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

2000 FEB 16 P 12:45

2. FEC IDENTIFICATION NUMBER
C-0000-6080

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☒ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

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

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

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/01/99 through 10/31/99		
6. (a) Cash on Hand January 1, 1999		$ 84,248.97
(b) Cash on Hand at Beginning of Reporting Period	$ 116,911.73	
(c) Total Receipts (from Line 19)	$ 81,990.76	$ 437,216.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 198,902.49	$ 521,465.89
7. Total Disbursements (from Line 30)	$ 71,699.94	$ 394,263.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 127,202.55	$ 127,202.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Anna Lee, PAC Director

Signature of Treasurer: Anna Lee

Date: 2-16-2000

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

FEC FORM 3X
(revised 9/98)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: American Health Care Association Political Action Committee

REPORT COVERING PERIOD FROM 10/01/99 TO: 10/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	65,214.00	366,792.04	11(a)(i)
ii. Unitemized	16,564.00	62,745.91	11(a)(ii)
iii. Total ... (add i and ii) ➤	81,778.00	429,537.95	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	5,000.00	11(c)
d. Total Contributions ... (add a iii, b and c) ➤	81,778.00	434,537.95	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	100.00	1,225.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	112.76	1,453.97	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	81,990.76	437,216.92	19
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	81,990.76	437,216.92	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	826.99	7,184.26	21(b)
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤	826.99	7,184.26	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	15,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	70,872.95	362,854.08	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	3,225.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds ... (add a, b and c) ➤	0.00	3,225.00	28(d)
29. Other Disbursements	0.00	6,000.00	29
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	71,699.94	394,263.34	30
31. Total Federal Disbursements ... (subtract line 21 a II from line 30) ➤	71,699.94	394,263.34	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	81,778.00	434,537.95	32
33. Total Contribution Refunds (from line 28d)	0.00	3,225.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	81,778.00	431,312.95	34
35. Total Federal Operating Expenditures ... (add 21 a I and 21 b) ➤	826.99	7,184.26	35
36. Offsets to Operating Expenditures (from line 15)	100.00	1,225.00	36
37. Net Operating Expenditures ... (subtract line 36 from 35) ➤	726.99	5,959.26	37

4-00170

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joseph Warner 115 W Jefferson, Suite 401 Bloomington, IL 61702-3188 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprise President Aggregate Year-to-Date $ 1,000.00	10/01/99	250.00
B. William Kinschner 4934 Valencia Dr Toledo, OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care & Ret Group VP Bus Planning Aggregate Year-to-Date $ 300.00	10/04/99	300.00
C. Edward Kuntz 1313 St. Anthony Place 5th Floor Louisville, KY 40204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vencor Corp. Occupation Aggregate Year-to-Date $ 500.00	10/04/99	250.00
D. Solanges Vivens 2601 18th St NE Washington, DC 20018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Ctr for Aging Svc Executive Director Aggregate Year-to-Date $ 900.00	10/05/99	100.00
E. Coy Williamson 165 Winston Drive Athens, GA 30607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grandview Care Center President/Owner Aggregate Year-to-Date $ 475.00	10/05/99	100.00
F. Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Dimensions Nrsg Home Admin Aggregate Year-to-Date $ 475.00	10/06/99	100.00
G. Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Dimensions Nrsg Home Admin Aggregate Year-to-Date $ 675.00	10/06/99	100.00

SUBTOTAL of Receipts This Page (optional) 1,200.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kim Gallina 1400 8th Avenue Union Grove, WI 53182 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oak Ridge Care Center Occupation Aggregate Year-to-Date $ 700.00	10/05/99	100.00
B. Paul Granger Englewood, CO Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	10/05/99	100.00
C. Paul Granger Englewood, CO Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 600.00	10/05/99	100.00
D. Gerald Hamilton 10400 Academy Rd Ste 380 Albuquerque, NM Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: IHS Occupation: Vice President Aggregate Year-to-Date $ 400.00	10/05/99	100.00
E. Jack Vetter 5020 South 118th St. Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vetter Health Services Occupation: Administrator Aggregate Year-to-Date $ 1,600.00	10/05/99	100.00
F. Blaine Hendrickson PO Box 7 PO Box 7 Rancho Mirage, CA 92270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Legacy Healthcare Occupation Aggregate Year-to-Date $ 3,600.00	10/05/99	100.00
G. Linda Sechovec 6400 Uptown Blvd NE #520W Albuquerque, NM 87110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: New Mexico Health Care Assn Occupation: Executive Director Aggregate Year-to-Date $ 600.00	10/06/99	100.00

SUBTOTAL of Receipts This Page (optional) 700.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Linda Sechovec 5400 Uptown Blvd NE #520W Albuquerque, NM 87110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: New Mexico Health Care Assn Occupation: Executive Director Aggregate Year-to-Date > $ 700.00	10/05/99	100.00
B. Jan Thayer 404 Woodland Dr Grand Island, NE 68801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Riverside Lodge Occupation: Owner/Administrator Aggregate Year-to-Date > $ 600.00	10/06/99	100.00
C. Joan Gallegos 4190 S. Highland Dr. #113 Salt Lake City, UT 84124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Utah Health Care Assn Occupation: Executive Director Aggregate Year-to-Date > $ 400.00	10/06/99	100.00
D. Tamela Supchak 2858 East Cheyenne Ave. North Las Vegas, NV 89030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Cheyenne Care Center Occupation: Aggregate Year-to-Date > $ 400.00	10/06/99	100.00
E. Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: RETIRED Occupation: Aggregate Year-to-Date > $ 326.00	10/06/99	100.00
F. Mary Bakar 108 Starr Ave. PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bel-Air Lodge Occupation: Administrator Aggregate Year-to-Date > $ 2,800.00	10/06/99	200.00
G. Patrick Trotta 2 Hopkins Plaza Suite 2100 Baltimore, MD 21201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Reznick Feddas & Silverman Occupation: CPA/consultant Aggregate Year-to-Date > $ 800.00	10/06/99	800.00

SUBTOTAL of Receipts This Page (optional) 1,500.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Terry Troxell 15300 N 90th Street Suite 100 Scottsdale, AZ 85260 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unison Health Care Corp Occupation: VP Congressional Svc Aggregate Year-to-Date > $ 300.00	10/06/99	200.00
B. Full Name, Mailing Address and ZIP Code Roland Rapp 5776 Stoneridge Mall Rd. #300 Pleasanton, CA 94588 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rapp, Kiepen & Harman Occupation: Managing Partner Aggregate Year-to-Date > $ 700.00	10/06/99	100.00
C. Full Name, Mailing Address and ZIP Code William Siggs 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 > $ 1,100.00	10/06/99	100.00
D. Full Name, Mailing Address and ZIP Code William Kempiners 1029 S 4th St Springfield, IL 62703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Illinois Health Care Assn Occupation: Executive Director Aggregate Year-to-Date > $ 1,100.00	10/06/99	100.00
E. Full Name, Mailing Address and ZIP Code Don Wessell 417 S Main St Oberlin, OH 44074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Welcome Nursing Home Inc Occupation: President Aggregate Year-to-Date > $ 475.00	10/06/99	100.00
F. Full Name, Mailing Address and ZIP Code John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: White Oak Manor Occupation: Executive VP/CFO Aggregate Year-to-Date > $ 2,100.00	10/06/99	100.00
G. Full Name, Mailing Address and ZIP Code Dennis Sherman 2237 Wyndbend Boulevard Powell, OH 43065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Laurel Health Care Corp Occupation: President Aggregate Year-to-Date > $ 6,000.00	10/06/99	3,750.00

SUBTOTAL of Receipts This Page (optional) 4,450.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 23

FOR LINE NUMBER 11a1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
L Bruce Levering 201 N Main Street Mt Vernon, OH 43050	Levering Mgmt. Inc. President	10/06/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Trotta 2 Hopkins Plaza Suite 2100 Baltimore, MD 21201	Reznick Fedder & Silverman CPA/Consultant	10/06/99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 900.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William White PO Box 308 New London, CT 06320	Beechwood Rehab & Nursing Ctr. Admin/Owner	10/06/99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David E Mellier 27 Brand Avenue P.O. Box 446 Faribault, MN 55021	Pleasant Manor Inc Administrator	10/06/99	425.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,900.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sarita Holland 754 Mance Oldham Road Hartsville, TN 37074	Quality Care Health Center administrator	10/06/99	1,075.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,075.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Neil Pruitt 409 E. Doyle St. Toccoa, GA 30577	UHS-Pruitt Corp. Administrator	10/06/99	226.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 976.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patrick T Kriner 5228 Merger Drive Holland, OH 43528	Woodside Management Group Owner	10/06/99	235.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 985.00		

SUBTOTAL of Receipts This Page (optional) 2,660.00

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

4-00173

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jacalyn Chies 2760 219th Ave. NE East Bethel, MN 55011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park River Estates Center Occupation: Administrator Aggregate Year-to-Date $ 300.00	10/06/99	300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary Baker 108 Starr Ave. PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bel-Air Lodge Occupation: Administrator Aggregate Year-to-Date $ 3,755.00	10/06/99	955.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Pendergrae 11608 Scott Simpson Drive El Paso, TX 79936 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pebble Creek Occupation: Owner Aggregate Year-to-Date $ 750.00	10/06/99	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul Stebbins 126 Hughes Street Longview, TX 75602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Five Occupation: Owner Aggregate Year-to-Date $ 800.00	10/06/99	800.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gail Clarkson 34500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Medilodge Group Occupation: Vice President Aggregate Year-to-Date $ 1,905.00	10/06/99	1,066.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Rondot 2162 South Kemp Lima, OH 45808 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mesonic Healthcare Occupation: Aggregate Year-to-Date $ 300.00	10/06/99	200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Rhoades 23852 Via Roble Coto de Caza, CA 92679 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date $ 325.00	10/06/99	325.00

SUBTOTAL of Receipts This Page (optional) 3,685.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11B1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Don Dugar E. 22382 N. Richmond Ct. Lake Zurich, IL 60047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Quality Products Occupation: Vice President Aggregate Year-to-Date > $ 575.00	10/06/99	575.00
B. Thomas Reddy 8847 Long PO Box 14884 Lenexa, KS 66285-4884 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vintage Park Inc. Occupation: Aggregate Year-to-Date > $ 2,300.00	10/06/99	300.00
C. J Wayne Franklin 125 Springfield Ct #1 O'Fallon, IL 62269 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue & Company LLC Occupation: Senior Manager Aggregate Year-to-Date > $ 400.00	10/06/99	400.00
D. John W Jamison III PO Box 360057 Birmingham, AL 35236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CARECORPS Management Corporation Occupation: President & CEO Aggregate Year-to-Date > $ 4,775.00	10/06/99	1,025.00
E. Floyd Eaton 3715 SW 29th St #200 Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Services Inc Occupation: Aggregate Year-to-Date > $ 475.00	10/06/99	475.00
F. Harry Hooyanga 320 N Wayne Kenton, OH 43326 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Corinthian Occupation: Aggregate Year-to-Date > $ 250.00	10/06/99	150.00
G. Kathy Graves PO Box 7 Gainsboro, TN 38562-0553 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mabry Health Care & Rehab Occupation: Administrator Aggregate Year-to-Date > $ 2,875.00	10/06/99	375.00

SUBTOTAL of Receipts This Page (optional) ..... > 3,300.00

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

440173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mary Marshall 830 B Tarpon Ave. Fernandina Beach, FL 32034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date > $ 265.00	10/06/99	90.00
B. Mike Olay 2021 Swamp Fox Rd Midlothian, VA 23112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rehab Management Occupation: Sales Rep. Aggregate Year-to-Date > $ 600.00	10/06/99	600.00
C. Don Dugar E. 22382 N. Richmond Ct. Lake Zurich, IL 60047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: First Quality Products Occupation: Vice President Aggregate Year-to-Date > $ 675.00	10/06/99	100.00
D. Craig Laman PO Box 717 Bells, TN 38006-0717 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bells Nursing Home Occupation: Aggregate Year-to-Date > $ 600.00	10/06/99	100.00
E. Mark Finkelstein 955 S Main Street Middletown, CT 06457 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Subacute Mgt Corp of America Inc Occupation: Aggregate Year-to-Date > $ 1,100.00	10/06/99	100.00
F. William Williamson 2905 White Horse Road Greenville, SC 29611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Management Resources Occupation: Director of Operations Aggregate Year-to-Date > $ 1,100.00	10/06/99	100.00
G. Keith Holloway 1475 N Cole Rd Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Western Health Care Corp Occupation: Administrator Aggregate Year-to-Date > $ 3,550.00	10/06/99	200.00

SUBTOTAL of Receipts This Page (optional) 1,290.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael McBride 101 Grace Drive Easley, SC 29640 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Management Resources President Aggregate Year-to-Date > $ 3,200.00	10/06/99	100.00
B. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Comptroller Aggregate Year-to-Date > $ 220.00	10/06/99	100.00
C. David Wolf New Rd & Central Ave Linwood, NJ 08221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Linwood Conv Center Owner/Administrator Aggregate Year-to-Date > $ 700.00	10/06/99	100.00
D. Philip Caldwell 3830 E. Southport Rd. Ste. 100 Indianapolis, IN 46237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	EagleCare, Inc. Occupation Aggregate Year-to-Date > $ 2,100.00	10/06/99	100.00
E. Gerald Schroer Jr. 7222 Day Ave. SW Navarre, OH 44662 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Schroer Group Executive Vice President Aggregate Year-to-Date > $ 1,000.00	10/06/99	100.00
F. Michael Scherfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Care Management Exec Vice President Aggregate Year-to-Date > $ 400.00	10/06/99	100.00
G. Dennis Anderson 4800 W. 57th St. PO Box 5038 Sioux Falls, SD 57117-5038 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Evangelical Lutheran Good Samaritan Society VP Finance Aggregate Year-to-Date > $ 600.00	10/06/99	100.00

SUBTOTAL of Receipts This Page (optional) 700.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Howard Groff 9031 Penn. Ave. South Bloomington, MN 55431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tealwood Care Centers Inc President Aggregate Year-to-Date $ 475.00	10/06/99	100.00
B. Helen Frampton 1405 7th St S Moorhead, MN 56560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eventide Lutheran Home President Aggregate Year-to-Date $ 300.00	10/06/99	100.00
C. Paul Granger Englewood, CO Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 700.00	10/06/99	100.00
D. Jim Wahner 3724 W Wisconsin Ave Milwaukee, WI 53208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Extendicare Health Services Inc. VP Admin & Gov Rel Aggregate Year-to-Date $ 500.00	10/06/99	125.00
E. Gregory Chambery 100 Daniel Dr Webster, NY 14580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maplewood Nursing Home Inc Administrator Aggregate Year-to-Date $ 300.00	10/06/99	75.00
F. William R Abrams 2131 Rt 33 Lexington Square Hamilton, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NJ Assn of Health Care Facilities Occupation Aggregate Year-to-Date $ 500.00	10/06/99	125.00
G. Ronald Squillace 301 Union Street Hackensack, NJ 07601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Administrator Aggregate Year-to-Date $ 300.00	10/06/99	75.00

SUBTOTAL of Receipts This Page (optional) 700.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Salmon 86 Beaumont Dr Northbridge, MA 01534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beaumont Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 500.00	10/06/99	125.00
Reynaldo Lapid 1931 Lakewood Rd Toms River, NJ 08755 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Green Acres Manor Occupation: Owner Aggregate Year-to-Date > $ 500.00	10/06/99	125.00
R Peter Madel 108 8th St NW Waseca, MN 56093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Shore Inn Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 500.00	10/07/99	125.00
Renee Matthews 2421 E Texas Ave Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Occupation: Asst Administrator Aggregate Year-to-Date > $ 3,500.00	10/07/99	3,500.00
Jerry Nicholls 303 Greenwood Drive Iowa City, IA 52246 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Progressive Care Occupation: Administrator Aggregate Year-to-Date > $ 1,100.00	10/07/99	1,000.00
Mary Marshall 630 B Tarpon Ave. Fernandina Beach, FL 32034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Administrator Aggregate Year-to-Date > $ 355.00	10/07/99	100.00
Tim Blythe 7 Minnesota St Edwardsville, IL 62025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Springwood Associates Occupation: VP, Legislative Affairs Aggregate Year-to-Date > $ 946.00	10/07/99	720.00

SUBTOTAL of Receipts This Page (optional) 5,695.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mel Lynn 1755 North Barker Rd. Brookfield, WI 53045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care-Age of Brookfield Occupation: Administrator Aggregate Year-to-Date > $ 375.00	10/07/99	125.00
B. Kenneth Levering 1076 Coshocton Ave Mt Vernon, OH 43050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Court Occupation: Administrator Aggregate Year-to-Date > $ 700.00	10/07/99	500.00
C. Sally Gearhart-Schnabel 2200 Jackson AVENUE Seaford, NY 11783 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crown Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 1,925.00	10/07/99	1,000.00
D. Tim Graves 4214 Medical Pkwy 3rd Flr Austin, TX 78766 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Texas Health Care Association Occupation: Aggregate Year-to-Date > $ 400.00	10/07/99	300.00
E. J Wayne Franklin 125 Springfield Ct #1 O'Fallon, IL 62269 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue & Company LLC Occupation: Senior Manager Aggregate Year-to-Date > $ 2,900.00	10/07/99	2,500.00
F. Patricia Ramsey 12 Riverwood DRive York, ME 03909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Edgewood Center Occupation: Owner/Administrator Aggregate Year-to-Date > $ 2,050.00	10/07/99	800.00
G. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Conv Home Inc Occupation: Administrator Aggregate Year-to-Date > $ 1,100.00	10/07/99	600.00

SUBTOTAL of Receipts This Page (optional) 5,825.00

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

4-00170

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 31

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Linda Sechovac 6400 Uptown Blvd NE #520W Albuquerque, NM 87110 Receipt For: Primary / General / Other (specify):	New Mexico Health Care Assn Executive Director Aggregate Year-to-Date $ 900.00	10/07/99	200.00
B. Gerald Hamilton 10400 Academy Rd Ste 360 Albuquerque, NM Receipt For: Primary / General / Other (specify):	IHS Vice President Aggregate Year-to-Date $ 500.00	10/07/99	100.00
C. Michael McBride 101 Grace Drive Easley, SC 29640 Receipt For: Primary / General / Other (specify):	Health Management Resources President Aggregate Year-to-Date $ 3,300.00	10/07/99	100.00
D. William R Abrams 2131 Rt 33 Lexington Square Hamilton, NJ 08690 Receipt For: Primary / General / Other (specify):	NJ Assn of Health Care Facilities Occupation Aggregate Year-to-Date $ 800.00	10/07/99	100.00
E. Steven Chles 9920 Zilla Street NW Coon Rapids, MN 55433 Receipt For: Primary / General / Other (specify):	Care Paradigm Management President Aggregate Year-to-Date $ 1,600.00	10/07/99	100.00
F. Rick Carter 2850 Metro Dr #200 Bloomington, MN 55425 Receipt For: Primary / General / Other (specify):	Care Providers of Minnesota Occupation Aggregate Year-to-Date $ 300.00	10/07/99	100.00
G. Patrick T Kriner 6228 Merger Drive Holland, OH 43528 Receipt For: Primary / General / Other (specify):	Woodside Management Croup Occupation Owner Aggregate Year-to-Date $ 1,188.00	10/07/99	200.00

SUBTOTAL of Receipts This Page (optional) 900.00

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

4-90173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Rau 3939 S. 92nd St. Greenfield, WI 53228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clement Manor Health Center Occupation Aggregate Year-to-Date > $ 2,100.00	10/07/99	100.00
B. Tim Blythe 7 Minnesota St Edwardsville, IL 62025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Springwood Associates Occupation VP, Legislative Affairs Aggregate Year-to-Date > $ 1,046.00	10/07/99	100.00
C. Casey Matthews 2421 E Texas Ave. Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Occupation Shareholder Aggregate Year-to-Date > $ 1,000.00	10/07/99	1,000.00
D. Thomas Reddy 3847 Long PO Box 14884 Lenexa, KS 66285-4884 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vintage Park Inc. Occupation Aggregate Year-to-Date > $ 2,400.00	10/07/99	100.00
E. Darwin Lee PO Box 366 Westhope, ND 58793-0366 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westhope Home Occupation Administrator Aggregate Year-to-Date > $ 300.00	10/07/99	100.00
F. Reginald Carter PO Box 80050 Lansing, MI 48908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Assn. of Michigan Occupation Executive VP Aggregate Year-to-Date > $ 400.00	10/07/99	100.00
G. Abraham Morse 2310 Washington St #300 Newton Lower Falls, MA 02162-1440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MA Extended Care Federation Occupation Aggregate Year-to-Date > $ 475.00	10/07/99	100.00

SUBTOTAL of Receipts This Page (optional) 1,500.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Stephen Spaugh 11572 Fall Creek Rd. Indianapolis, IN 46266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spaugh & Co Occupation: Owner Aggregate Year-to-Date $ 600.00	10/07/99	100.00
B. Linn Dunn 70 Winchester Terr Mansfield, OH 44907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Winchester Terrace Occupation: Administrator Aggregate Year-to-Date $ 400.00	10/07/99	300.00
C. Michael Meillier 27 Brand Ave PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pleasant Manor Inc Occupation: Social Services Dir Aggregate Year-to-Date $ 325.00	10/07/99	100.00
D. Kenneth Levering 1076 Coshocton Ave Mt Vernon, OH 43050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Country Court Occupation: Administrator Aggregate Year-to-Date $ 800.00	10/07/99	100.00
E. Herbert Heflich 33 Union Pl 2nd Flr Summit, NJ 07901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Long Term Care Mgt Co Occupation: Owner Aggregate Year-to-Date $ 2,000.00	10/08/99	1,000.00
F. Ernest Dicker 17-20 Whitestone Expressway Whitestone, NY 11357 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Clearview Nursing Home Occupation: Executive Director Aggregate Year-to-Date $ 375.00	10/08/99	125.00
G. Joan White 932 Ward Avenue Ste 430 Honolulu, HI 96814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Healthcare Assoc of Hawaii Occupation: Vice President Aggregate Year-to-Date $ 400.00	10/08/99	100.00

SUBTOTAL of Receipts This Page (optional) 1,825.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard G Miller 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: Primary General Other (specify):	Kentucky Health Care Assn. State Executive Aggregate Year-to-Date $ 350.00	10/08/99	250.00
B. Gerald Reilly 2120 State St NE #102 Olympia, WA 98506 Receipt For: Primary General Other (specify):	Washington Health Care Assoc Executive Director Aggregate Year-to-Date $ 500.00	10/08/99	125.00
C. Jerry Neal 2205 Broadway Mt Vernon, IL 62864 Receipt For: Primary General Other (specify):	DSI Healthcare President Aggregate Year-to-Date $ 1,100.00	10/08/99	250.00
D. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: Primary General Other (specify):	Mayview Conv Home Inc Administrator Aggregate Year-to-Date $ 1,350.00	10/08/99	250.00
E. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: Primary General Other (specify):	Vista Pacifica Enterprises Owner/Administrator Aggregate Year-to-Date $ 5,000.00	10/08/99	1,250.00
F. Jack Friedman 142-27 Franklin Avenue Flushing, NY 11355 Receipt For: Primary General Other (specify):	Franklin Nursing Home Occupation Aggregate Year-to-Date $ 1,000.00	10/08/99	250.00
G. Philip Scalo 175 Bartley Road Jackson, NJ 08527 Receipt For: Primary General Other (specify):	Bartley Manor Conv & Rehab Center Occupation Aggregate Year-to-Date $ 500.00	10/08/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,875.00

TOTAL This Period (last page this line number only)

4-00123

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ron Floyd 505 Robert Rd Slidell, LA 70458 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenoaks Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 500.00	10/08/99	125.00
B. James Westbury 992 McDonough Rd Jackson, GA 30233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westbury Medical Care Home Inc Occupation: President Aggregate Year-to-Date > $ 2,000.00	10/08/99	500.00
C. Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Rehab Ctr Occupation: Executive Director Aggregate Year-to-Date > $ 5,000.00	10/08/99	1,250.00
D. Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Occupation: Executive Director Aggregate Year-to-Date > $ 5,000.00	10/08/99	1,250.00
E. Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Dimensions Occupation: Nrsg Home Admin Aggregate Year-to-Date > $ 700.00	10/08/99	125.00
F. V. Richard Miller PO Box 498 Plymouth, IN 46563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Investment Inc Occupation: CEO/CFO Aggregate Year-to-Date > $ 2,500.00	10/08/99	500.00
G. Darrell R. Cammack 1300 Windlass Dr Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ivy Hall Geriatric Ctr Occupation: President Aggregate Year-to-Date > $ 5,000.00	10/08/99	1,250.00

SUBTOTAL of Receipts This Page (optional) 5,000.00

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

6-00178

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Orestis PO Box 1408 179 Lisbon St. Lewiston, ME 04240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: North Country Associates Occupation: Aggregate Year-to-Date $ 600.00	10/08/99	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bell Nursing Home Inc Occupation: President Aggregate Year-to-Date $ 500.00	10/08/99	125.00
C. 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 Leagus City, TX 77573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Baywind Village Occupation: Administrator Aggregate Year-to-Date $ 300.00	10/12/99	75.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Berry Crow 9628 Campo Rd #T Spring Valley, CA 91977 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brighton Health Alliance Inc Occupation: Administrator Aggregate Year-to-Date $ 1,000.00	10/12/99	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gail Clarkson 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Medilodge Group Occupation: Vice President Aggregate Year-to-Date $ 2,155.00	10/12/99	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Zaiga Moriarty 5010 S 118th St Ste 250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vetter Health Services Occupation: Operations Supervisor Aggregate Year-to-Date $ 300.00	10/12/99	75.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jack Markovitz P.O. Box 605 Sunset Beach, CA 90742-0605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: JK Health Care Mgmt. Inc. Occupation: President Aggregate Year-to-Date $ 5,000.00	10/12/99	1,250.00

SUBTOTAL of Receipts This Page (optional)	2,525.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HBA Management Occupation: Vice President Aggregate Year-to-Date: $ 500.00	10/12/99	125.00
B. Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HBA Corporation Occupation: Administrator Aggregate Year-to-Date: $ 1,000.00	10/12/99	250.00
C. Sue Cammack 1300 Windlass Drive Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ivy Hall Occupation: Administrator Aggregate Year-to-Date: $ 575.00	10/14/99	175.00
D. Dick Stebbins 500 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Stebbins Five Companies Occupation: Managing Partner Aggregate Year-to-Date: $ 500.00	10/14/99	100.00
E. Richard & Jill Mendlan 3333 Caminio del Rio South #200 San Diego, CA 92108-3837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Subacute Care of America, Inc Occupation: Dir Operations Aggregate Year-to-Date: $ 1,600.00	10/14/99	250.00
F. Roch Carter 111 W Michigan St Milwaukee, WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Unicare Health Facilities Occupation: General Counsel Aggregate Year-to-Date: $ 500.00	10/15/99	125.00
G. Joseph Martin 106 Dunning Rd Middletown, NY 10940 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Middletown Park Manor Occupation: Administrator Aggregate Year-to-Date: $ 300.00	10/15/99	75.00

SUBTOTAL of Receipts This Page (optional) 1,100.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Hm Inc Occupation: Administrator Aggregate Year-to-Date > $ 1,400.00	10/15/99	250.00
B. Alan Solomont 400 Centre Street Newton, MA 22458 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Solomont/Bailis Ventures LLC Occupation: President Aggregate Year-to-Date > $ 5,000.00	10/16/99	1,250.00
C. Larry Conaway PO Box F Hancock Park Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care Inc Occupation: Administrator Aggregate Year-to-Date > $ 600.00	10/16/99	125.00
D. Kenneth Greiner Box 23017 Oklahoma City, OK 73123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Nursing Home Occupation: President Aggregate Year-to-Date > $ 1,000.00	10/15/99	250.00
E. John Wallace 511 W Market St Athens, AL 35611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Athens Nursing Home Inc Occupation: Owner/Administrator Aggregate Year-to-Date > $ 650.00	10/15/99	164.00
F. Dave Helmsin 2204 K Street PO Box 637004 Sacramento, CA 95853 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAHF Occupation: Program Director Aggregate Year-to-Date > $ 300.00	10/15/99	75.00
G. Eugene Bishop PO Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Services Centers Occupation: President Aggregate Year-to-Date > $ 1,000.00	10/18/99	250.00

SUBTOTAL of Receipts This Page (optional) ..... > 2,364.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a I

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jan Thayer 404 Woodland Dr Grand Island, NE 68801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverside Lodge Occupation: Owner/Administrator Aggregate Year-to-Date > $ 1,100.00	10/16/99	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Veloric 3706 Church Road Mt. Laurel, NJ 08054 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mt. Laurel Nursing and Rehabilitation Center Occupation: Chairman of Board Aggregate Year-to-Date > $ 500.00	10/18/99	125.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Larry Bradley 587 Rio Lindo Ave. Chico, CA 95926 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chico Creek Health Care Occupation: Administrator Aggregate Year-to-Date > $ 500.00	10/19/99	125.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Murtha 580 North Fourth St #620 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Macintosh Company Occupation: President Aggregate Year-to-Date > $ 2,000.00	10/19/99	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sally Rapp 5700 Stone Ridge Mall Ste 280 Pleasanton, CA 94588 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SR Management Svcs. Inc. Occupation: Administrator Aggregate Year-to-Date > $ 5,000.00	10/19/99	1,250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Meg Jamison PO Box 360067 Birmingham, AL 35236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CARECORPS Management Corporation Occupation: Owner Aggregate Year-to-Date > $ 5,000.00	10/19/99	1,250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John W Jamison III PO Box 360067 Birmingham, AL 35236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CARECORPS Management Corporation Occupation: President & CEO Aggregate Year-to-Date > $ 5,000.00	10/19/99	225.00

SUBTOTAL of Receipts This Page (optional)	3,975.00
TOTAL This Period (last page this line number only)	

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11b1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mary Baker 108 Starr Ave. PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bel-Air Lodge Occupation: Administrator Aggregate Year-to-Date > $ 5,000.00	10/19/99	1,245.00
B. Cheryl Rapp 1070 Via Traquila Santa Barbara, CA 93110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CARREI Occupation: President Aggregate Year-to-Date > $ 6,000.00	10/19/99	1,250.00
C. Leonard Rues 40 Keogh Lane New Rochelle, NY 10805-1397 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bayberry Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 500.00	10/21/99	500.00
D. Michael McBride 101 Grace Drive Easley, SC 29640 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Management Resources Occupation: President Aggregate Year-to-Date > $ 3,800.00	10/21/99	500.00
E. Warren Wolfson 23200 Chagrin Blvd #BL4-500 Cleveland, OH 44122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Services Associates Occupation: Administrator Aggregate Year-to-Date > $ 300.00	10/21/99	75.00
F. Timothy Steffens II 78 Birchwood Drive Huntington Station, NY 11746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Birchwood Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 750.00	10/22/99	250.00
G. Ernest Dicker 17-20 Whitestone Expressway Whitestone, NY 11357 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clearview Nursing Home Occupation: Executive Director Aggregate Year-to-Date > $ 500.00	10/25/99	125.00

SUBTOTAL of Receipts This Page (optional) 3,945.00

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

4-00175

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Elliot 300 Captiol St. #700 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AMFM Inc CEO Aggregate Year-to-Date $ 5,000.00	10/25/99	4,900.00
Sue Cammack 1300 Windlass Drive Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ivy Hall Administrator Aggregate Year-to-Date $ 675.00	10/26/99	100.00
Terry Mundy 2633 W Rumble Rd Modesto, CA 95360 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	English Oaks Convalescent Hosp Owner/Administrator Aggregate Year-to-Date $ 1,000.00	10/26/99	250.00
John Sims PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness CH Administrator Aggregate Year-to-Date $ 3,750.00	10/28/99	1,250.00
Kennon S Shea 75 Court St PO Box U Quincy, CA 95971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	California Convalescent Hosp Administrator Aggregate Year-to-Date $ 300.00	10/28/99	75.00
James Branecum 16750 Jay Road Detroit, MI 48228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fairlane Nursing Center Owner Aggregate Year-to-Date $ 600.00	10/29/99	125.00
Don Fike 115 East South St. Galesburg, IL 61401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	RFMS Inc President Aggregate Year-to-Date $ 2,000.00	10/29/99	500.00

SUBTOTAL of Receipts This Page (optional)	7,200.00
TOTAL This Period (last page this line number only)	65,214.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11C

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 14,134.00	10/05/99	2,780.00
B. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 14,139.00	10/19/99	5.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	2,785.00
TOTAL This Period (last page this line number only)	2,785.00

4-00175

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 15

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Elliot 300 Capitol St. #700 Charleston, WV 25301	AMFM Inc	10/25/99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 5,100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

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

4-90 :73

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
4922 Fairmont Ave Bethesda, MD 20814	Occupation: Rushmore	10/31/99	49.90
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 454.29		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 85024 Richmond, VA 23285-5024	Occupation: Crestar Bank	10/31/99	32.31
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 861.24		

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

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

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

SUBTOTAL of Receipts This Page (optional)	82.21
TOTAL This Period (last page this line number only)	82.21

4-00173

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21B

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Crestar Bank 123 dc, DC 20005	Bank Fees Disbursement for: Primary General Other (specify)	10/31/99	210.33
B. Crestar Bank 123 dc, DC 20005	Bank Fees Disbursement for: Primary General Other (specify)	10/31/99	320.89
C. Bank of America Washington, DC 20005	Bank Fee Disbursement for: Primary General Other (specify)	10/31/99	256.62
D. Bank of America Washington, DC 20005	Credit Card Charge Disbursement for: Primary General Other (specify)	10/31/99	25.00
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)	812.84
TOTAL This Period (last page this line number only)	812.84

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
ROTH SENATE COMMITTEE 2206 OLD KENNETT ROAD SH-104 Hart Senate Ofc Bldg Wilmington, DE 19807	William Roth, U.S. SENATE DE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/04/99	4,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
ROTH SENATE COMMITTEE 2206 OLD KENNETT ROAD SH-104 Hart Senate Ofc Bldg Wilmington, DE 19807	William Roth, U.S. SENATE DE Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/04/99	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Ben Cardin for Congress PO Box 65056 Baltimore, MD 21209	Benjamin Cardin, U.S. HOUSE 3rd MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/06/99	5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Victory Political Action Committee PO Box 525 St. Petersburg, FL 44374	Bill Young's Leadership PAC Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	10/06/99	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
Ben Cardin for Congress PO Box 65056 Baltimore, MD 21209	Benjamin Cardin, U.S. HOUSE 3rd MD Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/13/99	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Ashcroft for Senate P.O. Box 15577 705 Hart SOB Clayton, MO 63105	John Ashcroft, U.S. SENATE MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Ronnie Shows PO Box 3862 Jackson, MS 39207	Ronnie Shows, U.S. HOUSE MS Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	2,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Team Emerson PO Box 822 Cape Girardeau, MO 63702	JoAnn Emerson, MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	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
Eshoo for Congress 555 Bryant, Box 335 1505 Longworth House Ofc Bldg Palo Alto, CA 94301	Anna Eshoo, U.S. HOUSE 14th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00

SUBTOTAL of Disbursements This Page (optional)	19,500.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Davis for Congress Cmt 3716 West Swann Tampa, FL 33609	Jim Davis, FL [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Fletcher, U.S. HOUSE KY [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Randy (Duke) Cunningham #320, 613 W. Valley Pkwy. 117 Cannon House Ofc Bldg Escondido, CA 92025	Randy (Duke) Cunningham, U.S. [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	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
Joseph Moakley 1812 Columbia Road 235 Cannon House Ofc Bldg Boston, MA 02127	Joseph Moakley, U.S. HOUSE 9th MA [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	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
Joseph Moakley 1812 Columbia Road 235 Cannon House Ofc Bldg Boston, MA 02127	Joseph Moakley, U.S. HOUSE 9th MA [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
People for English P.O. Box 1940 Erie, PA 16512	Philip English, U.S. HOUSE 21st PA [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Thurman for Congress PO Box 5058 Inverness, FL 34450	Karen Thurman, U.S. HOUSE 5th FL [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Kind for Congress Committee PO Box 184 Lacrosse, WI 54602	Ron Kind, U.S. HOUSE WI [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	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
Doyle for Congress P.O. Box 17426 1218 Longworth HOB Pittsburgh, PA 15235	Mike Doyle, U.S. HOUSE 18th PA [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00

SUBTOTAL of Disbursements This Page (optional) 7,500.00

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Ramstad Volunteer Cmte. 8120 Penn Ave., S., # 156-A 322 Cannon House Ofc Bldg Bloomington, MN 55431	Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00
B. Full Name, Mailing Address and ZIP Code Orrin Hatch Presidential Exploratory Committee Inc P.O. Box 1480 Washington, DC 20093	Purpose of Disbursement Hatch, PRESIDENT OF U.S. Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Purpose of Disbursement Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00
D. Full Name, Mailing Address and ZIP Code John Shimkus PO Box 5458 Springfield, IL 62705	Purpose of Disbursement John Shimkus, IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
E. Full Name, Mailing Address and ZIP Code People for Pete Domenici 2828 Morningside Dr., N.E. SD-427 Dirksen Senate Ofc Bldg Albuquerque, NM 87110	Purpose of Disbursement Pete Domenici, U.S. SENATE NM Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of John Boehner 7908 Cincinnati-Dayton Rd. 1020 Longworth House Ofc Bldg West Chester, OH 45069	Purpose of Disbursement John Boehner, U.S. HOUSE 8th OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends for Slade Gorton 2366 Eastlake Ave., E., #313 SH-730 Hart Senate Ofc Bldg Seattle, WA 98102	Purpose of Disbursement Slade Gorton, U.S. SENATE WA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Pallone for Congress PO Box 3176 473 Broadway Long Branch, NJ	Purpose of Disbursement Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00
I. Full Name, Mailing Address and ZIP Code Becerra for Congress P.O. Box 3095 Montebello, CA 90640	Purpose of Disbursement Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00

SUBTOTAL of Disbursements This Page (optional) 7,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Upton for All of Us Committee P.O. Box 490 St Joseph, MI 49085	Fred Upton, U.S. HOUSE 6th MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00
B. Dave Camp for Congress 135 Ashman Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
C. William Goodling RD #8 2263 Rayburn House Ofc Bldg York, PA 17403	William Goodling, U.S. HOUSE 19th PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
D. Ed Bryant 1616 Longworth HOB TN	Ed Bryant, U.S. HOUSE 7th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
E. Friends of Roger Wicker PO Box 874 Tupelo, MS 38802	Roger Wicker, U.S. HOUSE 1st MS Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
F. People with Hart P.O. Box 1940 Erie, PA 16507	Hart, U.S. HOUSE PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00
G. John Ensign for US Senate PO Box 98407 Las Vegas, NV 89193	John Ensign, U.S. SENATE NV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	2,500.00
H. Baldacci for Congress Committee 9 Palm Street Bangor, ME 04401	John Baldacci, U.S. HOUSE 2nd ME Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00
I. Stenholm for Congress P.O. Box 1032 Stamford, TX 79553	Charles Stenholm, U.S. HOUSE 17th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 9,000.00

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

4-09170

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Blue Dog PAC P.O. Box 7668 Washington, DC 20044	Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	10/13/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for Ganske Committee 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lewis for Congress Committee 1150 Brookside Ave. 2312 Rayburn House Ofc Bldg Redlands, CA 92373	Jerry Lewis, U.S. HOUSE 40th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nussle for Congress Committee PO Box 324 Manchester, IA 52057	Jim Nussle, U.S. HOUSE 2nd IA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Castle for Congress Two Mill Rd., Ste. 104 1205 Longworth House Ofc Bldg Wilmington, DE 19806	Mike Castle, U.S. HOUSE AL DE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stupak for Congress PO Box 143 Menominee, MI 49858	Bart Stupak, U.S. HOUSE 1st MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lois Capps 38 Ivy Street SE Washington, DC 20003	Capps , U.S. HOUSE CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crowley for Congress 84-56 Grand Avenue Elmhurst, NY 11373	Joe Crowley, U.S. HOUSE 7th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Doug Ose for Congress 4013 Park Road Sacramento, CA 95841	Doug Ose, U.S. HOUSE CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00

SUBTOTAL of Disbursements This Page (optional) 7,000.00

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Reed Committee 200 Midway Rd, Ste 168 Cranston, RI 02920	Jack Reed, U.S. HOUSE 2nd RI [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	200.00
B. Republican Majority Fund 505 East Braddock, #402 Alexandria, VA 22314	Nickles , OK [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
C. Luther for Cong Volunteer Cmt 1399 Geneva Ave., N., #103 1419 Longworth HOB Oakdale, MN 55201	Bill Luther, U.S. HOUSE 6th MN [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	500.00
D. Mike Thompson 1700 L Street Sacramento, CA 95814	Mike Thompson, CA [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
E. Nelson for Senate 110-B East Broad Street Falls Church, FL 22046	Nelson , U.S. SENATE FL [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
F. Thomas Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Voided Check [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	-1,000.00
G. DASHPAC 424 C street NE First Floor Washington, DC 20002	Daschle , DC [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	1,000.00
H. Friends of John Boehner 7908 Cincinnati-Dayton Rd. 1020 Longworth House Ofc Bldg West Chester, OH 45069	Voided Check [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	-1,000.00
I. Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND [ ] Primary [X] General [ ] Other (specify) 2000	10/13/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 3,700.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/13/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Purpose of Disbursement: Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/14/99	-1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Purpose of Disbursement: Kent Conrad, U.S. SENATE ND Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/14/99	2,500.00
D. Full Name, Mailing Address and ZIP Code Burr for Congress P.O. Box 4169 Winston-Salem, NC 27115	Purpose of Disbursement: Richard Burr, U.S. HOUSE 5th NC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/18/99	5,000.00
E. Full Name, Mailing Address and ZIP Code Burr for Congress P.O. Box 4169 Winston-Salem, NC 27115	Purpose of Disbursement: Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/18/99	-5,000.00
F. Full Name, Mailing Address and ZIP Code Washington Fund P.O. Box 70513 Washington, DC 20024	Purpose of Disbursement: Jennifer Dunn's Leadership PAC Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/18/99	2,000.00
G. Full Name, Mailing Address and ZIP Code Next Century Fund P.O. Box 9979 Raleigh, NC 27624	Purpose of Disbursement: Burr, U.S. HOUSE NC Leadership PAC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/18/99	5,000.00
H. Full Name, Mailing Address and ZIP Code Pirozzi for Congress P. O. Box 16021 Alexandria, VA 22302	Purpose of Disbursement: Pirozzi, U.S. HOUSE CA Disbursement for: [ ] Primary [ ] General [X] Other (specify) 2000 Other	10/20/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Chabot for Congress 105 West Fourth St, Rm 1133 1641 Longworth HOB Cincinnati, OH 45202	Purpose of Disbursement: Steve Chabot, U.S. HOUSE 1st OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/20/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 11,500.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Fogarty P.O. Box 1624 Providence, RI 02901	Fogarty , U.S. HOUSE RI [X] Primary [ ] General [ ] Other (specify) 2000	10/22/99	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
David Price for Congress PO Box 1986 Raleigh, NC 27602	David Price, U.S. HOUSE NC [X] Primary [ ] General [ ] Other (specify) 2000	10/27/99	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
Citizens for Olympia Snowe P.O. Box 441 493 Russell SOB Portland, ME 04112	Olympia Snowe, U.S. SENATE ME [X] Primary [ ] General [ ] Other (specify) 2000	10/27/99	2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Lindsey Graham for Congress PO Box 1155 Seneca, SC 29679	Lindsey Graham, U.S. HOUSE 3rd SC [X] Primary [ ] General [ ] Other (specify) 2000	10/28/99	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
Bush for President, Inc. Post Office Box 1902 Austin, TX 78767	Bush , PRESIDENT OF U.S. [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roy Blunt 2740-B East Sunshine Street Springfield, MO 65804	Voided Check [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	-500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Rangel for Congress Committee 74 West 132nd St 2252 Rayburn House Ofc Bldg New York, NY 10037	Voided Check [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	-1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Becerra for Congress P.O. Box 3096 Montebello, CA 90640	Voided Check [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	-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
Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Voided Check [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	-1,000.00

SUBTOTAL of Disbursements This Page (optional) 1,750.00

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Joe Barton PO Box 1444 Ennis, TX 75120	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	-1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff Bingaman for US Senate PO Box 5775 SH-110 Hart Senate Ofc Bldg Santa Fe, NM 87502	Jeff Bingaman, U.S. SENATE NM Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kerrey for Senate 310 4th St. NE Suite 201 SH-303 Hart Senate Ofc Bldg Washington, DC 20002, NE	Robert Kerrey, U.S. SENATE NE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nelson for Senate 110-B East Broad Street Falls Church, FL 22046	Nelson , U.S. SENATE FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robb for Senate Committee PO Box 9903 SR-493 Russell Senate Ofc Bldg McLean, VA 22102-0903	Charles Robb, U.S. SENATE VA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mainstream America PAC P.O. Box 4287 Baton Rouge, LA 70821	Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	10/29/99	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of George Allen PO Box 573 Richmond, VA 23218	Allen , U.S. SENATE VA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Ramstad Volunteer Cmte. 8120 Penn Ave., S., # 158-A 322 Cannon House Ofc Bldg Bloomington, MN 55431	Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 3,250.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 OF 10
	FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code Bank of America Washington, DC 20005	Purpose of Disbursement Amex Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/31/99	Amount of Each Disbursement This Period 672.95
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)	672.95
TOTAL This Period (last page this line number only)	70,872.95

4-001/3

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 2/16/08
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

J.A.W.	2/16/08
PREPARER	DATE PREPARED

(4/98)