REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
Nov 20 3 15 PM '97

2. FEC IDENTIFICATION NUMBER
C-000-6080

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 10-01-1997 through 10-31-1997		
6. (a) Cash on Hand January 1, 1997		$73,064.62
(b) Cash on Hand at Beginning of Reporting Period	$68,113.78	
(c) Total Receipts (from Line 19)	$66,776.88	$318,096.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$134,890.66	$391,161.29
7. Total Disbursements (from Line 30)	$44,805.56	$301,076.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$90,085.56	$90,085.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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: PAUL WILLGING

Signature of Treasurer: Paul Willging

Date: 11-20-97

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 3/93)

FE6AN155

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 10-1-97 TO: 10-31-97

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A)	54,187.50	258,578.70	11(a)(ii)
ii. Unitemized	12,387.50	57,571.76	11(a)(iii)
iii. Total (add i and ii) ➤	66,575.00	316,150.46	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)	66,575.00	316,150.46	11(d)
d. Total Contributions (add a iii, b and c) ➤			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	201.88	1946.21	17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity	66,776.88	318,096.67	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	66,776.88	318,096.67	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share	455.56	4928.19	21(b)
b. Other Federal Operating Expenditures	455.56	4928.19	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees	44,350.00	296,148.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			28(a)
28. Refunds of Contributions To:			28(b)
a. Individuals/Persons Other Than Political Committees			28(c)
b. Political Party Committees			28(d)
c. Other Political Committees (such as PACs)			29
d. Total Contribution Refunds (add a, b and c) ➤			30
29. Other Disbursements	44,805.56	301,076.19	31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	44,805.56	301,076.19	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE-AH1101

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full) American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
O.E. Gamble PO Box 52389 Shreveport,LA 71135	Gamble Guest Care Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/31/97	200.00
	Aggregate Year-to-Date—$	575.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wayde Rankin PO Box 1408 Lewiston,ME 04243	North Country Associates		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	10/07/97	100.00
	Aggregate Year-to-Date—$	200.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wayde Rankin PO Box 1408 Lewiston,ME 04243	North Country Associates		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	10/17/97	25.00
	Aggregate Year-to-Date—$	200.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eugene Bishop PO Box 397 Roswell,GA 30077	Health Services Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/21/97	250.00
	Aggregate Year-to-Date—$	1,000.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Westbury 922 McDonough Rd Jackson,GA 30233	Westbury Medical Care Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/14/97	500.00
	Aggregate Year-to-Date—$	2,000.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Norma Brendle 11800 Xeon Blvd Coon Rapids,MN 55433	Camilia Rose		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	10/24/97	100.00
	Aggregate Year-to-Date—$	200.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert M Coury Two Berea Commons #1 Berea,OH 44017	Aristocrat Berea		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	10/21/97	250.00
	Aggregate Year-to-Date—$	1,000.00	

SUBTOTAL of Receipts This Page (optional)	1,425.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Sansby 2004 Edgcumbe Road St Paul,MN 55116	Highland Chateau		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/24/97	250.00
	Aggregate Year-to-Date—$	1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven Chies 9920 Zilla St NW Coon Rapids,MN 55433	Care Paradiage Management		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/10/97	1,000.00
	Aggregate Year-to-Date—$	1,100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Martha Carole White 114 Marketridge Dr Jackson,MS 39213	Mississippi Hlth Care Assn		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation State Executive	10/06/97	100.00
	Aggregate Year-to-Date—$	225.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Martha Carole White 114 Marketridge Dr Jackson,MS 39213	Mississippi Hlth Care Assn		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation State Executive	10/21/97	125.00
	Aggregate Year-to-Date—$	225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jack Vetter 5010 S 118th St #250 Omaha,NE 68137	Vetter Health Services		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin	10/16/97	500.00
	Aggregate Year-to-Date—$	1,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Durante 526 Altamont Ave Schenectady,NY 12303	Hallmark Nursing Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin	10/14/97	500.00
	Aggregate Year-to-Date—$	1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Maggio 25 Schoenfeld Blvd Patchogue,NY 11772	Patchogue Nursing Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin	10/15/97	62.50
	Aggregate Year-to-Date—$	250.00	
SUBTOTAL of Receipts This Page (optional)			2,537.50
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Page 1 of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (In Full) American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J Craig Souza 5109 Bur Oak Cir Raleigh,NC 27612	North Carolina Health Care Fa		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Exec Dir	10/17/97	500.00
	Aggregate Year-to-Date—$	600.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J Craig Souza 5109 Bur Oak Cir Raleigh,NC 27612	North Carolina Health Care Fa		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Exec Dir	10/31/97	100.00
	Aggregate Year-to-Date—$	400.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don Angell PO Box 1670 Clemmons,NC 27012	Angell Group Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner	10/16/97	250.00
	Aggregate Year-to-Date—$	1,000.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Dunn 195 Executive Dr Marion,OH 43302	Marion Manor Nursing Inv Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	10/09/97	150.00
	Aggregate Year-to-Date—$	1,320.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Dunn 195 Executive Dr Marion,OH 43302	Marion Manor Nursing Inv Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	10/20/97	200.00
	Aggregate Year-to-Date—$	1,320.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Dunn 195 Executive Dr Marion,OH 43302	Marion Manor Nursing Inv Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	10/31/97	20.00
	Aggregate Year-to-Date—$	1,320.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kenneth Morris 401 Snyder Ave Barberton,OH 44203	Pleasant View Health Care		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	10/17/97	125.00
	Aggregate Year-to-Date—$	500.00	

SUBTOTAL of Receipts This Page (optional)	1,345.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Douglas Pendergras 3445 Executive Center Dr #250 Austin,TX 78731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Convalescent Enterprises Occupation Owner Aggregate Year-to-Date—$ 320.00	Date (month, day, year) 10/31/97	Amount of Each Receipt this Period 20.00
B. Full Name, Mailing Address and ZIP Code Mel Lynn 2560 Lawrence Ave Park Falls,WI 54552 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Park Manor Occupation Admin Aggregate Year-to-Date—$ 475.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 100.00
C. Full Name, Mailing Address and ZIP Code Roger C. Lipitz 515 Fairmount Ave #800 Towson,MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Genesis Health Ventures Occupation Owner Aggregate Year-to-Date—$ 2,000.00	Date (month, day, year) 10/09/97	Amount of Each Receipt This Period 500.00
D. Full Name, Mailing Address and ZIP Code Del Callaway 510 Mill St Folsom,CA 95630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Folsom Convalescent Occupation President Aggregate Year-to-Date—$ 400.00	Date (month, day, year) 10/20/97	Amount of Each Receipt This Period 200.00
E. Full Name, Mailing Address and ZIP Code Del Callaway 510 Mill St Folsom,CA 95630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Folsom Convalescent Occupation President Aggregate Year-to-Date—$ 400.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 200.00
F. Full Name, Mailing Address and ZIP Code John Kiefhaber 221 SW 33rd Topeka,KS 66611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Kansas Health Care Occupation Executive VP Aggregate Year-to-Date—$ 300.00	Date (month, day, year) 10/20/97	Amount of Each Receipt This Period 200.00
G. Full Name, Mailing Address and ZIP Code R Frank Brown PO Box 190 Cullman,AL 35056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Age Inc Occupation President Aggregate Year-to-Date—$ 395.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 20.00
SUBTOTAL of Receipts This Page (optional)			1,240.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steven Wolf 820 S 59th St Belleville, IL 62223	Eldercare Inc President	10/21/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,000.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Marchant PO Box 427 Bloomington, IN 47402	LJM Enterprises Chief Exec Officer	10/10/97	250.00
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**
Don Vessell 417 S. Main St. Oberlin, OH 44074	Welcome Nursing Home Inc Owner	10/14/97	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Cecil Barcelo 411 Alabama League City, TX 77573	Bayvind Village Admin	10/24/97	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	320.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Cecil Barcelo 411 Alabama League City, TX 77573	Bayvind Village Admin	10/31/97	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	320.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Winthrop Cashdollar PO Box 3226 Carson City, NV 89702	Nevada Health Care Association State Executive	10/06/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062	Weirton Convalescent Home Owner/Adm	10/10/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,100.00	
SUBTOTAL of Receipts This Page (optional)			1,770.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (In Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Louis Serra 2525 Pennsylvania Ave Weirton,WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Weirton Convalescent Home Occupation Owner/Adm Aggregate Year-to-Date—$ 2,100.00	Date (month, day, year) 10/24/97	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code William Biggs 4605 Belton Highway Anderson,SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Richard Campbell Veterans Home Occupation Administrator Aggregate Year-to-Date—$ 3,140.00	Date (month, day, year) 10/07/97	Amount of Each Receipt This Period 600.00
C. Full Name, Mailing Address and ZIP Code William Biggs 4605 Belton Highway Anderson,SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Richard Campbell Veterans Home Occupation Administrator Aggregate Year-to-Date—$ 1,140.00	Date (month, day, year) 10/07/97	Amount of Each Receipt This Period 150.00
D. Full Name, Mailing Address and ZIP Code William Biggs 4605 Belton Highway Anderson,SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Richard Campbell Veterans Home Occupation Administrator Aggregate Year-to-Date—$ 1,140.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 40.00
E. Full Name, Mailing Address and ZIP Code Jerry Franks 124 S Elm Pl Broken Arrow,OK 74102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Park Blvd Inc Occupation Owner Aggregate Year-to-Date—$ 2,150.00	Date (month, day, year) 10/04/97	Amount of Each Receipt This Period 150.00
F. Full Name, Mailing Address and ZIP Code Gerry Baker 192 W Vienna Rd Clio,MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Beecher Manor Inc Occupation Admin Aggregate Year-to-Date—$ 2,790.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 440.00
G. Full Name, Mailing Address and ZIP Code Elton Beebe PO Box 6015 Ridgeland,MS 39158 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Magnolia Management Corp Occupation President Aggregate Year-to-Date—$ 1,700.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 200.00
SUBTOTAL of Receipts This Page (optional)			1,680.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports or 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

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code John K Smith PO Box 311 Commerce,TX 75429 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Smith Investments Occupation: Owner Aggregate Year-to-Date—$: 545.00	10/31/97	20.00
B. Full Name, Mailing Address and ZIP Code Robert Taylor 13721 Glenoaks Rd Sylmar,CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	RETIRED Occupation: Aggregate Year-to-Date—$: 225.00	10/21/97	75.00
C. Full Name, Mailing Address and ZIP Code Mary Baker 812 W Main St PO Box 1129 Turlock,CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$: 2,120.00	10/31/97	120.00
D. Full Name, Mailing Address and ZIP Code Blaine Hendrickson 500 N State College Blvd #950 Orange,CA 92868 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Sun Mar Management Occupation: President Aggregate Year-to-Date—$: 2,170.00	Date (month, day, year): 10/24/97	Amount of Each Receipt This Period: 1,000.00
E. Full Name, Mailing Address and ZIP Code Blaine Hendrickson 500 N State College Blvd #950 Orange,CA 92868 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Sun Mar Management Occupation: President Aggregate Year-to-Date—$: 2,370.00	Date (month, day, year): 10/31/97	Amount of Each Receipt This Period: 20.00
F. Full Name, Mailing Address and ZIP Code Steven Reissman 4551 Glencoe Ave, Ste 300 Marina Del Ray,CA 90292 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Country Villa Health Services Occupation: Admin Aggregate Year-to-Date—$: 500.00	Date (month, day, year): 10/15/97	Amount of Each Receipt This Period: 125.00
G. Full Name, Mailing Address and ZIP Code Jack Markovitz 11630 S Grevillea Ave Hawthorne,CA 90250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hawthorne Care Ctr Occupation: President Aggregate Year-to-Date—$: 2,000.00	Date (month, day, year): 10/23/97	Amount of Each Receipt This Period: 1,000.00
SUBTOTAL of Receipts This Page (optional)			2,360.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full) American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Wally Miller 104 E Central Ave LaGrange, IN 46761	MHM Invest Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CEO Operations	10/16/97	500.00
	Aggregate Year-to-Date—$	2,000.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Squillace 301 Union St Hackensack, NJ 07601	Wellington Hall Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	10/21/97	75.00
	Aggregate Year-to-Date—$	300.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Troy Athon 1150 Dogwood Greensboro, GA 30642	Caremore Mgt Co Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Dev	10/10/97	250.00
	Aggregate Year-to-Date—$	1,000.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steve Briscoe 5401 West 10th Street Greeley, CO 80634	Continuum Health Partners		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Area VP	10/21/97	250.00
	Aggregate Year-to-Date—$	1,000.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608	Mayview Conv Home Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin	10/17/97	125.00
	Aggregate Year-to-Date—$	500.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Peach PO Box 12957 Alexandria, LA 71315	The Management Co Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP/Administration	10/31/97	20.00
	Aggregate Year-to-Date—$	220.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Chur 7 Limestone Drive Williamsville, NY 14221	Elderwood Affiliates Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/16/97	500.00
	Aggregate Year-to-Date—$	2,000.00	

SUBTOTAL of Receipts This Page (optional)	1,720.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or 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

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code John Barber 2407 S Pine St PO Box 3347 Spartanburg,SC 29304	White Oak Manor		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Executive VP/CFO	10/31/97	20.00
	Aggregate Year-to-Date—$	1,170.00	
B. Full Name, Mailing Address and ZIP Code Debra Finneran 2529 Six Mile Ln Louisville,KY 40220	Name of Employer Meadows East	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	10/09/97	500.00
	Aggregate Year-to-Date—$	900.00	
C. Full Name, Mailing Address and ZIP Code Debra Finneran 2529 Six Mile Ln Louisville,KY 40220	Name of Employer Meadows East	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Administrator	10/09/97	300.00
	Aggregate Year-to-Date—$	900.00	
D. Full Name, Mailing Address and ZIP Code Neil Pruitt PO Box 1210 Toccoa,GA 30577	Name of Employer Pruitt & Associates	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin	10/30/97	250.00
	Aggregate Year-to-Date—$	1,000.00	
E. Full Name, Mailing Address and ZIP Code John Vinson 1313 Saint Anthony Pl, Fl SE Louisville,KY 40222	Name of Employer Vencor	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Regional VP	10/28/97	500.00
	Aggregate Year-to-Date—$	1,100.00	
F. Full Name, Mailing Address and ZIP Code John Vinson 1313 Saint Anthony Pl, Fl SE Louisville,KY 40222	Name of Employer Vencor	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Regional VP	10/31/97	100.00
	Aggregate Year-to-Date—$	1,100.00	
G. Full Name, Mailing Address and ZIP Code Jean Wells 725 Harvard Drive Owensboro,KY 42301	Name of Employer Wells Health Systems	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Owner	10/24/97	1,000.00
	Aggregate Year-to-Date—$	2,020.00	
SUBTOTAL of Receipts This Page (optional)			2,670.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports or 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

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Jean Wells 725 Harvard Drive Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wells Health Systems Occupation: Owner Aggregate Year-to-Date—$ 2,020.00	10/31/97	220.00
B. Full Name, Mailing Address and ZIP Code Kennan S Shea 75 Court St PO Box U Quincy, CA 95971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: California Convalescent Hosp Occupation: Admin Aggregate Year-to-Date—$ 300.00	10/21/97	75.00
C. Full Name, Mailing Address and ZIP Code Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vista Pacifica Enterprises Occupation: Owner/Administrator Aggregate Year-to-Date—$ 2,000.00	10/14/97	500.00
D. Full Name, Mailing Address and ZIP Code Dawn Martin 442 E Hampton Stockton, CA 95204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Crestwood Rehab & Convales Hosp Occupation: Admin Aggregate Year-to-Date—$ 300.00	10/17/97	300.00
E. Full Name, Mailing Address and ZIP Code A D Buffington 2506 Lakeland Dr PO Box 7575 Jackson, MS 39204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hillcrest Health Center Occupation: Owner Aggregate Year-to-Date—$ 700.00	10/06/97	100.00
F. Full Name, Mailing Address and ZIP Code A D Buffington 2506 Lakeland Dr PO Box 7575 Jackson, MS 39204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hillcrest Health Center Occupation: Owner Aggregate Year-to-Date—$ 700.00	10/09/97	150.00
G. Full Name, Mailing Address and ZIP Code Larry Conaway PO Box F Hancock Park Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Round View Health Care, Inc Occupation: Administrator Aggregate Year-to-Date—$ 500.00	10/21/97	250.00
SUBTOTAL of Receipts This Page (optional)			1,595.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (In Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Stafford 33 Elk St., Ste. 300 Albany, NY 12207	NYS Health Facilities		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director	10/03/97	375.00
	Aggregate Year-to-Date—$	375.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Keon 243 Atlantic Ave PO Box 537 Lynbrook, NY 11563	East Rockaway Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	10/28/97	2,000.00
	Aggregate Year-to-Date—$	2,000.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry Bradley PO Box 709 Durham, CA 95938	Integrated Health Services Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	10/09/97	125.00
	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
Gregory Chambery 100 Daniel Dr Webster, NY 14580	Maplewood Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	10/16/97	75.00
	Aggregate Year-to-Date—$	300.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Wallace 611 W Market St Athens, AL 35611	Athens Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner/Administrator	10/14/97	150.00
	Aggregate Year-to-Date—$	545.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Wallace 611 W Market St Athens, AL 35611	Athens Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner/Administrator	10/31/97	20.00
	Aggregate Year-to-Date—$	545.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Delbert Ousley PO Box 829 Richmond, KY 40476	PMD Corporation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	10/31/97	20.00
	Aggregate Year-to-Date—$	1,020.00	

SUBTOTAL of Receipts This Page (optional)	2,765.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period
Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432	Hillside Manor		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Exec Dir	10/20/97	125.00
	Aggregate Year-to-Date—$	500.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Martin 105 Dunning Rd Middletown, NY 10940	Middletown Park Nurs		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	10/21/97	150.00
	Aggregate Year-to-Date—$	300.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Christiano 525 Beahan Rd Rochester, NY 14624	Westgate Nursing Ho		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Proprietor	10/14/97	500.00
	Aggregate Year-to-Date—$	1,000.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Warner PO Box 3188 Bloomington, IL 61702	Heritage Enterprises		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/22/97	150.00
	Aggregate Year-to-Date—$	1,170.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Warner PO Box 3188 Bloomington, IL 61702	Heritage Enterprises		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/23/97	250.00
	Aggregate Year-to-Date—$	1,170.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Warner PO Box 3188 Bloomington, IL 61702	Heritage Enterprises		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/31/97	20.00
	Aggregate Year-to-Date—$	1,170.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Riley 824 S 59th St Belleville, IL 62223	Professional Therapy Services		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/03/97	500.00
	Aggregate Year-to-Date—$	1,500.00	

SUBTOTAL of Receipts This Page (optional)	1,695.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chester Erickson 3901 E 4th St Long Beach,CA 90814	Atascitos-Belmont Conv Hosp		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner	10/09/97	250.00
	Aggregate Year-to-Date—$	500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jane Hibbard-Merrill Guilford St PO Box 159 Dover-Foxcroft,ME 04426	Hibbard Nsg Hm		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	10/26/97	75.00
	Aggregate Year-to-Date—$	300.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jim Klausman 3715 SW 29th Street, No. 200 Topeka,KS 66614	Midwest Health Services		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner-Adm	10/17/97	125.00
	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**
Dick Stebbins 600 E Whaley Longview,TX 75601	Stebbins Five Companies		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Managing Partner	10/31/97	20.00
	Aggregate Year-to-Date—$	820.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Linda Mlynarek 21430 Archwood Circle Farmington Hills,MI 48336	Botsford Continuing Health Ct		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President/Admin	10/31/97	100.00
	Aggregate Year-to-Date—$	225.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John K. Gresham 431 S Washington Ave Greenville,MS 38701	RETIRED		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation:	10/06/97	100.00
	Aggregate Year-to-Date—$	350.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William McReynolds 1430 Larimer St. #300 Denver,CO 80202	LTC Health Care Services, Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	10/22/97	1,000.00
	Aggregate Year-to-Date—$	1,000.00	
SUBTOTAL of Receipts This Page (optional)			1,670.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220	Ivy Hall Geriatric		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	10/07/97	150.00
	Aggregate Year-to-Date—$	2,170.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220	Ivy Hall Geriatric		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	10/20/97	500.00
	Aggregate Year-to-Date—$	2,170.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220	Ivy Hall Geriatric		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	10/31/97	20.00
	Aggregate Year-to-Date—$	2,170.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Roland & Sally Rapp 20654A Redwood Rd Castro Valley, CA 94546	Rapp Health Facilities		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	10/20/97	300.00
	Aggregate Year-to-Date—$	2,340.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Roland & Sally Rapp 20654A Redwood Rd Castro Valley, CA 94546	Rapp Health Facilities		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	10/31/97	40.00
	Aggregate Year-to-Date—$	2,340.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bradley Strong 6831 Chappel Road Madison, OH 44057	Inn Conneaut Health		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner	10/31/97	100.00
	Aggregate Year-to-Date—$	200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ira Albert 3220 S Higuera St #103A San Luis Obispo, CA 93401	Wilshire Foundation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	10/21/97	250.00
	Aggregate Year-to-Date—$	1,000.00	
SUBTOTAL of Receipts This Page (optional)			1,360.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Danchess 7844 Office Park Blvd Baton Rouge,LA 70809	Louisiana Nursing Home Assn		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Executive Director	10/27/97	500.00
	Aggregate Year-to-Date—$	1,000.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Henry Burch PO Box 23314 New Orleans,LA 70123	Henry J Burch & Assoc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Owner	10/31/97	100.00
	Aggregate Year-to-Date—$	2,100.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Abraham Morse 2310 Washington St #300 NewtonLowerFalls,MA 03162	MA Extended Care Federation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Exec VP	10/20/97	200.00
	Aggregate Year-to-Date—$	700.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Rau 10911 N Port Washington Rd Mequon,WI 53092	Mequon Care Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Exec Dir	10/31/97	20.00
	Aggregate Year-to-Date—$	845.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Seckman PAYROLL DEDUCTION Washington,AR	ANCA		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP Regulatory	10/31/97	10.00
	Aggregate Year-to-Date—$	625.44	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Sauer PO Drawer A 410 NW 3rd St Casey,IL 62420	Heartland Manor Nursing Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin	10/31/97	20.00
	Aggregate Year-to-Date—$	320.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerry Neal 2205 Broadway Mt Vernon,IL 62864	Developmental Services of IL		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/09/97	250.00
	Aggregate Year-to-Date—$	1,000.00	

SUBTOTAL of Receipts This Page (optional)	1,100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full) American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Spaugh 11572 Fall Creek Road Indianapolis, IN 46256	Spaugh & Co		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner	10/31/97	40.00
	Aggregate Year-to-Date—$	840.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Phil Chase 1500 North View Dr Westlake Village, CA 91362			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Nursing Home Consul	10/27/97	150.00
	Aggregate Year-to-Date—$	225.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Bruce Yarwood 200 P St #F31 Sacramento, CA 95814	Yarwood and Associates		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Gov Rel Consultant	10/31/97	10.00
	Aggregate Year-to-Date—$	1,510.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dirk Anjewierden 4035 S 500 E Salt Lake City, UT 84107	Alta Care Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	10/14/97	500.00
	Aggregate Year-to-Date—$	500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Patti Turenne 407 S McDonough St Montgomery, AL 36104	Turenne & Associates		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator	10/31/97	500.00
	Aggregate Year-to-Date—$	2,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John F Underwood 9403 Hill Brook Rd Louisville, KY 40223	KAHCF		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President	10/31/97	100.00
	Aggregate Year-to-Date—$	325.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Terry Kuzman 1157 Enfield St Enfield, CT 06082	Parkway Pavilion		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator	10/06/97	150.00
	Aggregate Year-to-Date—$	345.00	

SUBTOTAL of Receipts This Page (optional)	1,450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (In Full) American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Terry Kuzman 1157 Enfield St Enfield, CT 06082	Name of Employer Parkway Pavilion	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Administrator	10/31/97	120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	345.00	
B. Full Name, Mailing Address and ZIP Code Dennis Cleary PO Box 6008 Wolcott, CT 06717	Name of Employer Wolcott View Manor	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Administrator	10/06/97	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	410.00	
C. Full Name, Mailing Address and ZIP Code Dennis Cleary PO Box 6008 Wolcott, CT 06717	Name of Employer Wolcott View Manor	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Administrator	10/09/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	410.00	
D. Full Name, Mailing Address and ZIP Code Dennis Cleary PO Box 6008 Wolcott, CT 06717	Name of Employer Wolcott View Manor	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Administrator	10/31/97	120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	410.00	
E. Full Name, Mailing Address and ZIP Code Robert Moran 2400 Park Dr Harrisburg, PA 17110	Name of Employer Pennsylvania Health Care Ass	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Executive VP	10/28/97	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,170.00	
F. Full Name, Mailing Address and ZIP Code Robert Moran 2400 Park Dr Harrisburg, PA 17110	Name of Employer Pennsylvania Health Care Ass	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Executive VP	10/31/97	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,170.00	
G. Full Name, Mailing Address and ZIP Code Bobby Stephens PO Box 3324 Ft Smith, AR 72913	Name of Employer Beverly Enterprises	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Vice President	10/17/97	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
SUBTOTAL of Receipts This Page (optional)			1,660.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or 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

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Roch Carter 105 W Michigan 9th Fl Milwaukee,WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unicare Health Facilities General Counsel Aggregate Year-to-Date—$ 500.00	10/10/97	250.00
B. Full Name, Mailing Address and ZIP Code Ana Ratey 4601 Martin Luther King Ave SW Washington,DC 20032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Hadley Hospital Skilled Unit Occupation Administrator Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 10/23/97	Amount of Each Receipt This Period 100.00
C. Full Name, Mailing Address and ZIP Code Robert Van Dyk 304 South Van Dien Ave. Ridgewood,NJ 07450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Van Dyk Manor Occupation President/CEO Aggregate Year-to-Date—$ 840.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 40.00
D. Full Name, Mailing Address and ZIP Code Richard & Jill Hendlen 1333 E Madison #206 El Cajon,CA 92021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Kennon S Shea & Assoc Occupation Dir/Operations Aggregate Year-to-Date—$ 1,000.00	Date (month, day, year) 10/22/97	Amount of Each Receipt This Period 250.00
E. Full Name, Mailing Address and ZIP Code Joe Kearby PO Box 405 Mineral Wells,TX 76067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Resort Lodge Occupation Admin Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 10/17/97	Amount of Each Receipt This Period 50.00
F. Full Name, Mailing Address and ZIP Code Lynn Anderson 7979 S Tamiami Tr Sarasota,FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Lake Pointe Woods Occupation General Manager Aggregate Year-to-Date—$ 320.00	Date (month, day, year) 10/17/97	Amount of Each Receipt This Period 125.00
G. Full Name, Mailing Address and ZIP Code Betty Solomonson 8111 Tiswell Dr Alexandria,VA 22306 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Mt Vernon Nursing Ctr Occupation Administrator Aggregate Year-to-Date—$ 600.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 100.00
SUBTOTAL of Receipts This Page (optional)			915.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Walter Ledig PO Box 892 Minden,LA 71058	Town & Country Nrsg Home Occupation: Administrator	10/31/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,100.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Wilma Willard 9117 Cincinnati-Columbus Rd West Chester,OH 45069	West Chester Health Ctr Occupation: Owner	10/31/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David Lebenbom 801 W Big Beaver #650 Troy,MI 48084	David Lebenbom PC Occupation: Attorney	10/10/97	150.00
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**
Steven Brant 101 S Belt W Belleville,IL 62220	Four Fountains Conv Occupation: Administrator	10/09/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	750.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ron Floyd 505 Robert Rd Slidell,LA 70458	Greenbriar Nursing Occupation: Administrator	10/31/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	350.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Louis E Cottrell Jr PO Box 189 Killen,AL 35645	Lauderdale Christian Ac Occupation: Administrator	10/10/97	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**
Adele Wilzack 10010 Junction Drive #116N Annapolis,MD 20701	Health Facilities Assn of MD Occupation: Executive Director	10/17/97	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,100.00	

SUBTOTAL of Receipts This Page (optional) 2,200.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Adele Hitzack 10010 Junction Drive #116N Annapolis, MD 20701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Assn of MD Executive Director Aggregate Year-to-Date—$ 2,100.00	10/31/97	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joyce Book 1 Hickory Drive Bethel, PA 19507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	George H Leader Family Corp Sr VP Operations Aggregate Year-to-Date—$ 300.00	10/30/97	75.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Greer P.O. Box 30100 Shreveport, LA 71130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Capital President Aggregate Year-to-Date—$ 5,200.00	10/24/97	4,500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ted Lee 700 Hanover St Manchester, NH 03104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanover Hill Health Owner/Administrator Aggregate Year-to-Date—$ 470.00	10/07/97	150.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ted Lee 700 Hanover St Manchester, NH 03104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanover Hill Health Owner/Administrator Aggregate Year-to-Date—$ 470.00	10/31/97	20.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Lahr P.O. Box 10805 Pittsburgh, PA 15236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jefferson Hills Manor Executive Director Aggregate Year-to-Date—$ 1,020.00	10/28/97	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Lahr P.O. Box 10805 Pittsburgh, PA 15236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jefferson Hills Manor Executive Director Aggregate Year-to-Date—$ 1,020.00	10/31/97	20.00
SUBTOTAL of Receipts This Page (optional)			5,115.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Tobin 50 Christy Place Brockton,MA 02401	The Pointe Group		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	10/14/97	250.00
	Aggregate Year-to-Date—$	1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Melvin Harris 426 N. Washington Marksville,LA 71351	Colonial Manor		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner	10/21/97	75.00
	Aggregate Year-to-Date—$	300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R James Miller 922 S Buffalo St Warsaw,IN 46580	MMM Invest		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Partner	10/10/97	250.00
	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
Gerald Romano 7 Creek Ln Bristol,RI 02809	Silver Creek Manor		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator	10/31/97	20.00
	Aggregate Year-to-Date—$	1,360.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jim Wahner 3724 W. Wisconsin Ave. Milwaukee,WI 53208	United Health, Inc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP, Admin & Gov Re	10/23/97	125.00
	Aggregate Year-to-Date—$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don Isetti 7590 Shoreline Stockton,CA 95219	Delta Pharm Svcs		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	10/07/97	150.00
	Aggregate Year-to-Date—$	270.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don Isetti 7590 Shoreline Stockton,CA 95219	Delta Pharm Svcs		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	10/31/97	20.00
	Aggregate Year-to-Date—$	270.00	
SUBTOTAL of Receipts This Page (optional)			890.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Bobby Messina 10988 N. Harrells Ferry Rd, 12 Baton Rouge, LA 70816 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Quality Care and Rehab Occupation: Vice President Aggregate Year-to-Date—$: 245.00	Date (month, day, year): 10/10/97	Amount of Each Receipt this Period: 150.00
B. Full Name, Mailing Address and ZIP Code Bobby Messina 10988 N. Harrells Ferry Rd, 12 Baton Rouge, LA 70816 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Quality Care and Rehab Occupation: Vice President Aggregate Year-to-Date—$: 245.00	Date (month, day, year): 10/31/97	Amount of Each Receipt This Period: 20.00
C. Full Name, Mailing Address and ZIP Code Barbra McClung 3710 W Mineral King Avenue Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hoyle's Central Valley Agency Occupation: Vice President Aggregate Year-to-Date—$: 2,000.00	Date (month, day, year): 10/20/97	Amount of Each Receipt This Period: 500.00
D. Full Name, Mailing Address and ZIP Code Lee Sommars PO Box 80187 San Diego, CA 92138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Robson-Cavignac & Associates Occupation: Producer Aggregate Year-to-Date—$: 300.00	Date (month, day, year): 10/28/97	Amount of Each Receipt This Period: 300.00
E. Full Name, Mailing Address and ZIP Code Solanges Vivens 2601 18th St NE Washington, DC 20018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Washington Ctr for Aging Svc Occupation: Executive Director Aggregate Year-to-Date—$: 200.00	Date (month, day, year): 10/24/97	Amount of Each Receipt This Period: 100.00
F. Full Name, Mailing Address and ZIP Code Raymond Roti 401 W 2nd St Sioux Falls, SD 57104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Good Samaritan Center Occupation: Administrator Aggregate Year-to-Date—$: 200.00	Date (month, day, year): 10/14/97	Amount of Each Receipt This Period: 50.00
G. Full Name, Mailing Address and ZIP Code Raymond Roti 601 W 2nd St Sioux Falls, SD 57104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Good Samaritan Center Occupation: Administrator Aggregate Year-to-Date—$: 200.00	Date (month, day, year): 10/20/97	Amount of Each Receipt This Period: 100.00
SUBTOTAL of Receipts This Page (optional)			1,220.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (In Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code David Duncan 507 State St Box 208 Mound City,MO 64470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tiffany Care Centers Occupation: President Aggregate Year-to-Date—$: 470.00	Date (month, day, year): 10/10/97	Amount of Each Receipt this Period: 200.00
B. Full Name, Mailing Address and ZIP Code David Duncan 507 State St Box 208 Mound City,MO 64470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tiffany Care Centers Occupation: President Aggregate Year-to-Date—$: 470.00	Date (month, day, year): 10/31/97	Amount of Each Receipt This Period: 120.00
C. Full Name, Mailing Address and ZIP Code Susan Baitis 400 Centre Street Newton,MA 02158 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The ADS Group Occupation: President Aggregate Year-to-Date—$: 750.00	Date (month, day, year): 10/16/97	Amount of Each Receipt This Period: 250.00
D. Full Name, Mailing Address and ZIP Code David Beck 1275 Pennsylvania Avenue Washington,DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DC Health Care Association Occupation: Executive Director Aggregate Year-to-Date—$: 370.00	Date (month, day, year): 10/17/97	Amount of Each Receipt This Period: 200.00
E. Full Name, Mailing Address and ZIP Code David Beck 1275 Pennsylvania Avenue Washington,DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DC Health Care Association Occupation: Executive Director Aggregate Year-to-Date—$: 370.00	Date (month, day, year): 10/31/97	Amount of Each Receipt This Period: 20.00
F. Full Name, Mailing Address and ZIP Code Robert Murtha 27 E Russell St #200 Columbus,OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The MacIntosh Company Occupation: President Aggregate Year-to-Date—$: 2,000.00	Date (month, day, year): 10/30/97	Amount of Each Receipt This Period: 1,000.00
G. Full Name, Mailing Address and ZIP Code Faroop Khan 163 Quinnipine Ave North Haven,CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Montower Health Care LLC Occupation: President Aggregate Year-to-Date—$: 500.00	Date (month, day, year): 10/27/97	Amount of Each Receipt This Period: 250.00
SUBTOTAL of Receipts This Page (optional)			2,040.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

Any information copied from such Reports or 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 committees.

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
Michael McBride 2905 White Horse Rd Greenville, SC 29611	Health Management Resources		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/31/97	20.00
	Aggregate Year-to-Date—$	1,120.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Hartwell PAYROLL DEDUCTION Washington, AH	AHCA		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir Political Aff	10/09/97	100.00
	Aggregate Year-to-Date—$	1,061.75	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mike Overstreet 1303 Beek Blvd. Oxford, MS 38655	Graceland, Inc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Owner/Vice Presiden	10/06/97	100.00
	Aggregate Year-to-Date—$	275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mike Overstreet 1303 Beek Blvd. Oxford, MS 38655	Graceland, Inc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Owner/Vice Presiden	10/31/97	100.00
	Aggregate Year-to-Date—$	275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hugh Franklin 14 Northtowne Drive Jackson, MS 39211	Health Care Facilit		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Owner	10/07/97	500.00
	Aggregate Year-to-Date—$	1,200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Renee Matthews 2421 E. Texas Ave. Alexandria, LA 71301	Naomi Heights Nursing		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Ass't. Adminstrator	10/31/97	200.00
	Aggregate Year-to-Date—$	200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Anderson 2177 Youngman Ave., Ste. 200 St. Paul, MN 55116	Good Samaritan Society/Hipo		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP/Finance	10/21/97	100.00
	Aggregate Year-to-Date—$	200.00	
SUBTOTAL of Receipts This Page (optional)			1,120.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full) American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Clay 970 Fifth Ave., N.W. Issaquah, WA 98027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Regency Care Center President Aggregate Year-to-Date—$ 2,000.00	10/15/97	1,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Brad Mikesell 1255 E. 3900 South Salt Lake City, UT 84124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Doxey Hatch Medical Center Aggregate Year-to-Date—$ 200.00	10/20/97	200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Ken Beebe 3900 Lakeland Dr., Ste. 400 Jackson, MS 39201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Management CEO Aggregate Year-to-Date—$ 200.00	10/31/97	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Reynaldo Lapid 1931 Lakewood Rd. Toms River, NJ 08755 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Green Acres Manor Owner Aggregate Year-to-Date—$ 500.00	10/21/97	125.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Judy White 10430 Hwy. 2E Martsville, TN 37074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	 Aggregate Year-to-Date—$ 200.00	10/31/97	200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
William Kinschner 4934 Valencia Dr. Toledo, OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care & Ret Corp VP of Bus Planning Aggregate Year-to-Date—$ 500.00	10/31/97	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Kris Baldock 8028 Ritchie Hwy., Ste. 210B Pasadena, MD 21122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Future Care Health President Aggregate Year-to-Date—$ 500.00	10/17/97	75.00
SUBTOTAL of Receipts This Page (optional)			2,300.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full) American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code William Lawson Fleming 70 Medical Center Drive Commerce,GA 30529 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer BJC Medical Center Nursing Home Occupation Administrator Aggregate Year-to-Date—$ 1,000.00	Date (month, day, year) 10/16/97	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Reginald Carter PO Box 80050 Lansing,MI 48908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer HCAM Occupation Executive Vice Pres Aggregate Year-to-Date—$ 500.00	Date (month, day, year) 10/20/97	Amount of Each Receipt This Period 100.00
C. Full Name, Mailing Address and ZIP Code Reginald Carter PO Box 80050 Lansing,MI 48908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer HCAM Occupation Executive Vice Pres Aggregate Year-to-Date—$ 500.00	Date (month, day, year) 10/20/97	Amount of Each Receipt This Period 100.00
D. Full Name, Mailing Address and ZIP Code Jay Moskowitz 33 Southmoor Drive Denver,CO 80220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Wheat Ridge Nursing Occupation Administrator Aggregate Year-to-Date—$ 300.00	Date (month, day, year) 10/15/97	Amount of Each Receipt This Period 150.00
E. Full Name, Mailing Address and ZIP Code Mary Lynne Bailey 2112 West Laburnum Avenue, 206 Richmond,VA 23227 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Name of Employer Virginia Health Care Assn Occupation Assistant Aggregate Year-to-Date—$ 500.00	Date (month, day, year) 10/16/97	Amount of Each Receipt This Period 125.00
F. Full Name, Mailing Address and ZIP Code Jack 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—$ 350.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 350.00
G. Full Name, Mailing Address and ZIP Code Bob Wilson 1667 St. Paul Denver,CO 80206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St Paul Health Center Occupation Aggregate Year-to-Date—$ 250.00	Date (month, day, year) 10/14/97	Amount of Each Receipt This Period 250.00
SUBTOTAL of Receipts This Page (optional)			2,075.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (In Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Deborah Ann Culp 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer RedFlodge Group Occupation Dir of Operations Aggregate Year-to-Date—$ 500.00	Date (month, day, year) 10/31/97	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code John Sims PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Elness Convalescent Hospital Occupation Administrator Aggregate Year-to-Date—$ 1,320.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 20.00
C. Full Name, Mailing Address and ZIP Code Robin Hillier 4780 Kirk Road Youngstown, OH 44515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AM-Care Occupation Director of Rehab Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 10/07/97	Amount of Each Receipt This Period 100.00
D. Full Name, Mailing Address and ZIP Code Joan White 932 Ward Avenue, Suite 430 Honolulu, HI 96814 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Healthcare Assoc. of Hawaii Occupation Executive VP Aggregate Year-to-Date—$ 300.00	Date (month, day, year) 10/17/97	Amount of Each Receipt This Period 100.00
E. Full Name, Mailing Address and ZIP Code David Simpson 2000 Wesleyan Boulevard Rapid City, SD 57702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Wesleyan Health Care Center Occupation Exec Director Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 10/20/97	Amount of Each Receipt This Period 100.00
F. Full Name, Mailing Address and ZIP Code David Simpson 2000 Wesleyan Boulevard Rapid City, SD 57702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Wesleyan Health Care Center Occupation Exec Director Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 100.00
G. Full Name, Mailing Address and ZIP Code Toni Fatone 99 East River Drive, 8th Floor East Hartford, CT 06108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer CT Assn of HC Facilities Occupation Executive Director Aggregate Year-to-Date—$ 1,100.00	Date (month, day, year) 10/07/97	Amount of Each Receipt This Period 1,000.00
SUBTOTAL of Receipts This Page (optional)			1,520.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or 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

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Clark Peek 505 N. 5th Avenue Rome, GA 30165 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fifth Avenue Healthcare Occupation: Owner/Administrator Aggregate Year-to-Date—$ 500.00	10/21/97	250.00
B. Full Name, Mailing Address and ZIP Code Joan Gallegos 1519 South Emigration Street Salt Lake City, UT 84108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Utah Health Care Assn Occupation: State Executive Aggregate Year-to-Date—$ 400.00	Date (month, day, year): 10/20/97	Amount of Each Receipt This Period: 100.00
C. Full Name, Mailing Address and ZIP Code Phil McLaughlin 425 West Capitol, Suite 3300 Little Rock, AR 72201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Moore, Stephens, Fro Occupation: Director Aggregate Year-to-Date—$ 620.00	Date (month, day, year): 10/31/97	Amount of Each Receipt This Period: 20.00
D. Full Name, Mailing Address and ZIP Code John Poirier 125 Airport Rd Concord, NH 03301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NH Health Care Assn Occupation: State Executive Aggregate Year-to-Date—$ 270.00	Date (month, day, year): 10/07/97	Amount of Each Receipt This Period: 150.00
E. Full Name, Mailing Address and ZIP Code John Poirier 125 Airport Rd Concord, NH 03301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NH Health Care Assn Occupation: State Executive Aggregate Year-to-Date—$ 270.00	Date (month, day, year): 10/31/97	Amount of Each Receipt This Period: 20.00
F. Full Name, Mailing Address and ZIP Code Bob Owens RR3, Box 426C Devils Lake, ND 58301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date—$ 200.00	Date (month, day, year): 10/30/97	Amount of Each Receipt This Period: 100.00
G. Full Name, Mailing Address and ZIP Code Penny Prue 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: VP Administration Aggregate Year-to-Date—$ 250.00	Date (month, day, year): 10/09/97	Amount of Each Receipt This Period: 100.00
SUBTOTAL of Receipts This Page (optional)			740.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purposes of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Lyn Wheatley 4156 Carmichael Road Montgomery, AL 36106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Atabama NH Assn Occupation Aggregate Year-to-Date—$ 320.00	Date (month, day, year) 10/31/97	Amount of Each Receipt this Period 20.00
B. Full Name, Mailing Address and ZIP Code Jack Jordan PO Box 5349 Sevierville, TN 37864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Severe County HC Occupation Aggregate Year-to-Date—$ 320.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 20.00
C. Full Name, Mailing Address and ZIP Code John Jamison III PO Box 360067 Birmingham, AL 35236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer CARECORPS Occupation President & CEO Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 100.00
D. Full Name, Mailing Address and ZIP Code Tim Kaminski 1050 North Post Oak Rd #280 Houston, TX 77055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Mariner Rehab Occupation Business Dev Aggregate Year-to-Date—$ 600.00	Date (month, day, year) 10/10/97	Amount of Each Receipt This Period 600.00
E. Full Name, Mailing Address and ZIP Code Elise Smith 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AHCA Occupation Aggregate Year-to-Date—$ 300.00	Date (month, day, year) 10/09/97	Amount of Each Receipt This Period 300.00
F. Full Name, Mailing Address and ZIP Code David Ellis 355 Park Ave South New York, NY 10010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Contemporary LTC Magazine Occupation Aggregate Year-to-Date—$ 340.00	Date (month, day, year) 10/20/97	Amount of Each Receipt This Period 300.00
G. Full Name, Mailing Address and ZIP Code David Ellis 355 Park Ave South New York, NY 10010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Contemporary LTC Magazine Occupation Aggregate Year-to-Date—$ 340.00	Date (month, day, year) 10/31/97	Amount of Each Receipt This Period 40.00
SUBTOTAL of Receipts This Page (optional)			1,380.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Bob Doty 131 4th St. NW Hickory, NC 28603 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Living Centers of America	Date (month, day, year):	Amount of Each Receipt this Period:
	Occupation: Vice Presi Finance	10/10/97	300.00
	Aggregate Year-to-Date—$	340.00	
B. Full Name, Mailing Address and ZIP Code Bob Doty 131 4th St. NW Hickory, NC 28603 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Living Centers of America	Date (month, day, year):	Amount of Each Receipt This Period:
	Occupation: Vice Presi Finance	10/31/97	40.00
	Aggregate Year-to-Date—$	340.00	
C. Full Name, Mailing Address and ZIP Code Schmidt Chris 3613 So 13th Street Sheboygan, WI 53081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Meadow View Manor Nursing Home	Date (month, day, year):	Amount of Each Receipt This Period:
	Occupation	10/10/97	300.00
	Aggregate Year-to-Date—$	300.00	
D. Full Name, Mailing Address and ZIP Code Reginelli Phil 816 North Creek Drive Conway, AR 72052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Compton Management	Date (month, day, year):	Amount of Each Receipt This Period:
	Occupation	10/10/97	450.00
	Aggregate Year-to-Date—$	450.00	
E. Full Name, Mailing Address and ZIP Code Mike McBryan 650 Louis Dr Warminster, PA 18947 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Healthcare Service Group	Date (month, day, year):	Amount of Each Receipt This Period:
	Occupation: Divisional VP Sales	10/20/97	600.00
	Aggregate Year-to-Date—$	640.00	
F. Full Name, Mailing Address and ZIP Code Mike McBryan 650 Louis Dr Warminster, PA 18947 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Healthcare Service Group	Date (month, day, year):	Amount of Each Receipt This Period:
	Occupation: Divisional VP Sales	10/31/97	40.00
	Aggregate Year-to-Date—$	640.00	
G. Full Name, Mailing Address and ZIP Code Edward Lee Johnson 2905 White Horse Road Greenville, SC 29611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Management Resources	Date (month, day, year):	Amount of Each Receipt This Period:
	Occupation: Area Manager	10/20/97	200.00
	Aggregate Year-to-Date—$	200.00	
SUBTOTAL of Receipts This Page (optional)			1,930.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (In Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code PAC Living Ctrs of Amer 15415 Katy Frwy Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 10/20/92 500.00	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Robert Coll 3005 Westfair Cove Louisville, KY 40241 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Statewide Health Services Occupation VP Aggregate Year-to-Date—$	Date (month, day, year) 10/31/92 200.00	Amount of Each Receipt This Period 200.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			700.00
TOTAL This Period (last page this line number only)			54,187.50

SCHEDULE A **ITEMIZED RECEIPTS**

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full)
American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Crestar Bank P.O. Box 85024 Richmond, VA 23285 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer INTEREST RECEIPTS 10-31-97 Occupation Aggregate Year-to-Date—$	Date (month, day, year) 10/31/97	Amount of Each Receipt this Period 201.88
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and Zip Code Edward Kennedy PO Box 1400 Boston, MA 02205	Purpose of Disbursement D-SEN-MA 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	5,000.00
B. Full Name, Mailing Address and Zip Code Frank Pallone Suite 116, 540 Broadway Long Branch, NJ 07740	Purpose of Disbursement D-0006-NJ 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
C. Full Name, Mailing Address and Zip Code Ralph Hall Post Office Box 711 Rockwall, TX 75087	Purpose of Disbursement D-0004-TX 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
D. Full Name, Mailing Address and Zip Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for ☐ Primary ☐ General ☐ Other (specify):	10/24/97	1,000.50
E. Full Name, Mailing Address and Zip Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for ☐ Primary ☐ General ☒ Other (specify):	10/24/97	2,500.00
F. Full Name, Mailing Address and Zip Code Howard Berman 291 S. LaCienega Blvd., # 212 Los Angeles, CA 90211	Purpose of Disbursement D-0026-CA 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
G. Full Name, Mailing Address and Zip Code Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	Purpose of Disbursement D-0005-MD 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
H. Full Name, Mailing Address and Zip Code Bart Gordon PO Box 2008 Murfreesboro, TN 37133	Purpose of Disbursement D-0006-TN 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
I. Full Name, Mailing Address and Zip Code Fred Upton P.O. Box 490 St Joseph, MI 49085	Purpose of Disbursement R-0006-MI 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
SUBTOTAL of Disbursements This Page (optional)			11,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page ___ of ___ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (In Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Lewis 1150 Brookside Ave. Redlands, CA 92373	R-0040-CA 98 Primary ☒ Primary ☐ General ☐ Other (specify):	10/24/97	4,500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
John Porter 1099 Merril Street Winnetka, IL	R-0010-IL 98 Primary ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
DSCC 450 South Capitol St., SE Washington, DC 20003	-SEN-DC ☐ Primary ☐ General ☒ Other (specify):	10/24/97	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
Jim Talent 955 Executive Pkwy., #201 St. Louis, MO 63141	R-0002-MO 98 Primary ☒ Primary ☐ General ☐ Other (specify):	10/24/97	1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Nathan Deal P.O. Box 2522 Gainesville, GA 30503	D-0009-GA 98 Primary ☒ Primary ☐ General ☐ Other (specify):	10/24/97	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
Albert Wynn 6700 Central Ave., Ste. 306 Landover, MD	-0004-MD 98 Primary ☒ Primary ☐ General ☐ Other (specify):	10/24/97	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
Charles Stenholm P.O. Box 1032 Stamford, TX 79553	D-017 -TX 98 Primary ☒ Primary ☐ General ☐ Other (specify):	10/24/97	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
Lauch Faircloth P.O. Box 26585 Raleigh, NC 27611	R-SEN-NC 98 Primary ☒ Primary ☐ General ☐ Other (specify):	10/01/97	4,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Lauch Faircloth P.O. Box 26585 Raleigh, NC 27611	R-SEN-NC 98 General ☐ Primary ☒ General ☐ Other (specify):	10/01/97	5,000.00
SUBTOTAL of Disbursements This Page (optional)			22,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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 committees.

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
Ken Calvert P.O. Box 5-1992 Riverside, CA 92517	R-0043-CA 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	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
Jennifer Dunn P.O. Box 40110 Bellevue, WA 98004	R-0008-WA 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Lazio PO Box 5063 Bay Shore, NY 11718	R-0002-NY 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	1,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Jack Quinn PO Box 2012 Blasdell, NY 14219	R-30 -NY 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	100.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Roger Wicker P.O. Box 874 Tupelo, MS 38802	R-1 -MS 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	1,500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
George Radanovich 2377 W. Shaw, Ste. 204 Fresno, CA 93711	R-19 -CA 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	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
Robert (Jr.) Ehrlich 1527 York Road Ste 705 Lutherville, MD 21093	R-2 -MD 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Ed Whitfield PO Box 391 Hopkinsville, KY 42241	R-1 -KY 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Allen Boyd PO Box 15703 Tallahassee, FL 32317	D- -FL 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
SUBTOTAL of Disbursements This Page (optional)			5,600.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page _____ of ___ ____ for
LINE NUMBER _____ _
(Use separate schedule(s) for each category of the Detailed Summary Page)

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 purposed, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (In Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for / Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
James Rogan PO Box 846 Rancho Cucamonga, CA 91729	R- -CA 98 Primary ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
B. Full Name, Mailing Address and Zip Code Virgil Goode 112 N Main Street Rocky Mount, VA 24151	Purpose of Disbursement D- -VA 98 Primary ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/24/97	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and Zip Code Eric Vitaliano 1409 Richmond Ave Staten Island, NY 10314	Purpose of Disbursement - -NY 98 Primary ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/02/97	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and Zip Code Steve Henry PO Box 4425 Louisville, KY 40204	Purpose of Disbursement - -KY 98 Primary ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/02/97	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and Zip Code Mike Thompson 1700 L Street Sacramento, CA 95814	Purpose of Disbursement - -CA 98 Primary ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/24/97	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and Zip Code Rep Party of KY , KY	Purpose of Disbursement - -KY ☐ Primary ☐ General ☒ Other (specify):	Date (month, day, year) 10/24/97	Amount of Each Disbursement This Period 1,250.00
G. Full Name, Mailing Address and Zip Code Carol Snyder , CO	Purpose of Disbursement - -CO 98 Primary ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/24/97	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and Zip Code Tom Moore , SC	Purpose of Disbursement - -SC ☐ Primary ☐ General ☒ Other (specify):	Date (month, day, year) 10/30/97	Amount of Each Disbursement This Period 1,000.00
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)			5,250.00
TOTAL This Period (last page this line number only)			44,350.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (In Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank P.O.BOX 85024 Richmond, VA 23285	BANK CHARGES Disbursement for ☐ Primary ☐ General ☐ Other (specify):	10/31/97	455.56
B. 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
C. 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
D. 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
E. 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
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)			
TOTAL This Period (last page this line number only)			

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was recived.

☑	Hand Delivered	Date of Receipt 11-20-97
☐	First Class Mail	POSTMARKED
☐	Registerd/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JLS — PREPARER

11-20-97 — DATE PREPARED

(7/97)