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

JUN 15 12 33 PM '99

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 05/01/99 through 05/31/99		
6. (a) Cash on Hand January 1, 1999		$ 84,248.97
(b) Cash on Hand at Beginning of Reporting Period	$ 53,864.61	
(c) Total Receipts (from Line 19)	$ 24,593.32	$ 176,059.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 78,457.93	$ 259,308.59
7. Total Disbursements (from Line 30)	$ 11,604.41	$ 192,455.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 66,853.52	$ 66,853.52
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
6/15/99

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 6/93)

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 06/01/98 TO: 05/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	22,766.36	149,744.04	11(a)(i)
ii. Unitemized	1,664.66	20,928.05	11(a)(ii)
iii. Total (add i and ii) ➤	24,430.02	170,672.09	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	2,500.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	24,430.02	173,172.09	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,125.00	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.)	163.30	762.53	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	24,593.32	175,059.62	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	24,593.32	175,059.62	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	785.61	3,346.94	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	785.61	3,346.94	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	20,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,818.80	162,483.13	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	1,625.00	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	1,625.00	28(d)
29. Other Disbursements	0.00	5,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,604.41	192,456.07	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,604.41	192,455.07	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	24,430.02	173,172.09	32
33. Total Contribution Refunds (from line 28d)	0.00	1,625.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	24,430.02	171,547.09	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	785.61	3,346.94	35
36. Offsets to Operating Expenditures (from line 15)	0.00	1,125.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	785.61	2,221.94	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7

FOR LINE NUMBER 11a1

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. Floyd Schlossberg 4200 Peterson #140 Chicago, IL 60645 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alden Management Inc President Aggregate Year-to-Date $ 2,500.00	05/03/99	1,250.00
B. Faroop Khan 163 Quinnipiac Ave North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Montower Health Care Ctr President Aggregate Year-to-Date $ 250.00	05/03/99	250.00
C. Reynaldo Lapid 1931 Lakewood Rd Toms River, NJ 08755 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Green Acres Manor Owner Aggregate Year-to-Date $ 250.00	05/03/99	125.00
D. Jim Wahner 8724 W Wisconsin Ave Milwaukee, WI 53208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Extendicare Health Services Inc. VP Admin & Gov Rel Aggregate Year-to-Date $ 250.00	05/03/99	125.00
E. Michael McBride 2905 White Horse Road Greenville, SC 29611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Management Resources President Aggregate Year-to-Date $ 1,000.00	05/04/99	500.00
F. Don Fike 115 East South St. Galesburg, IL 61401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	RFMS Inc President Aggregate Year-to-Date $ 1,000.00	05/06/99	1,000.00
G. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Chief Economist Aggregate Year-to-Date $ 553.84	05/06/99	19.23

SUBTOTAL of Receipts This Page (optional) 3,269.23

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

4-00:79

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a1

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. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: Primary / General / Other (specify):	AHCA Occupation: Director, Assisted Living Aggregate Year-to-Date $ 225.00	05/06/99	25.00
B. Jennifer Souza 1201 L Street NW Washington, DC 20005 Receipt For: Primary / General / Other (specify):	AHCA Occupation: Senior Director Aggregate Year-to-Date $ 300.00	05/06/99	33.28
C. John Schaeffer PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary / General / Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date $ 336.00	05/06/99	41.50
D. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: Primary / General / Other (specify):	AHCA Occupation: Exec VP Aggregate Year-to-Date $ 1,730.77	05/06/99	192.31
E. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: Primary / General / Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date $ 342.00	05/06/99	38.00
F. Michael W Massey 313 Memorial Drive Greer, SC 29652 Receipt For: Primary / General / Other (specify):	Roger Huntington Nursing Ctr Occupation: Administrator Aggregate Year-to-Date $ 1,000.00	05/07/99	1,000.00
G. Barton Walsman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: Primary / General / Other (specify):	HBA Corporation Occupation: Administrator Aggregate Year-to-Date $ 600.00	05/07/99	125.00

SUBTOTAL of Receipts This Page (optional) 1,455.09

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

4-00172

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 > $ 250.00	05/07/99	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kathy Graves PO Box 7 Gainsboro, TN 38662-0553 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mabry Health Care & Rehab Occupation: Administrator Aggregate Year-to-Date > $ 2,500.00	05/07/99	2,500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jean Filer 1633 Cypress Ln Paradise, CA 95969 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CACH Inc Occupation: Administrator Aggregate Year-to-Date > $ 2,000.00	05/10/99	2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Marion Manor Nursing Hm Inc Occupation: Administrator Aggregate Year-to-Date > $ 500.00	05/11/99	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Jarrett PO Box 909 New Paltz, NY 12561 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: New Paltz Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 500.00	05/12/99	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Philip McLaughlin 425 W Capitol Suite 3300 Little Rock, AR 72201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Moore Stephen Frost Occupation: Consultant Aggregate Year-to-Date > $ 1,600.00	05/12/99	1,600.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William R Abrams 2131 Rt 33 Lexington Square Hamilton, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NJ Assn of Health Care Facilities Occupation: Aggregate Year-to-Date > $ 250.00	05/12/99	125.00

SUBTOTAL of Receipts This Page (optional) 7,225.00

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

4-00175

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a1

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. Terry Mundy 2533 W Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: English Oaks Convalescent Hosp Occupation: Owner/Administrator Aggregate Year-to-Date > $ 500.00	05/12/99	250.00
B. Jack Friedman 142-27 Franklin Avenue Flushing, NY 11355 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Franklin Nursing Home Occupation: Aggregate Year-to-Date > $ 500.00	05/13/99	500.00
C. 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 > $ 250.00	05/17/99	125.00
D. Bill Phelan 307 Westpark Ave. PO Box 1459 Tallahassee, FL 32301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Florida Health Care Assn Occupation: Executive Director Aggregate Year-to-Date > $ 1,000.00	05/17/99	1,000.00
E. Gail Clarkson 54600 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Medlodge Group Occupation: Vice President Aggregate Year-to-Date > $ 500.00	05/17/99	250.00
F. Sharon Flippen 4107 Spicewood Road #216 Austin, TX 78759 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 250.00	05/17/99	250.00
G. Jerry Neal 2205 Broadway Mt Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DSI Healthcare Occupation: President Aggregate Year-to-Date > $ 500.00	05/18/99	250.00

SUBTOTAL of Receipts This Page (optional) 2,625.00

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

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. Richard Brockman 315 Euclid Avenue Birmingham, AL 35213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Administrator Aggregate Year-to-Date > $ 1,000.00	05/20/99	1,000.00
B. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 673.07	05/20/99	19.23
C. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AHCA Occupation: Director, Assisted Living Aggregate Year-to-Date > $ 250.00	05/20/99	25.00
D. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 377.50	05/20/99	41.50
E. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AHCA Occupation: Exec VP Aggregate Year-to-Date > $ 1,923.08	05/20/99	192.31
F. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 380.00	05/20/99	38.00
G. Mary Baker 108 Starr Ave. PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Bel-Air Lodge Occupation: Administrator Aggregate Year-to-Date > $ 2,500.00	05/21/99	1,250.00

SUBTOTAL of Receipts This Page (optional) 2,566.04

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

4-00174

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a1

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. Kenneth Greiner Box 23017 Oklahoma City, OK 73123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Nursing Home President Aggregate Year-to-Date > $ 500.00	05/24/99	250.00
B. John Sims PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness CH Administrator Aggregate Year-to-Date > $ 2,600.00	05/25/99	1,250.00
C. Howard Groff 9031 Penn. Ave. South Bloomington, MN 55431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tealwood Care Centers Inc President Aggregate Year-to-Date > $ 250.00	05/26/99	125.00
D. Charles Harris 833 Broadway East Providence, RI 02914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harris Health Center Owner/Administrator Aggregate Year-to-Date > $ 250.00	05/26/99	250.00
E. Richard & Jill Mendlen 8333 Camino del Rio South #200 San Diego, CA 92108-3837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Subacute Care of America, Inc Dir Operations Aggregate Year-to-Date > $ 600.00	05/27/99	100.00
F. Richard & Jill Mendlen 8333 Camino del Rio South #200 San Diego, CA 92108-3837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Subacute Care of America, Inc Dir Operations Aggregate Year-to-Date > $ 1,000.00	05/27/99	400.00
G. Lon Roberts MD 219 Windsor Drive Mt Sterling, KY 40353 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Windsor Care Ctr. Occupation Aggregate Year-to-Date > $ 1,000.00	05/27/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,375.00

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

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. Don Angell 6000 Meadowbrook Mall #27 PO Box 1670 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Angell Group Inc Occupation: Owner Aggregate Year-to-Date $ 2,600.00	05/27/99	1,250.00
B. Larry Lane 1046 W Ninth Avenue King of Prussia, PA 19406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Novacare, Inc. Occupation: Sr VP, Regulatory Affairs Aggregate Year-to-Date $ 1,000.00	05/28/99	1,000.00
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)	2,250.00
TOTAL This Period (last page this line number only)	22,765.36

4-00170

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
4922 Fairmont Ave Bethesda, MD 20814	Occupation: Rushmore	05/31/99	45.66
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 218.31		
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	05/31/99	110.13
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.84		
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)	155.69
TOTAL This Period (last page this line number only)	155.69

4-00178

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21B

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 Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Bank Fee Disbursement for: Primary General Other (specify)	Date (month, day, year) 05/28/99	Amount of Each Disbursement This Period 351.24
B. Full Name, Mailing Address and ZIP Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Bank Fee Disbursement for: Primary General Other (specify)	Date (month, day, year) 05/31/99	Amount of Each Disbursement This Period 386.52
C. Full Name, Mailing Address and ZIP Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Bank Fee Disbursement for: Primary General Other (specify)	Date (month, day, year) 05/31/99	Amount of Each Disbursement This Period 47.85
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)	785.61
TOTAL This Period (last page this line number only)	785.61

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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
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	06/04/99	2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Frist for US Senate 4205 Hillsboro Rd 825 Hart SOB Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/06/99	3,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Constance Morella 5601 Millwood Road 223 Cannon House Ofe Bldg Bethesda, MD 20817	Constance Morella, U.S. HOUSE 8th MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/06/99	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Kerry for U.S. Senate 326 Beacon St SR-421 Russell Senate Ofc Bldg Boston, MA 02116	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98	05/10/99	-3,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Frist for US Senate 4205 Hillsboro Rd 825 Hart SOB Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/13/99	2,000.00
F. 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: [ ] Primary [X] General [ ] Other (specify) 2000	05/13/99	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 Jennifer Dunn P.O. Box 40110 Bellevue, WA 98015	Jennifer Dunn, U.S. HOUSE 8th WA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/17/99	4,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
La Brasserie 239 Mass Avenue Washington, DC 20002	In kind Jennifer Dunn Breakfast Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	268.80
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Bilbray for Congress 870 Seacoast Dr. Imperial Beach, CA 91932	Brian Bilbray, U.S. HOUSE 49th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/19/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 11,268.80

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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
Pallone for Congress Suite 118, 540 Broadway Long Branch, NJ 7740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/21/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Ashcroft for Senate P.O. Box 15577 705 Hart SOB Clayton, MO 63105	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/24/99	-1,600.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
ARCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Transfer to AdminAcct for deposit from Gulf Disbursement for: [ ] Primary [ ] General [X] Other (specify) 2000 Other	05/26/99	50.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	-450.00
TOTAL This Period (last page this line number only)	10,818.80

4-00173

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 6-15-99
☐	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	

SH — PREPARER

6-15-99 — DATE PREPARED

(4/98)