REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB 16 P 12: 45

USE FEC MAILING LABEL OR TYPE OR PRINT

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-0000-6080

3. ☒ 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 preceding _____ (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 ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 12/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 1999		$ 84,248.87
(b) Cash on Hand at Beginning of Reporting Period	$ 117,565.78	
(c) Total Receipts (from Line 19)	$ 24,771.59	$ 485,061.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 142,337.37	$ 569,310.49
7. Total Disbursements (from Line 30)	$ 35,984.45	$ 462,957.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 106,352.92	$ 106,352.92
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 contact:
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
Anna Lee, PAC Director

Signature of Treasurer

Date 2-16-2000

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 9/99)

4-00173

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 12/01/99 TO: 12/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	23,574.76	411,492.64	11(a)(i)
ii. Unitemized	1,023.16	65,529.17	11(a)(ii)
iii. Total (add i and ii) ➤	24,597.92	477,021.81	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	5,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	24,597.92	482,021.81	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,225.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	173.67	1,814.71	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	24,771.59	485,061.52	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	24,771.59	485,061.52	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	734.45	9,341.95	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	734.45	9,341.95	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	16,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	35,250.00	426,890.62	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	5,725.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	5,725.00	28(d)
29. Other Disbursements	0.00	6,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	35,984.45	462,957.57	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	35,984.45	462,957.57	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	24,597.92	482,021.81	32
33. Total Contribution Refunds (from line 28d)	0.00	5,725.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	24,597.92	476,296.81	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	734.45	9,341.95	35
36. Offsets to Operating Expenditures (from line 15)	0.00	1,225.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	734.45	8,116.95	37

4-00178

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 31

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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
Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 842.29	12/01/99	19.23
Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 846.23	12/01/99	76.93
John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 958.50	12/01/99	41.60
David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: VP Regulatory Aggregate Year-to-Date > $ 442.52	12/01/99	19.24
Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Comptroller Aggregate Year-to-Date > $ 270.00	12/01/99	10.00
Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 874.00	12/01/99	38.00
Floyd Schlossberg 4200 Peterson #140 Chicago, IL 60645 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Alden Management Inc Occupation: President Aggregate Year-to-Date > $ 5,000.00	12/02/99	1,250.00

SUBTOTAL of Receipts This Page (optional) 1,454.90

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a1

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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. Republican Majority Fund 1156 21 st Street NW Suite 300 Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Don Nickles Aggregate Year-to-Date > $ 1,000.00	12/03/99	1,000.00
B. Jason Harris 833 Broadway East Providence, RI 02914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Harris Health Center Occupation: Owner/Administrator Aggregate Year-to-Date > $ 500.00	12/03/99	500.00
C. James Durante 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hallmark Nursing Center Occupation: Administrator Aggregate Year-to-Date > $ 5,000.00	12/03/99	5,000.00
D. Kennon S Shea 75 Court St PO Box U Quincy, CA 95971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: California Convalescent Hosp Occupation: Administrator Aggregate Year-to-Date > $ 375.00	12/03/99	75.00
E. Donald Franco 274 Hemingway Ave East Haven, CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Paragon Group Occupation: President Aggregate Year-to-Date > $ 1,100.00	12/03/99	1,000.00
F. Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: RETIRED Occupation: Aggregate Year-to-Date > $ 400.00	12/06/99	75.00
G. Janice Harshman 35580 Wish-I-Ah Rd. Auberry, CA 93602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wish-I-Ah Care Ctr. Occupation: Aggregate Year-to-Date > $ 1,000.00	12/06/99	250.00

SUBTOTAL of Receipts This Page (optional) 7,900.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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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. Steven Chiles 9920 Zilla Street NW Coon Rapids, MN 55433 Receipt For: Primary General Other (specify):	Care Paradigm Management President Aggregate Year-to-Date $ 2,100.00	12/06/99	500.00
B. John Twarog PO Box 66 Girard, KS 66743 Receipt For: Primary General Other (specify):	The Heritage Occupation Aggregate Year-to-Date $ 325.00	12/07/99	100.00
C. Al Santos 57 Kilvert Street Ste 200 Warwick, RI 02886 Receipt For: Primary General Other (specify):	Rhode Island Health Care Assc State Executive Aggregate Year-to-Date $ 500.00	12/08/99	500.00
D. Lester Robertson 2205 Broadway Mt Vernon, IL 62864 Receipt For: Primary General Other (specify):	DSI MGT SVC Executive VP Aggregate Year-to-Date $ 375.00	12/13/99	75.00
E. Patrick T Kriner 6228 Merger Drive Holland, OH 43528 Receipt For: Primary General Other (specify):	Woodside Management Group Owner Aggregate Year-to-Date $ 1,435.00	12/15/99	250.00
F. Steven Brant 101 S Belt W Belleville, IL 62220 Receipt For: Primary General Other (specify):	Four Fountains Conv Ctr Administrator Aggregate Year-to-Date $ 500.00	12/15/99	125.00
G. Michael Riley 824 S 59th St Belleville, IL 62223 Receipt For: Primary General Other (specify):	Professional Therapy Services President Aggregate Year-to-Date $ 1,000.00	12/15/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,050.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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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. John Sims PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eineas CH Occupation: Administrator Aggregate Year-to-Date > $ 5,000.00	12/16/99	1,250.00
B. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Occupation: Gov Rel Consultant Aggregate Year-to-Date > $ 5,000.00	12/17/99	1,000.00
C. Howard Groff 9031 Penn. Ave. South Bloomington, MN 55431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tealwood Care Centers Inc Occupation: President Aggregate Year-to-Date > $ 600.00	12/20/99	125.00
D. Karen Goldsmith 2180 Park Ave. North #100 Winter Park, FL 32789 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Goldsmith & Grout Occupation: Association Counsel Aggregate Year-to-Date > $ 400.00	12/20/99	125.00
E. Richard Brockman 316 Euclid Avenue Birmingham, AL 35213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Administrator Aggregate Year-to-Date > $ 2,000.00	12/21/99	1,000.00
F. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 881.52	12/22/99	19.23
G. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 923.16	12/22/99	76.93

SUBTOTAL of Receipts This Page (optional)	3,596.16
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 8

FOR LINE NUMBER 11a

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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. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 1,000.00	12/22/99	41.50
B. Paul Willging 1201 L St. NW Washington, AH 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Exec VP Aggregate Year-to-Date > $ 4,807.73	12/22/99	384.62
C. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: VP Regulatory Aggregate Year-to-Date > $ 451.76	12/22/99	19.24
D. Paul Hansley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Comptroller Aggregate Year-to-Date > $ 280.00	12/22/99	10.00
E. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 912.00	12/22/99	38.00
F. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 880.75	12/22/99	19.23
G. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 1,000.00	12/22/99	76.84

SUBTOTAL of Receipts This Page (optional) 589.43

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 21

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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. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Exec VP Aggregate Year-to-Date > $ 5,000.00	12/22/99	192.27
B. David Seckman PAYROLL DEDUCTION Washington, AH 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: VP Regulatory Aggregate Year-to-Date > $ 480.75	12/22/99	19.00
C. Penny Prue 1201 L Street, NW Washington, AH 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 950.00	12/22/99	38.00
D. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Comptroller Aggregate Year-to-Date > $ 290.00	12/22/99	10.00
E. Jesse Samples 300 Capitol Street Suite 700 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AMFM Inc Occupation: VP of Delevopment Aggregate Year-to-Date > $ 400.00	12/22/99	300.00
F. Jean Wells 725 Harvard Drive Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wells Health Systems Occupation: Owner Aggregate Year-to-Date > $ 5,000.00	12/22/99	1,250.00
G. Paul Roth 620 Sleepy Hollow Rd Briarcliff Manor, NY 10510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brandywine Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 300.00	12/23/99	75.00

SUBTOTAL of Receipts This Page (optional) 1,884.27

TOTAL This Period (last page fills line number only) .....

4-06173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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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. Karen Goldsmith 2180 Park Ave. North #100 Winter Park, FL 32789 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Goldsmith & Grout Occupation: Association Counsel Aggregate Year-to-Date > $ 525.00	12/27/99	125.00
B. David Beck 1875 Eye Street, NW, 12th Flr Washington, DC 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DC Health Care Association Occupation: Executive Director Aggregate Year-to-Date > $ 900.00	12/28/99	125.00
C. Edward Stafford 22 Elk Street Ste 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NYS Health Facilities Assn Occupation: Executive Director Aggregate Year-to-Date > $ 500.00	12/29/99	260.00
D. Walter Ledig PO Box 692 Minden, LA 71058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Town & Country Nrsg Home Occupation: Administrator Aggregate Year-to-Date > $ 1,000.00	12/30/99	250.00
E. Gary Toth P.O. Box 40 Madison, OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Phoenix Res. Centers Occupation: President Aggregate Year-to-Date > $ 625.00	12/30/99	500.00
F. Jim Klausman 3715 SW 29th St #200 Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Services Inc Occupation: Owner/Administrator Aggregate Year-to-Date > $ 500.00	12/31/99	500.00
G. Loren Jay Colman 5801 Duluth Street # 360 Golden Valley, MN 55422 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Extendicare Health Facilities, Inc. Occupation: Asst. Vice President Aggregate Year-to-Date > $ 300.00	12/31/99	100.00

SUBTOTAL of Receipts This Page (optional) 1,850.00

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

4-00170

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 8 OF 8

FOR LINE NUMBER 11 B 1

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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
Troy Athon 1150 Dogwood Drive Greensboro, GA 30642 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Starcrest Inc. VP Development Aggregate Year-to-Date > $ 1,000.00	12/31/99	1,000.00
B. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aristocrat Berea Administrator Aggregate Year-to-Date > $ 1,100.00	12/31/99	750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Neil Chur 300 Gleed Ave, East Aurora, NY 14052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chur Properties Inc. President Aggregate Year-to-Date > $ 2,000.00	12/31/99	2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Arlene Miles 225 E 16th Ave #1100 Denver, CO 80203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colorado Health Care Assn Executive Director Aggregate Year-to-Date > $ 600.00	12/31/99	500.00
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 > $		

SUBTOTAL of Receipts This Page (optional)	4,250.00
TOTAL This Period (last page this line number only)	23,574.76

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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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
4922 Fairmont Ave Bethesda, MD 20814	Occupation: Rushmore	12/31/99	53.10
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 557.62		
B. 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: Crestar Bank	12/31/99	24.02
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 909.60		
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 > $		

SUBTOTAL of Receipts This Page (optional)	77.12
TOTAL This Period (last page this line number only)	77.12

3-00179

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21B

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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 Disbursement This Period
Crestar Bank 123 dc, DC 20005	Analysis fees Disbursement for: Primary General Other (specify)	12/31/99	38.27
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 123 dc, DC 20005	Lockbox charge Disbursement for: Primary General Other (specify)	12/31/99	254.54
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	Bank Fees Disbursement for: Primary General Other (specify)	12/31/99	141.23
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	American Express Fees Disbursement for: Primary General Other (specify)	12/31/99	44.96
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	Account Analysis Charge Disbursement for: Primary General Other (specify)	12/31/99	255.45
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement 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 Disbursement 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 Disbursement 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 Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	734.45
TOTAL This Period (last page this line number only)	734.45

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 23

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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	Date (month, day, year)	Amount of Each Disbursement This Period
Gephardt in Congress 7435 Watson Road, Suite 107 St Louis, MO 63119	Richard Gephardt, U.S. HOUSE 3rd MO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	12/01/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Weygand for Congress Committee PO Box 28405 Providence, RI 02908	Purpose of Disbursement Robert Weygand, RI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 12/01/99	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Gephardt in Congress 7436 Watson Road, Suite 107 St Louis, MO 63119	Purpose of Disbursement Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 12/02/99	Amount of Each Disbursement This Period -1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of George Allen PO Box 573 Richmond, VA 23218	Purpose of Disbursement Allen , U.S. SENATE VA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/02/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Mike Thompson 1700 L Street Sacramento, CA 95814	Purpose of Disbursement Mike Thompson, CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/02/99	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Citizens for Olympia Snowe P.O. Box 441 493 Russell SOB Portland, ME 04112	Purpose of Disbursement Olympia Snowe, U.S. SENATE ME Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/07/99	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Tim Johnson for Congress 102 No. Plum St 2438 Rayburn House Ofc Bldg Vermillion, SD 57069	Purpose of Disbursement Tim Johnson, U.S. HOUSE AL SD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/07/99	Amount of Each Disbursement This Period 5,000.00
H. Full Name, Mailing Address and ZIP Code Pallone for Congress PO Box 3176 473 Broadway Long Branch, NJ	Purpose of Disbursement Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/07/99	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code William Goodling RD #6 2263 Rayburn House Ofc Bldg York, PA 17403	Purpose of Disbursement Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/08/99	Amount of Each Disbursement This Period -1,000.00

SUBTOTAL of Disbursements This Page (optional)	8,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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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 Disbursement This Period
A. The Freedom Project 7908 Cincinnati-Dayton Rd West Chester, OH 45069	John Boehner PAC [X] Primary [ ] General [ ] Other (specify) 2000	12/09/99	1,000.00
B. Kerrey for Senate 310 4th St. NE Suite 201 SH-303 Hart Senate Ofc Bldg Washington, DC 20002, NE	Robert Kerrey, U.S. SENATE NE [ ] Primary [X] General [ ] Other (specify) 2000	12/09/99	750.00
C. Reynolds for Congress PO Box 479 Victor, NY 14564	Tom Reynolds, U.S. HOUSE NY [X] Primary [ ] General [ ] Other (specify) 2000	12/09/99	2,000.00
D. Langevin for Congress 76 Dorrance Street Providence, RI 02903	Langevin , U.S. HOUSE RI [X] Primary [ ] General [ ] Other (specify) 2000	12/09/99	1,000.00
E. Pioneer PAC 1212 North Vernon St. Arlington, VA 22201	Leadership Pac [ ] Primary [ ] General [ ] Other (specify) 1999	12/09/99	500.00
F. The Freedom Project 7908 Cincinnati-Dayton Rd West Chester, OH 45069	Voided Check [X] Primary [ ] General [ ] Other (specify) 2000	12/09/99	-1,000.00
G. Kerrey for Senate 310 4th St. NE Suite 201 SH-303 Hart Senate Ofc Bldg Washington, DC 20002, NE	Voided Check [ ] Primary [X] General [ ] Other (specify) 2000	12/09/99	-750.00
H. Kerrey for Senate 310 4th St. NE Suite 201 SH-303 Hart Senate Ofc Bldg Washington, DC 20002, NE	Robert Kerrey, U.S. SENATE NE [ ] Primary [X] General [ ] Other (specify) 2000	12/09/99	750.00
J. Pioneer PAC 1212 North Vernon St. Arlington, VA 22201	Leadership PAC Hobson [ ] Primary [ ] General [ ] Other (specify) 1999	12/09/99	500.00

SUBTOTAL of Disbursements this Page (optional) 4,750.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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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	Date (month, day, year)	Amount of Each Disbursement This Period
Pioneer PAC 1212 North Vernon St. Arlington, VA 22201	Voided Check [ ] Primary [ ] General [ ] Other (specify) 1999	12/09/99	-500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
The Freedom Project 7908 Cincinnati-Dayton Rd West Chester, OH 45069	Boehner Leadership Pac [X] Primary [ ] General [ ] Other (specify) 2000	12/09/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	Republican Senatorial Committee [ ] Primary [ ] General [ ] Other (specify) 1999	12/13/99	5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Democratic Senatorial Committee [ ] Primary [ ] General [ ] Other (specify) 1999	12/13/99	5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Andrews for Congress 16 Somerdale Somerdale, NJ 08083	Voided Check [X] Primary [ ] General [ ] Other (specify) 2000	12/14/99	-500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Andrews for Congress 16 Somerdale Somerdale, NJ 08083	Robert Andrews, U.S. HOUSE 1st NJ [X] Primary [ ] General [ ] Other (specify) 2000	12/14/99	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Oxley for Congress P O Box 1990 2233 Rayburn House Ofc Bldg Findlay, OH 45839	Michael Oxley, U.S. HOUSE 4th OH [X] Primary [ ] General [ ] Other (specify) 2000	12/14/99	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Retain Our Majority Program PO Box 18277 Washington, DC 20036	Voided Check [ ] Primary [ ] General [ ] Other (specify) 1999	12/15/99	-1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Abraham for Senate P.O. Box 1458 SD-B40 Dirksen SOB Royal Oak, MI 48068	Spencer Abraham, U.S. SENATE MI [X] Primary [ ] General [ ] Other (specify) 2000	12/16/99	5,000.00

SUBTOTAL of Disbursements This Page (optional)	15,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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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 Disbursement This Period
A. Delahunt Campaign 500 Victory Rd N.Quincy, MA 02171	Delahunt, U.S. HOUSE MA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/17/99	1,000.00
B. Hoyer for Congress Committee 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Steny Hoyer, U.S. HOUSE 5th MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/20/99	1,000.00
C. Friends of Jerry Kleczka 3268 South 9th Street Milwaukee, WI 53215	Gerald Kleczka, U.S. HOUSE 4th WI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
D. Orrin Hatch Presidential Exploratory Committee Inc P.O. Box 1480 Washington, DC 20093	Hatch, PRESIDENT OF U.S. Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	3,000.00
E. Rangel for Congress Committee 74 West 132nd St 2252 Rayburn House Ofc Bldg New York, NY 10037	Charles Rangel, U.S. HOUSE 15th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/22/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement 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 Disbursement 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 Disbursement 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 Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	7,000.00
TOTAL This Period (last page this line number only)	36,250.00

4-00173

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 2/16/00
☐	First Class Mail	POSTMARKED
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☐	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	

Q.A.Q. — PREPARER

2/16/00 — DATE PREPARED

(4/98)