REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION

JUL 13 12 36 PM '98

1. NAME OF COMMITTEE (in full)
American Health Care Association Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported

1201 L Street, NW

CITY, STATE and ZIP CODE

Washington, DC 20005

2. FEC IDENTIFICATION NUMBER

C-0000-6080

3. [X] 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	[X] July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceeding _____ (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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 06/01/98 through 06/30/98		
6. (a) Cash on Hand January 1, 1998		$ 103,778.00
(b) Cash on Hand at Beginning of Reporting Period	$ 105,173.84	
(c) Total Receipts (from line 19)	$ 39,991.98	$ 224,232.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 145,165.82	$ 328,010.55
7. Total Disbursements (from Line 30)	$ 66,882.37	$ 249,727.10
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 78,283.45	$ 78,283.45
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:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name Of Treasurer
Paul Willging, Phd

Signature of Treasurer: Paul Willging

Date: 7/9/98

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)

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: 06/30/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	28,926.62	184,302.82
ii. Unitemized	5,799.94	30,996.76
iii. Total (add i and ii) >	34,726.56	215,299.58
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	5,000.00	5,000.00
d. Total Contributions (add a(iii),b and c) >	39,726.56	220,299.58
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	750.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	265.42	1,682.97
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	39,991.98	224,232.55
20. Total Federal Receipts (subtract line 18 from line 19) >	39,991.98	224,232.55
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	399.72	3,582.45
c. Total Operating Expenditures (Add a(i),a(ii), and b) >	399.72	3,582.45
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	66,282.65	240,057.65
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	200.00	6,087.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	200.00	6,087.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	66,882.37	249,727.10
31. Total Federal Disbursements (Subtract line 21 all from line 30) >	66,882.37	249,727.10
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	39,726.56	220,299.58
33. Total Contribution Refunds (from line 28d)	200.00	6,087.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	39,526.56	214,212.58
35. Total Federal Operating Expenditures (add 21 ai and 21 bi) >	399.72	3,582.45
36. Offsets to Operating Expenditures (from line 15)	0.00	750.00
37. Net Operating Expenditures (subtract line 36 from 35) >	399.72	2,832.45

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11 c

SCHEDULE A ITEMIZED RECEIPTS

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
3300 Providian 400 West Market Louisville, KY 40202		06/15/98	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
B. 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 > $		
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 > $		

SUB TOTAL of Receipts This Page (Optional) >	5,000.00
TOTAL this Period (Last page this line number only) >	5,000.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 7
	FOR LINE NUMBER 11 a I

SCHEDULE A ITEMIZED RECEIPTS

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
Gail Horrigan Has Refund(s) on Schedule B Totalling $212.00			-
Receipt For: [ ] Primary [ ] General [X] Other (Specify)	Aggregate Year-to-date > $		(Memo Entry)

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Simon Pehman Has Refund(s) on Schedule B Totalling $200.00			-
Receipt For: [ ] Primary [ ] General [X] Other (Specify)	Aggregate Year-to-date > $		(Memo Entry)

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Mike Jeffries Has Refund(s) on Schedule B Totalling $125.00			
Receipt For: [ ] Primary [ ] General [X] Other (Specify)	Aggregate Year-to-date > $		(Memo Entry)

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Mary Baker Has Refund(s) on Schedule B Totalling $5000.00			
Receipt For: [ ] Primary [ ] General [X] Other (Specify)	Aggregate Year-to-date > $		(Memo Entry)

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Neil Chur Has Refund(s) on Schedule B Totalling $500.00			
Receipt For: [ ] Primary [ ] General [X] Other (Specify)	Aggregate Year-to-date > $		(Memo Entry)

F. 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	Marion Manor Nursing Hm Inc Administrator	06/02/98	250.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify)	Aggregate Year-to-date > $ 500.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Clark Peek 505 N 5th Avenue Rome, GA 30165	Fifth Avenue Healthcare Owner/Administrator	06/03/98	500.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify)	Aggregate Year-to-date > $ 750.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	750.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 7
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. Paul Roth 620 Sleepy Hollow Rd Briarcliff Manor, NY 10510	Brandywine Nursing Home Occupation: Administrator	06/03/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 400.00		
B. Virginia Eaton 3715 SW 29th St #200 Topeka, KS 66614	Midwest Health Services Inc Occupation: Owner	06/03/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Brick Nelson 313 Allen Memorial Dr SW Milledgeville, GA 31061	Green Acres Inc Occupation: Administrator	06/03/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Delbert Ousley 200 S. 2nd St. PO Box 829 Richmond, KY 40476	PMD Corporation Occupation: President	06/09/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
E. Angelo S Rotella 303 Rhodes Ave Woonsocket, RI 02895	Friendly Home Inc Occupation: President/Admin	06/09/98	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,500.00		
F. John Elliot 901 Quarrier St #306 Charleston, WV 25301	AMFM Inc Occupation: CEO	06/09/98	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,000.00		
G. Wayne Hansen 1515 Second Avenue W Williston, ND 58802	Bethel Lutheran Home Occupation: Administrator	06/10/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	6,150.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 7
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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
Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448	Gulf South Medical Ent Occupation: President	06/11/98	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,750.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Deane PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: Chief Economist	06/11/98	38.46
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 211.53		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
David Kyllo 1201 L Street NW Washington, AH 20005	AHCA Occupation: Director, Assisted Living	06/11/98	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 275.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Asztalos PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: Lobbyist	06/11/98	39.08
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 206.94		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Paul Willging 1201 L St. NW Washington, AH 20005	AHCA Occupation: Exec VP	06/11/98	384.60
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,115.30		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
David Seckman PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: VP Regulatory	06/11/98	38.48
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 211.64		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Penny Prue 1201 L Street, NW Washington, AH 20005	AHCA Occupation: Vice President, Administration	06/11/98	76.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 430.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	1,876.62
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 7
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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
Jerry Nicholls 603 Greenwood Drive Iowa City, IA 52246	Progressive Care Occupation: Administrator	06/15/98	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
Jeanne Hutcheson PO Box 3427 Burlington, NC 27217	White Oak Manor of Burlington Occupation:	06/15/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Rotolo 17441 W. Muirfield Baton Rouge, LA 70810	Occupation:	06/15/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Donald Franco 274 Hemingway Ave East Haven, CT 06512	Paragon Group Inc Occupation: President	06/15/98	1,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,500.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
William Levering 4 New Market Dr Delaware, OH 43015	Delaware Court Health Care Ctr Occupation: Administrator	06/15/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
F. 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, AR 20005	AHCA Occupation: Lobbyist	06/15/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Owens 620 East 14th Avenue Devils Lake, ND 58301	Heartland Care Center Occupation: Administrator	06/15/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 225.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	3,650.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 7
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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
Win Richey 801 K Street, 23rd Flr Sacramento, CA 95814	Hunter, Richey, et al Occupation: Partner	06/15/98	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
Jack Friedman 142-27 Franklin Avenue Flushing, NY 11355	Franklin Nursing Home Occupation:	06/15/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael Maistros 42350 National Rd Belmont, OH 43718	Bell Nursing Home Inc Occupation: Administrator	06/15/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Tim Steffens II 78 Birchwood Drive Huntington Station, NY 11746	Birchwood Nursing Home Occupation: Administrator	06/15/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Lynette Goux PO Box 338 Mandeville, LA 70470	Pontchartrain Health Care Ctr Occupation: Owner/Administrator	06/16/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Gary Macomber 2201 K Street PO Box 537004 Sacramento, CA 95853	CAHF Occupation: Executive Director	06/16/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Theodore Lee 700 Hanover St Manchester, NH 03104	Hanover Hill Health Care Occupation: Owner/Administrator	06/16/98	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 350.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	3,975.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 7
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. Charles Harris, 833 Broadway, East Providence, RI 02914	Harris Health Center / Owner/Administrator	06/16/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 350.00		
B. Gerald Romano, 7 Creek Ln, Bristol, RI 02809	Silver Creek Manor / Administrator	06/16/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,100.00		
C. Edward Hannan, 5020 N 8th Place, Ste A, Phoenix, AZ 85014	Arizona Health Care Assn / State Executive	06/19/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
D. Michael Morton, 100-B Garrison Ave, Ft Smith, AR 72901	Central Arkansas Nursing Ctrs / Owner	06/19/98	3,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
E. Farooq Khan, 163 Quinnipiac Ave, North Haven, CT 06473	Montower Health Care Ctr / President	06/19/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		
F. Steven Bandstra, 950 Taylor Ave, Grand Haven, MI 49417	Community Centre Group / President	06/22/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
G. Arlene Miles, 225 E 16th Ave #1100, Denver, CO 80203	Colorado Health Care Assn / Executive Director	06/23/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 600.00		

SUB TOTAL of Receipts This Page (Optional) >	5,200.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 7
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. Steven Chies 9920 Zilla Street NW Coon Rapids, MN 55433 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Care Paradigm Management Occupation: President Aggregate Year-to-date > $ 1,000.00	06/24/98	1,000.00
B. Winthrop Cashdollar PO Box 3226 310 S. Carson St. #207 Carson City, NV 89702 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Nevada Health Care Assoc Occupation: State Executive Aggregate Year-to-date > $ 500.00	06/25/98	495.00
C. Jean Wells 725 Harvard Drive Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Wells Health Systems Occupation: Owner Aggregate Year-to-date > $ 2,780.00	06/29/98	1,280.00
D. Jean Wells 725 Harvard Drive Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Wells Health Systems Occupation: Owner Aggregate Year-to-date > $ 2,880.00	06/29/98	100.00
E. Delta Holloway 1475 N Cole Rd Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Western Health Care Corp Occupation: Owner/Nurse Consult Aggregate Year-to-date > $ 5,000.00	06/29/98	4,450.00
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

SUB TOTAL of Receipts This Page (Optional) >	7,325.00
TOTAL this Period (Last page this line number only) >	28,926.62

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
	FOR LINE NUMBER 11 a ii

SCHEDULE A ITEMIZED RECEIPTS

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
Dollars Received from Multi-Individuals , DC	Occupation	06/10/98	2,395.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,395.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC	Occupation	06/11/98	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,415.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC	Occupation	06/11/98	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,435.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC	Occupation	06/11/98	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,455.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC	Occupation	06/11/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,555.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC	Occupation	06/11/98	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,575.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC	Occupation	06/11/98	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,595.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	2,595.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 11 a ii

SCHEDULE A ITEMIZED RECEIPTS

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
Dollars Received from Multi-Individuals , DC		06/11/98	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,615.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		06/11/98	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,635.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		06/11/98	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,655.00		
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 > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	60.00
TOTAL this Period (Last page this line number only) ..... >	2,655.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

SCHEDULE A ITEMIZED RECEIPTS

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 4922 Fairmont Ave Bethesda, MD 20814	Name of Employer Occupation Rushmore	Date (Month day, Year) 06/30/98	Amount of Each Receipt this Period 49.23
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 297.33		
B. Full Name, Mailing Address and Zip Code PO Box 85024 Richmond, VA 23285-5024	Name of Employer Occupation Crestar Bank	Date (Month day, Year) 06/30/98	Amount of Each Receipt this Period 202.38
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,278.34		
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 > $		

SUB TOTAL of Receipts This Page (Optional) >	251.61
TOTAL this Period (Last page this line number only) >	251.61

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 21B

SCHEDULE B — ITEMIZED DISBURSEMENTS

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 VISA/MC fees Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 06/30/98	Amount of Each Disb. this Period 87.25
B. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Bank fees Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 06/30/98	Amount of Each Disb. this Period 18.10
C. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement AMEX fees Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 06/30/98	Amount of Each Disb. this Period 14.50
D. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement bank fees Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 06/30/98	Amount of Each Disb. this Period 279.87
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	399.72
TOTAL this Period (Last page this line number only) ..... >	399.72

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 8
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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 Disb. this Period
Berman for Congress 8655 Wilshire Blvd, Ste 220 Beverly Hills, CA 90211	Howard Berman, U.S. HOUSE 26th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Missourians for Kit Bond 1243 W 59th St Kansas City, MO 64113	Christopher Bond, U.S. SENATE MO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	1,500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Chabot for Congress 105 West Fourth St, Rm 1133 1641 Longworth HOB Cincinnati, OH 45202	Steve Chabot, U.S. HOUSE 1st OH Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Christopher Cox Congressional Committee PO Box 8088-C Newport Beach, CA 92658	Christopher Cox, U.S. HOUSE 47th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. 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) 98	06/01/98	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
John Ensign for US Senate PO Box 98407 Las Vegas, NV 89193	John Ensign, U.S. SENATE NV Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	06/01/98	1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Newt Gingrich PO Box 1399 Roswell, GA 30077	Newt Gingrich, U.S. HOUSE 6th GA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	2,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Citizens Committee for Ernest F. Hollings PO Box 135 Charleston, SC 29402	Ernest Fritz Hollings, U.S. SENATE SC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	1,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Lazio for Congress 96 PO Box 5063 314 Cannon House Ofc Bldg Bay Shore, NY 11718	Rick Lazio, U.S. HOUSE 2nd NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	500.00

SUB TOTAL of Disbursements this page (Optional) ---------->	8,500.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 8
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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 Disb. this Period
Anne Northup for Congress PO Box 7313 Louisville, KY 40257	Anne Meagher Northup, U.S. HOUSE KY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of John Peterson PO Box 195 Pleasantville, PA 16341	John Peterson, PA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
David Price for Congress PO Box 1986 Raleigh, NC 27602	David Price, U.S. HOUSE NC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Porter for Congress Committee PO Box 7126 Deerfield, IL 60015	John Porter, U.S. HOUSE 10th IL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Royce Campaign Committee P.O. Box 6765 Fullerton, CA 92634	Ed Royce, U.S. HOUSE 39th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Committee to Re-Elect Marge Roukema PO Box 625 Ridgewood, NJ 07451	Marge Roukema, U.S. HOUSE 5th NJ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Pete Stark Re-Election Committee PO Box 121 Hayward, CA 94543	Pete Stark, U.S. HOUSE 13th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Adam Smith for Congress 27030 47th Ave, South #104 Kent, WA 98032	Smith, U.S. HOUSE WA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	1,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Talent for U.S. Congress 555 Executive Pkwy., #201 St. Louis, MO 63141	Jim Talent, U.S. HOUSE 2nd MO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/01/98	3,500.00

SUB TOTAL of Disbursements this page (Optional) ---------->	9,000.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 8
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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 John Tanner for Congress Committee P.O. Box 1988 Union City, TN 38261	Purpose of Disbursement John Tanner, U.S. HOUSE 8th TN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/01/98	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Thurman for Congress PO Box 5058 Inverness, FL 34450	Purpose of Disbursement Karen Thurman, U.S. HOUSE 5th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/01/98	Amount of Each Disb. this Period 500.00
C. Full Name, Mailing Address and Zip Code Tierney '98 Committee 1 Main Street Peabody, MA 01960	Purpose of Disbursement John Tierney, MA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/01/98	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Committee to Re-Elect Ed Towns to Congress 321 Stuyvesant Avenue Brooklyn, NY 11233	Purpose of Disbursement Edolphus Towns, U.S. HOUSE 10th NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/01/98	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Berkley for Congress PO Box 7397 Las Vegas, NV 89125	Purpose of Disbursement Berkley , U.S. HOUSE NV Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/01/98	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Friends for Jim McDermott PO Box 21786 Seattle, WA 98111	Purpose of Disbursement Jim McDermott, U.S. HOUSE 7th WA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/02/98	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Friends of Newt Gingrich PO Box 1399 Roswell, GA 30077	Purpose of Disbursement Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/02/98	Amount of Each Disb. this Period -2,000.00
H. Full Name, Mailing Address and Zip Code John Tanner for Congress Committee P.O. Box 1988 Union City, TN 38261	Purpose of Disbursement Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/02/98	Amount of Each Disb. this Period -1,000.00
I. Full Name, Mailing Address and Zip Code Friends of John Peterson PO Box 195 Pleasantville, PA 16341	Purpose of Disbursement Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/02/98	Amount of Each Disb. this Period -500.00

SUB TOTAL of Disbursements this page (Optional) ..... >	1,500.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 8
	FOR LINE NUMBER 23

SCHEDULE B ITEMIZED DISBURSEMENTS

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 Bruce Yarwood 1201 L Street Washington, DC 20005	Purpose of Disbursement In-kind contribution for Ralph Hall Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day, Year) 06/02/98	Amount of Each Disb. this Period 432.15 (In-Kind)
B. Full Name, Mailing Address and Zip Code Hall For Congress Committee Post Office Box 711 Rockwall, TX 75087	Purpose of Disbursement In-kind contribution for Ralph Hall Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day, Year) 06/02/98	Amount of Each Disb. this Period 432.15 (Memo In-Kind)
C. Full Name, Mailing Address and Zip Code Friends of John Peterson PO Box 195 Pleasantville, PA 16341	Purpose of Disbursement John Peterson, PA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 06/03/98	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Friends of John Peterson PO Box 195 Pleasantville, PA 16341	Purpose of Disbursement Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 06/03/98	Amount of Each Disb. this Period -500.00
E. Full Name, Mailing Address and Zip Code Friends of John Peterson PO Box 195 Pleasantville, PA 16341	Purpose of Disbursement John Peterson, PA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 06/03/98	Amount of Each Disb. this Period 500.00
F. Full Name, Mailing Address and Zip Code Friends of Bob Graham 700 North Adams St Tallahassee, FL 32301	Purpose of Disbursement Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 06/03/98	Amount of Each Disb. this Period -1,000.00
G. Full Name, Mailing Address and Zip Code Friends of Blanche Lincoln 1616 W Third Street Little Rock, AR 72201	Purpose of Disbursement Lincoln , U.S. HOUSE AR Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 06/05/98	Amount of Each Disb. this Period 2,000.00
H. Full Name, Mailing Address and Zip Code Friends of Blanche Lincoln 1616 W Third Street Little Rock, AR 72201	Purpose of Disbursement Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 06/05/98	Amount of Each Disb. this Period -2,000.00
I. Full Name, Mailing Address and Zip Code Friends of Blanche Lincoln 1616 W Third Street Little Rock, AR 72201	Purpose of Disbursement Lincoln , U.S. HOUSE AR Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 06/05/98	Amount of Each Disb. this Period 2,000.00

SUB TOTAL of Disbursements this page (Optional) ..... >	1,932.15
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 8
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement / Disbursement For	Date (Month day, Year)	Amount of Each Disb. this Period
A. Spratt for Congress PO Box 830 York, SC 29745	John Spratt, U.S. HOUSE 5th SC [X] Primary [ ] General [ ] Other (Specify) 98	06/08/98	1,000.00
B. Hatch Election Committee 405 South Main Street Suite 71 Salt Lake City, UT 84111	Orrin Hatch, U.S. SENATE UT [X] Primary [ ] General [ ] Other (Specify) 98	06/10/98	1,000.00
C. Jerry Cooper for Congress PO Box 137 Smartt Station, TN 37378	Cooper , U.S. HOUSE TN [X] Primary [ ] General [ ] Other (Specify) 98	06/10/98	2,500.00
D. Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003	Voided Check [ ] Primary [ ] General [ ] Other (Specify) 1997	06/15/98	-1,000.00
E. Baesler for US Senate PO Box 2147 Lexington, KY 40595	Scotty Baesler, U.S. HOUSE 6th KY [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	2,500.00
F. America Works Committee 607 14th Street, NW 8th Floor Washington, DC 20005	Brown , OH [ ] Primary [ ] General [X] Other (Specify) 98 Other	06/19/98	1,000.00
G. Jim Davis for Congress Cmt 3716 West Swann Tampa, FL 33609	Jim Davis, FL [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	1,000.00
H. Friends of Senator D'Amato PO Box 888 Mineola, NY 11501	D'Amato , U.S. SENATE NY [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	1,000.00
I. Fair for Congress 44 Pine Knoll Drive Suite I Greenville, SC 29609	Fair , U.S. HOUSE SC [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	500.00

SUB TOTAL of Disbursements this page (Optional) ..... >	9,500.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 8
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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 Disb. this Period
Feldman for Congress 135 East 65th Street New York, NY 10021	Daniel Feldman, NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day, Year)	Amount of Each Disb. this Period
Martin Frost Campaign Cmte. P.O. Box 4219 2459 Rayburn House Ofc Bldg Dallas, TX 75208	Martin Frost, U.S. HOUSE 24th TX Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day, Year)	Amount of Each Disb. this Period
Monocle 107 D Street, NE Washington, DC 20002	In-Kind contribution to Hofmeister Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 98 Other	06/19/98	850.50 (In-Kind)
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day, Year)	Amount of Each Disb. this Period
Hofmeister for Congress 2511 E 46th Street Indianapolis, IN 46205	In-Kind contribution to Hofmeister Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98 Other	06/19/98	850.50 (Memo In-Kind)
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day, Year)	Amount of Each Disb. this Period
Hayes for Congress Campaign 102 Church Street North Concord, NC 28025	Hayes, U.S. HOUSE NC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day, Year)	Amount of Each Disb. this Period
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) 98	06/19/98	1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day, Year)	Amount of Each Disb. this Period
Levin for Congress Cmte 2107 Fourteen Mile Rd Sterling Heights, MI 48310	Sander Levin, U.S. HOUSE 12th MI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day, Year)	Amount of Each Disb. this Period
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	McCrery, U.S. HOUSE LA Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 98 Other	06/19/98	5,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day, Year)	Amount of Each Disb. this Period
Bob Matsui for Congress 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	Robert Matsui, U.S. HOUSE 5th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	500.00

SUB TOTAL of Disbursements this page (Optional) ..... >	10,850.50
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 8
	FOR LINE NUMBER 23

SCHEDULE B ITEMIZED DISBURSEMENTS

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 Disb. this Period
Friends for Jim McDermott PO Box 21786 Seattle, WA 98111	Jim McDermott, U.S. HOUSE 7th WA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Napolitano for Congress Committee 12123 E Firestone Blvd Norwalk, CA 90650	Flores Napolitano, U.S. HOUSE CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Earl Pomeroy, U.S. HOUSE AL ND Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	1,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Reynolds for Congress 7425 S. Shore Dr. Chicago, IL 60649	Mel Reynolds, IL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Royce Campaign Committee P.O. Box 6765 Fullerton, CA 92634	Ed Royce, U.S. HOUSE 39th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Bill Schroeder Campaign 4420 South Braun Court Morrison, CO 80465	Schroeder , U.S. HOUSE CO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Sweeney for Congress PO Box 4137 Clifton Park, NY 12065	Sweeney , U.S. HOUSE NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Gerald C. "Jerry" Weller for Congress PO Box 37 Joliet, IL 60434	Jerry Weller, U.S. HOUSE 11th IL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Gorman for Congress PO Box 36608 Louisville, KY 40233-6608	Gorman , U.S. HOUSE KY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	06/19/98	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... >	7,500.00
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 8 OF 8 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 Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Purpose of Disbursement DSCC 98 Membership Dues Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 06/26/98	Amount of Each Disb. this Period 5,000.00
B. Full Name, Mailing Address and Zip Code Leadership '98 1800 K Street, NW Suite 710 Washington, DC 20006	Purpose of Disbursement Gore Leadership PAC Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 06/26/98	Amount of Each Disb. this Period 5,000.00
C. Full Name, Mailing Address and Zip Code Richard Stallings for Congress 116 Birch Avenue Rexburg, ID 83440	Purpose of Disbursement Richard Stallings, ID Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/26/98	Amount of Each Disb. this Period 2,000.00
D. Full Name, Mailing Address and Zip Code Crapo for Congress 1177 W. State St. Boise, ID 83402	Purpose of Disbursement Mike Crapo, U.S. HOUSE 2nd ID Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/26/98	Amount of Each Disb. this Period 2,500.00
E. Full Name, Mailing Address and Zip Code Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Purpose of Disbursement Earl Pomeroy, U.S. HOUSE AL ND Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/26/98	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Scorsone for Congress 167 W Main St Suite 804 Lexington, KY 40507	Purpose of Disbursement Scorsone, KY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/26/98	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code McCarthy for Congress PO Box 5063 Mineola, NY 11718	Purpose of Disbursement Carolyn McCarthy, NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/26/98	Amount of Each Disb. this Period 500.00
H. Full Name, Mailing Address and Zip Code Andrews for Congress 16 Somerdale Somerdale, NJ 08083	Purpose of Disbursement Robert Andrews, U.S. HOUSE 1st NJ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 06/26/98	Amount of Each Disb. this Period 500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ---------->	17,500.00
TOTAL this Period (Last page this line number only) ---------->	66,282.65

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 28A

SCHEDULE B — ITEMIZED DISBURSEMENTS

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 AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Purpose of Disbursement REFUND NeighborCare Pharmacies, Inc. Disbursement For: ☐ Primary ☐ General X Other (Specify) '98 Other	Date (Month day,Year) 06/10/98	Amount of Each Disb. this Period 200.00
B. Full Name, Mailing Address and Zip Code AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Purpose of Disbursement Voided Check Disbursement For: ☐ Primary ☐ General X Other (Specify) '98 Other	Date (Month day,Year) 06/10/98	Amount of Each Disb. this Period -200.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ---------->	
TOTAL this Period (Last page this line number only) ---------->	

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	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	

mge — PREPARER

7-13-98 — DATE PREPARED

(4/98)