. Total Operating Expenditures (Add ai,aii, and b) >	633.16	3,182.73
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,000.00	173,775.00
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	675.00	5,887.00
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) >	675.00	5,887.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	18,308.16	182,844.73
31. Total Federal Disbursements (Subtract line 21 ai from line 30) >	18,308.16	182,844.73
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	13,497.00	180,573.02
33. Total Contribution Refunds (from line 28d)	675.00	5,887.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	12,822.00	174,686.02
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	633.16	3,182.73
36. Offsets to Operating Expenditures (from line 15)	550.00	750.00
37. Net Operating Expenditures (subtract line 36 from 35) >	83.16	2,432.73

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 5
	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. Gail Horrigan Has Refund(s) on Schedule B Totalling $212.00 Receipt For: [ ] Primary [ ] General [X] Other (Specify)	Aggregate Year-to-date > $		(Memo Entry)
B. Mike Jeffries Has Refund(s) on Schedule B Totalling $125.00 Receipt For: [ ] Primary [ ] General [X] Other (Specify)	Aggregate Year-to-date > $		(Memo Entry)
C. Mary Baker Has Refund(s) on Schedule B Totalling $5000.00 Receipt For: [ ] Primary [ ] General [X] Other (Specify)	Aggregate Year-to-date > $		(Memo Entry)
D. Joy Moy 2000 Domanik Dr Racine, WI 53404 Receipt For: [ ] Primary [ ] General [ ] Other (Specify)	Name of Employer: Lincoln Lutheran - Racine Occupation: Administrator Aggregate Year-to-date > $ 250.00	05/01/98	125.00
E. Mark Cook 513 Pineview Avenue Glencoe, AL 35905 Receipt For: [ ] Primary [ ] General [ ] Other (Specify)	Name of Employer: Coosa Valley Health Care Occupation: Administrator Aggregate Year-to-date > $ 500.00	05/01/98	500.00
F. Jerry Neal 4239 W. War Mem'l Dr. #302 Peoria, IL 61614 Receipt For: [ ] Primary [ ] General [ ] Other (Specify)	Name of Employer: Developmental Services of IL Occupation: President Aggregate Year-to-date > $ 500.00	05/01/98	500.00
G. William R Abrams 2131 Rt 33 Leaington Square Hamilton, NJ 08690 Receipt For: [ ] Primary [ ] General [ ] Other (Specify)	Name of Employer: NJ Assn of Health Care Facilities Occupation: Vice President Aggregate Year-to-date > $ 250.00	05/04/98	125.00

SUB TOTAL of Receipts This Page (Optional) ..... >	1,250.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 5
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SCHEDULE A ITEMIZED RECEIPTS

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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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Edward Kuntz 8807 Stable Crest Blvd. Houston, TX 77024		05/04/98	250.00
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
James Westbury 992 McDonough Rd Jackson, GA 30233	Westbury Medical Care Home Inc President	05/04/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Shelly Peterson 120 W Thayer Ave Bismarck, ND 58501	North Dakota LTC Association President	05/05/98	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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Neil Chur 268 Main St. East Aurora, NY 14052	The Park Associates Health Care Ctrs President	05/08/98	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
Neil Chur Has Refund(s) on Schedule B Totalling $500.00			(Memo Entry)
Receipt For: ☐ Primary ☐ General ☒ Other (Specify)	Aggregate Year-to-date > $		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Murtha 27 E Russell St #200 Columbus, OH 43215	The Macintosh Company President	05/08/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Gerald Reilly 2120 State St NE #102 Olympia, WA 98506	Washington Health Care Assoc Executive Director	05/11/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) >	2,675.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 5
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SCHEDULE A ITEMIZED RECEIPTS

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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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Howard Groff 9201 Bloomington Frwy #FF Bloomington, MN 55420	Tealwood Care Centers Inc President	05/11/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Grant Asay 209 Moller Avenue Sitka, AK 99835	Sitka Community Hospital Administrator	05/12/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Charles Harris 833 Broadway East Providence, RI 02914	Harris Health Center Owner/Administrator	05/12/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James Judy 9403 Mill Brook Rd Louisville, KY 40223	Kentucky Assn of Hlth Care Fac Executive VP	05/12/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
E. 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 Administrator	05/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Debra Finneran 2529 Six Mile Ln Louisville, KY 40220	Meadows Health Systems Inc. Administrator	05/14/98	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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Thomas Grissom 400 W Market Street Louisville, KY 40202	Vencor Inc VP, Government Relations	05/15/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	2,050.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 5
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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
Robert Scherdel 70 North Country Road Port Jefferson, NY 11777	Sunrest Health Facilities Inc. Occupation: Administrator	05/15/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Terry Mundy 2633 W Rumble Rd Modesto, CA 95350	English Oaks Convalescent Hosp Occupation: Owner/Administrator	05/15/98	250.00
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
Rick L Holloway 1475 N Cole Road Boise, ID 83704	Parke View Care & Rehab Occupation: VP, Systems Design	05/18/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Helen Frampton 1405 7th St S Moorhead, MN 56560	Eventide Lutheran Home Occupation: President	05/18/98	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 206.00		
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	05/20/98	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Roch Carter 105 W Michigan St Milwaukee, WI 53203	Unicare Health Facilities Occupation: General Counsel	05/21/98	125.00
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
Theodore Lee 700 Hanover St Manchester, NH 03104	Hanover Hill Health Care Occupation: Owner/Administrator	05/22/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) >	2,625.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 5
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Barbra McClung 3710 W Mineral King Avenue Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Moyles Central Valley HC Occupation: Vice President Aggregate Year-to-date > $ 1,000.00	05/28/98	500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
J Randal Lee PO Box 212936 Columbia, SC 29221 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	South Carolina Hlth Care Assn Occupation: Vice President Aggregate Year-to-date > $ 500.00	05/29/98	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Larry Conaway PO Box F Hancock Park Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Mound View Health Care Inc Occupation: Administrator Aggregate Year-to-date > $ 250.00	05/29/98	125.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Don Chenvold 4080 1st Ave NE #103 PO Box 5428 Cedar Rapids, IA 52402 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Health Care of Iowa Inc Occupation: Vice President Aggregate Year-to-date > $ 300.00	05/29/98	300.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Daniel Velorie 3706 Church Road Mt. Laurel, NJ 08054 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Mt. Laurel Nursing and Rehabilitation Center Occupation: Chairman of Board Aggregate Year-to-date > $ 250.00	05/29/98	125.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	1,300.00
TOTAL this Period (Last page this line number only) >	9,900.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 15

SCHEDULE A ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code 405 False Road Harahan, LA 70123	Name of Employer Harahan Living Center, Inc. Occupation	Date (Month day, Year) 05/08/98	Amount of Each Receipt this Period 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
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

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

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

SCHEDULE A ITEMIZED RECEIPTS

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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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
PO Box 85024 Richmond, VA 23285-5024	Crestar Bank	05/31/98	154.55
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,075.96		

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
4922 Fairmont Ave Bethesda, MD 20814	Rushmore	05/31/98	50.93
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 248.10		

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

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

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

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

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

SUB TOTAL of Receipts This Page (Optional) >	205.48
TOTAL this Period (Last page this line number only) >	205.48

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

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 / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
Crestar Bank 123 dc, DC 20005	AMEX fees	05/31/98	19.57
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**
Crestar Bank 123 dc, DC 20005	VISA/MC fees	05/31/98	267.55
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**
Crestar Bank 123 dc, DC 20005	bank fees	05/31/98	346.04
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) ---------->	633.16
TOTAL this Period (Last page this line number only) ---------->	633.16

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day, Year)	Amount of Each Disb. this Period
A. John Tanner for Congress Committee P.O. Box 1988 Union City, TN 38261	John Tanner, U.S. HOUSE 8th TN [X] Primary [ ] General [ ] Other (Specify) 98	05/01/98	1,000.00
B. Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302	William Thomas, U.S. HOUSE 21st CA [X] Primary [ ] General [ ] Other (Specify) 98	05/06/98	4,000.00
C. Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302	William Thomas, U.S. HOUSE 21st CA [ ] Primary [X] General [ ] Other (Specify) 98	05/06/98	5,000.00
D. Buyer for Congress Committee 103 W. Broadway 1419 Longworth House Ofc Bldg Monticello, IN 47960	Steve Buyer, U.S. HOUSE 5th IN, 5/16 event [X] Primary [ ] General [ ] Other (Specify) 98	05/14/98	1,000.00
E. Ken Calvert for Congress Cmt P.O. Box 1414 Riverside, CA 92502	Ken Calvert, U.S. HOUSE 43rd CA [X] Primary [ ] General [ ] Other (Specify) 98	05/20/98	500.00
F. Barbara Alby for Congress 5850 Happy Pine Drive Foresthill, CA 95631	Alby , U.S. HOUSE CA [X] Primary [ ] General [ ] Other (Specify) 98	05/20/98	1,000.00
G. Gary Miller for Congress PO Box 4682 Diamond Bar, CA 91765	Miller , U.S. HOUSE CA [X] Primary [ ] General [ ] Other (Specify) 98	05/20/98	1,000.00
H. People for Patty Murray 225 S. Washington Seattle, WA 98104	Patty Murray, U.S. SENATE WA [X] Primary [ ] General [ ] Other (Specify) 98	05/20/98	2,500.00
I. Don Benton for Congress 16313 Northeast Leaper Road Vancouver, WA 98686	Benton , U.S. HOUSE WA [X] Primary [ ] General [ ] Other (Specify) 98	05/20/98	1,000.00

SUB TOTAL of Disbursements this page (Optional) ---------->	17,000.00
TOTAL this Period (Last page this line number only) ---------->	17,000.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 28A

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 Harahan Living Center, Inc. 405 Folse Road Harahan, LA 70123	Purpose of Disbursement 98 Refund, Corp Ck, Robert Rotolo, Harahan Lvg Ctr Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 98 Other	Date (Month day,Year) 05/11/98	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Purpose of Disbursement REFUND Corp ck/G Mitchell, Resthaven Lvg Ctr Inc Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 98 Other	Date (Month day,Year) 05/22/98	Amount of Each Disb. this Period 50.00
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) ---------->	550.00
TOTAL this Period (Last page this line number only) ---------->	550.00

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 6-19-98
☐	First Class Mail	POSTMARKED
☐	Registered/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	

PREPARER

6-22-98
DATE PREPARED

(4/98)