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
201 L Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 19 A 11: 01

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 12/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 1999		$ 84,248.97
(b) Cash on Hand at Beginning of Reporting Period	$ 120,975.28	
(c) Total Receipts (from Line 19)	$ 24,271.59	$ 484,471.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 145,246.87	$ 568,719.99
7. Total Disbursements (from Line 30)	$ 35,984.45	$ 462,957.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 109,262.42	$ 105,762.42
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: 1-19-2000

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 9/93)

4-001X3

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

(revised 1/1/91)

NAME OF COMMITTEE: American Health Care Association Political Action Committee

REPORT COVERING PERIOD FROM: 12/01/99 TO: 12/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	23,074.76	410,992.64	11(a)(i)
ii. Unitemized	1,023.16	66,529.17	11(a)(ii)
iii. Total (add i and ii) ➤	24,097.92	476,521.81	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	5,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	24,097.92	481,521.81	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,225.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	173.67	1,724.21	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) ➤	24,271.59	484,471.02	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	24,271.59	484,471.02	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	734.45	9,341.95	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	734.45	9,341.95	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	15,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	35,250.00	428,890.62	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	5,725.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	5,725.00	28(d)
29. Other Disbursements	0.00	6,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	36,984.45	462,967.57	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	35,984.45	462,967.57	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	24,097.92	481,621.81	32
33. Total Contribution Refunds (from line 28d)	0.00	5,725.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	24,097.92	475,796.81	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	734.45	9,341.95	35
36. Offsets to Operating Expenditures (from line 15)	0.00	1,225.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	734.45	8,116.95	37

4-00170

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. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 842.29	12/01/99	19.23
B. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 846.23	12/01/99	76.93
C. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 958.50	12/01/99	41.50
D. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: VP Regulatory Aggregate Year-to-Date > $ 442.52	12/01/99	19.24
E. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Comptroller Aggregate Year-to-Date > $ 270.00	12/01/99	10.00
F. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 674.00	12/01/99	38.00
G. Floyd Schlossberg 4200 Peterson #140 Chicago, IL 60645 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alden Management Inc Occupation: President Aggregate Year-to-Date > $ 5,000.00	12/02/99	1,250.00

SUBTOTAL of Receipts This Page (optional) 1,454.90

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 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. Republican Majority Fund 1156 21 st Street NW Suite 300 Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Doll Nickles Aggregate Year-to-Date $ 1,000.00	12/03/99	1,000.00
B. Jason Harris 833 Broadway East Providence, RI 02914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harris Health Center Owner/Administrator Aggregate Year-to-Date $ 500.00	12/03/99	500.00
C. James Durante 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark Nursing Center Administrator Aggregate Year-to-Date $ 5,000.00	12/03/99	5,000.00
D. Kennon S Shea 75 Court St PO Box U Quincy, CA 95971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	California Convalescent Hosp Administrator Aggregate Year-to-Date $ 375.00	12/03/99	75.00
E. Donald Franco 274 Hemingway Ave East Haven, CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Paragon Group President Aggregate Year-to-Date $ 1,100.00	12/03/99	1,000.00
F. Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	RETIRED Occupation Aggregate Year-to-Date $ 400.00	12/06/99	75.00
G. Janice Harshman 35680 Wish-I-Ah Rd. Auberry, CA 93602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wish-I-Ah Care Ctr. Occupation Aggregate Year-to-Date $ 1,000.00	12/06/99	250.00

SUBTOTAL of Receipts This Page (optional) 7,900.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 8

FOR LINE NUMBER 11 a 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
Steven Chies 9920 Zilla Street NW Coon Rapids, MN 55433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Paradigm Management President Aggregate Year-to-Date $ 2,100.00	12/06/99	600.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Twarog PO Box 66 Girard, KS 66743 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Heritage Aggregate Year-to-Date $ 325.00	12/07/99	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Al Santos 57 Kilvert Street Ste 200 Warwick, RI 02886 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rhode Island Health Care Assc State Executive Aggregate Year-to-Date $ 600.00	12/08/99	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lester Robertson 2205 Broadway Mt Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DSI MGT SVC Executive VP Aggregate Year-to-Date $ 375.00	12/13/99	75.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patrick T Kriner 3228 Merger Drive Holland, OH 43528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Woodside Management Group Owner Aggregate Year-to-Date $ 1,435.00	12/15/99	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steven Brant 101 S Belt W Belleville, IL 62220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Four Fountains Conv Ctr Administrator Aggregate Year-to-Date $ 500.00	12/15/99	125.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Riley 624 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Professional Therapy Services President Aggregate Year-to-Date $ 1,000.00	12/15/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,050.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 8

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
John Sims PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness CH Occupation: Administrator Aggregate Year-to-Date > $ 5,000.00	12/16/99	1,250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Occupation: Gov'Rel Consultant Aggregate Year-to-Date > $ 5,000.00	12/17/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Howard Groff 9031 Penn. Ave. South Bloomington, MN 55431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tealwood Care Centers Inc Occupation: President Aggregate Year-to-Date > $ 500.00	12/20/99	125.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Karen Goldsmith 885 W Fairbanks Ave #300 PO Box 2011 Winter Park, FL 32790 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Goldsmith & Grout Occupation: Association Counsel Aggregate Year-to-Date > $ 400.00	12/20/99	125.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Brockman 815 Euclid Avenue Birmingham, AL 35213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date > $ 2,000.00	12/21/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 861.52	12/22/99	19.23
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 923.16	12/22/99	76.93

SUBTOTAL of Receipts This Page (optional) 3,596.16

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

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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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. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date $ 1,000.00	12/22/99	41.50
B. Paul Wilging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Exec VP Aggregate Year-to-Date $ 4,807.73	12/22/99	384.62
C. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: VP Regulatory Aggregate Year-to-Date $ 461.76	12/22/99	19.24
D. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Comptroller Aggregate Year-to-Date $ 280.00	12/22/99	10.00
E. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date $ 912.00	12/22/99	36.00
F. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Chief Economist Aggregate Year-to-Date $ 880.75	12/22/99	19.23
G. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date $ 1,000.00	12/22/99	76.84

SUBTOTAL of Receipts This Page (optional) 589.43

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a7

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Exec VP Aggregate Year-to-Date > $ 5,000.00	12/22/99	192.27
B. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: VP Regulatory Aggregate Year-to-Date > $ 480.76	12/22/99	19.00
C. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 950.00	12/22/99	38.00
D. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Comptroller Aggregate Year-to-Date > $ 290.00	12/22/99	10.00
E. Jesse Samples 300 Capitol Street Suite 700 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AMFM Inc Occupation: VP of Delevopment Aggregate Year-to-Date > $ 400.00	12/22/99	300.00
F. Jean Wells 725 Harvard Drive Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wells Health Systems Occupation: Owner Aggregate Year-to-Date > $ 5,000.00	12/22/99	1,250.00
G. Paul Roth 520 Sleepy Hollow Rd Briarcliff Manor, NY 10510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brandywine Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 300.00	12/23/99	75.00

SUBTOTAL of Receipts This Page (optional) 1,884.27

TOTAL This Period (last page 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. Karen Goldsmith 385 W Fairbanks Ave #300 PO Box 2011 Winter Park, FL 32790 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Goldsmith & Grout Occupation: Association Counsel Aggregate Year-to-Date $ 525.00	12/27/99	125.00
B. David Beck 1875 Eye Street, NW, 12th Flr Washington, DC 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DC Health Care Association Occupation: Executive Director Aggregate Year-to-Date $ 900.00	12/28/99	125.00
C. Edward Stafford 33 Elk Street Ste 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NYS Health Facilities Assn Occupation: Executive Director Aggregate Year-to-Date $ 500.00	12/29/99	250.00
D. Walter Ledig PO Box 892 Minden, LA 71058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Town & Country Nrsg Home Occupation: Administrator Aggregate Year-to-Date $ 1,000.00	12/30/99	250.00
E. Gary Toth P.O. Box 40 Madison, OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Phoenix Res. Centers Occupation: President Aggregate Year-to-Date $ 625.00	12/30/99	500.00
F. Jim Klausman 3715 SW 29th St #200 Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Services Inc Occupation: Owner/Administrator Aggregate Year-to-Date $ 500.00	12/31/99	500.00
G. Loren Jay Colman 5801 Duluth Street # 360 Golden Valley, MN 55422 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Extendicare Health Facilities, Inc. Occupation: Asst. Vice President Aggregate Year-to-Date $ 300.00	12/31/99	100.00

SUBTOTAL of Receipts This Page (optional) 1,850.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 8 OF 8

FOR LINE NUMBER 11 B 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Troy Athon 1150 Dogwood Drive Greensboro, GA 30642 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Starcrest Inc. VP Development Aggregate Year-to-Date $ 1,000.00	12/31/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert M Coury Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aristocrat Berea Administrator Aggregate Year-to-Date $ 1,100.00	12/31/99	750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Neil Chur 300 Gleed Ave, East Aurora, NY 14052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chur Properties Inc. President Aggregate Year-to-Date $ 2,000.00	12/31/99	2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	3,750.00
TOTAL This Period (last page this line number only)	23,074.76

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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 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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
4922 Fairmont Ave Bethesda, MD 20814	Rustimore	12/31/99	53.10
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 507.72		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
PO Box 85024 Richmond, VA 23285-5024	Crestar Bank	12/31/99	24.02
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 877.29		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21B

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

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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. Gephardt in Congress 7435 Watson Road, Suite 107 St Louis, MO 63119	Richard Gephardt, U.S. HOUSE 3rd MO Primary [ ] General [X] Other (specify) 2000	12/01/99	1,000.00
B. Weygand for Congress Committee PO Box 28406 Providence, RI 02908	Robert Weygand, RI Primary [ ] General [X] Other (specify) 2000	12/01/99	500.00
C. Gephardt in Congress 7435 Watson Road, Suite 107 St Louis, MO 63119	Voided Check Primary [ ] General [X] Other (specify) 2000	12/02/99	-1,000.00
D. Friends of George Allen PO Box 573 Richmond, VA 23218	Allen, U.S. SENATE VA Primary [X] General [ ] Other (specify) 2000	12/02/99	1,000.00
E. Mike Thompson 1700 L Street Sacramento, CA 95814	Mike Thompson, CA Primary [X] General [ ] Other (specify) 2000	12/02/99	1,000.00
F. Citizens for Olympia Snowe P.O. Box 441 493 Russell SOB Portland, ME 04112	Olympia Snowe, U.S. SENATE ME Primary [X] General [ ] Other (specify) 2000	12/07/99	1,000.00
G. Tim Johnson for Congress 102 No. Plum St 2438 Rayburn House Ofc Bldg Vermillion, SD 57069	Tim Johnson, U.S. HOUSE AL SD Primary [X] General [ ] Other (specify) 2000	12/07/99	5,000.00
H. Pallone for Congress PO Box 3176 473 Broadway Long Branch, NJ	Frank Pallone, U.S. HOUSE 6th NJ Primary [X] General [ ] Other (specify) 2000	12/07/99	500.00
I. William Goodling RD #8 2263 Rayburn House Ofc Bldg York, PA 17403	Voided Check Primary [X] General [ ] Other (specify) 2000	12/08/99	-1,000.00

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. The Freedom Project 7908 Cincinnati-Dayton Rd West Chester, OH 45069	John Boehner PAC [X] Primary [ ] General [ ] Other (specify) 2000	12/09/99	1,000.00
B. Kerrey for Senate 810 4th St. NE Suite 201 SH-303 Hart Senate Ofc Bldg Washington, DC 20002, NE	Robert Kerrey, U.S. SENATE NE [ ] Primary [X] General [ ] Other (specify) 2000	12/09/99	750.00
C. Reynolds for Congress PO Box 479 Victor, NY 14564	Tom Reynolds, U.S. HOUSE NY [X] Primary [ ] General [ ] Other (specify) 2000	12/09/99	2,000.00
D. Langervin for Congress 76 Dorrance Street Providence, RI 02903	Langervin , U.S. HOUSE RI [X] Primary [ ] General [ ] Other (specify) 2000	12/09/99	1,000.00
E. Pioneer PAC 1212 North Vernon St. Arlington, VA 22201	Leadership Pac [ ] Primary [ ] General [ ] Other (specify) 1999	12/09/99	500.00
F. The Freedom Project 7908 Cincinnati-Dayton Rd West Chester, OH 45069	Voided Check [X] Primary [ ] General [ ] Other (specify) 2000	12/09/99	-1,000.00
G. Kerrey for Senate 810 4th St. NE Suite 201 SH-303 Hart Senate Ofc Bldg Washington, DC 20002, NE	Voided Check [ ] Primary [X] General [ ] Other (specify) 2000	12/09/99	-750.00
H. Kerrey for Senate 810 4th St. NE Suite 201 SH-303 Hart Senate Ofc Bldg Washington, DC 20002, NE	Robert Kerrey, U.S. SENATE NE [ ] Primary [X] General [ ] Other (specify) 2000	12/09/99	750.00
I. Pioneer PAC 1212 North Vernon St. Arlington, VA 22201	Leadership PAC Hobson [ ] Primary [ ] General [ ] Other (specify) 1999	12/09/99	500.00

SUBTOTAL of Disbursements This Page (optional)	4,750.00
TOTAL This Period (last page this line number only)	

4-00(12)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Pioneer PAC 1212 North Vernon St. Arlington, VA 22201	Voided Check Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	12/09/99	-500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
The Freedom Project 7908 Cincinnati-Dayton Rd West Chester, OH 45069	Boehner Leadership Pac Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/09/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	Republican Senatorial Committee Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	12/13/99	5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 150 South Capitol St., SE Washington, DC 20003	Democratic Senatorial Committee Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	12/13/99	5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Andrews for Congress 16 Somerdale Somerdale, NJ 08083	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/14/99	-500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Andrews for Congress 16 Somerdale Somerdale, NJ 08083	Robert Andrews, U.S. HOUSE 1st NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/14/99	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Oxley for Congress P O Box 1990 2233 Rayburn House Ofc Bldg Findlay, OH 45839	Michael Oxley, U.S. HOUSE 4th OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/14/99	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Retain Our Majority Program PO Box 18277 Washington, DC 20036	Voided Check Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	12/15/99	-1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Abraham for Senate P.O. Box 1468 SD-B40 Dirksen SOB Royal Oak, MI 48068	Spencer Abraham, U.S. SENATE MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/16/99	5,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

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

SUBTOTAL of Disbursements This Page (optional) 7,000.00

TOTAL This Period (last page this line number only) 35,250.00

4-00173

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 1-19-00
☐	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	

SGI	1-19-00
PREPARER	DATE PREPARED

(4/98)