

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 NOV 18 A 11:17

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (or NAME)
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

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 _____

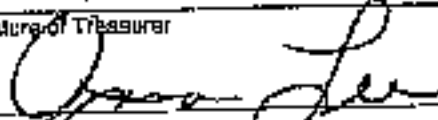
(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/01/99</u> through <u>10/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 84,248.97
(b) Cash on Hand at Beginning of Reporting Period	\$ 116,911.73	
(c) Total Receipts (from Line 19)	\$ 81,900.25	\$ 437,125.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 198,811.99	\$ 521,375.39
7. Total Disbursements (from Line 30)	\$ 70,699.94	\$ 393,263.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 128,112.05	\$ 128,112.05
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


Date
11-18-99

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

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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	REPORT COVERING PERIOD	
American Health Care Association Political Action Committee	FROM 10/01/99	TO: 10/31/99
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	66,214.00	366,792.04
i. Itemized (use Schedule A)	16,564.00	62,745.97
ii. Unitemized	81,778.00	429,537.95
Total (add i and ii) >	0.00	0.00
b. Political Party Committees	0.00	5,000.00
c. Other Political Committees (such as PACs)	81,778.00	434,537.95
d. Total Contributions (add a ii, b and c) >	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	100.00	1,225.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	22.26	1,363.47
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	81,900.26	437,126.42
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	81,900.26	437,126.42
20. Total Federal Receipts (subtract line 18 from line 19) >		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
i. Federal Share	0.00	0.00
ii. Non-Federal Share	826.99	7,184.26
b. Other Federal Operating Expenditures	826.99	7,184.26
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	15,000.00
22. Transfers to Affiliated/Other Party Committees	69,872.95	361,854.08
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
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		
28. Refunds of Contributions To:	0.00	3,225.00
a. Individual/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	3,225.00
d. Total Contribution Refunds (add a, b and c) >	0.00	5,000.00
29. Other Disbursements	70,699.94	393,263.34
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	70,699.94	393,263.34
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	81,778.00	434,537.95
33. Total Contribution Refunds (from line 28d)	0.00	3,225.00
34. Net Contributions (other than loans) (subtract line 33 from line 32)	81,778.00	431,312.95
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	826.99	7,184.26
36. Offsets to Operating Expenditures (from line 16)	100.00	1,225.00
37. Net Operating Expenditures (subtract line 36 from line 35) >	726.99	5,959.26

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **23**

FOR LINE NUMBER **11 91**

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

A. Full Name, Mailing Address and ZIP Code Joseph Warner 115 W Jefferson, Suite 401 Bloomington, IL 61702-3188	Name of Employer Heritage Enterprise Occupation President	Date (month, day, year) 10/01/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code William Kinschner 4934 Valencia Dr Toledo, OH 43623	Name of Employer Health Care & Ret Group Occupation VP Bus Planning	Date (month, day, year) 10/04/99	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code Edward Kuntz 1313 St. Anthony Place 5th Floor Louisville, KY 40204	Name of Employer Vencor Corp. Occupation	Date (month, day, year) 10/04/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Solanges Vivens 2601 18th St NE Washington, DC 20018	Name of Employer Washington Ctr for Aging Svc Occupation Executive Director	Date (month, day, year) 10/05/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 900.00	
E. Full Name, Mailing Address and ZIP Code Coy Williamson 165 Winston Drive Athens, GA 30607	Name of Employer Grandview Care Center Occupation President/Owner	Date (month, day, year) 10/05/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 475.00	
F. Full Name, Mailing Address and ZIP Code Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008	Name of Employer Health Dimensions Occupation Nrsg Home Admin	Date (month, day, year) 10/05/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 475.00	
G. Full Name, Mailing Address and ZIP Code Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008	Name of Employer Health Dimensions Occupation Nrsg Home Admin	Date (month, day, year) 10/05/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 575.00	

SUBTOTAL of Receipts This Page (optional) **1,200.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 23

FOR LINE NUMBER 11 AT

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

<p>A. Full Name, Mailing Address and ZIP Code Kim Gallina 1400 8th Avenue Union Grove, WI 53182</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Oak Ridge Care Center</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Paul Granger Englewood, CO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Paul Granger Englewood, CO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Gerald Hamilton 10400 Academy Rd Ste 360 Albuquerque, NM</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer IHS</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Jack Vetter 5020 South 118th St. Omaha, NE 68137</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Vetter Health Services</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 1,600.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Blaine Hendrickson PO Box 7 PO Box 7 Rancho Mirage, CA 92270</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Legacy Healthcare</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 3,600.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Linda Sechovec 6400 Uptown Blvd NE #520W Albuquerque, NM 87110</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer New Mexico Health Care Assn</p> <p>Occupation Executive Director</p> <p>Aggregate Year-to-Date > \$ 800.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional) **700.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 91

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

A. Full Name, Mailing Address and ZIP Code Linda Sachovec 6400 Uptown Blvd NE #520W Albuquerque, NM 87110	Name of Employer New Mexico Health Care Assn Occupation Executive Director	Date (month, day, year) 10/05/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 6 700.00	
B. Full Name, Mailing Address and ZIP Code Jan Thayer 404 Woodland Dr Grand Island, NE 68801	Name of Employer Riverside Lodge Occupation Owner/Administrator	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 5 600.00	
C. Full Name, Mailing Address and ZIP Code Joan Gallegos 4190 S. Highland Dr. #113 Salt Lake City, UT 84124	Name of Employer Utah Health Care Assn Occupation Executive Director	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 5 400.00	
D. Full Name, Mailing Address and ZIP Code Tameia McDermott 3450 North N. Buffalo Drive Las Vegas, NV 89129	Name of Employer Silver Hills Healthcare Center Occupation Executive Director	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 6 400.00	
E. Full Name, Mailing Address and ZIP Code Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342	Name of Employer RETIRED Occupation	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 8 325.00	
F. Full Name, Mailing Address and ZIP Code Mary Baker 308 Starr Ave. PO Box 1129 Turlock, CA 95381	Name of Employer Bel-Air Lodge Occupation Administrator	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 5 2,800.00	
G. Full Name, Mailing Address and ZIP Code Patrick Trotta 2 Hopkins Plaza Suite 2100 Baltimore, MD 21201	Name of Employer Reznick Feddee & Silverman Occupation CPA/consultant	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 6 800.00	

SUBTOTAL of Receipts This Page (optional) 1,500.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Troxell 15300 N 90th Street Suite 100 Scottsdale, AZ 85260	Unison Health Care Corp VP Congressional Svc	10/06/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roland Rapp 3 Windover Danville, CA 94506	Rapp & Associates Attorney	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Biggs 4605 Belton Highway Anderson, SC 29621	Richard Campbell Veterans Home Administrator	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,100.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Kempiners 1029 S 4th St Springfield, IL 62703	Illinois Health Care Assn Executive Director	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,100.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Wessall 417 S Main St Oberlin, OH 44074	Welcome Nursing Home Inc President	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304	White Oak Manor Executive VP/CFO	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,100.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Sherman 2237 Wyndbend Boulevard Powell, OH 43065	Laurel Health Care Corp President	10/06/99	3,750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		

SUBTOTAL of Receipts This Page (optional) 4,450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 23
FOR LINE NUMBER 11 11

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. Bruce Levering 201 N Main Street Mt Vernon, OH 43050	Levering Mgmt. Inc. President	10/06/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Patrick Trotta 2 Hopkins Plaza Suite 2100 Baltimore, MD 21201	Reznick Feddee & Silverman CPA/Consultant	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900.00		
William White PO Box 308 New London, CT 06320	Beechwood Rehab & Nursing Ctr. Admin/Owner	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
David E Meillier 27 Brand Avenue P.O. Box 446 Faribault, MN 55021	Pleasant Manor Inc Administrator	10/06/99	425.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,900.00		
Sarita Holland 754 Mance Oldham Road Hartsville, TN 37074	Quality Care Health Center administrator	10/06/99	1,075.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,075.00		
Neil Pruitt 809 E. Doyle St. Toccoa, GA 30577	UHS-Pruitt Corp. Administrator	10/06/99	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 975.00		
Patrick T Kriner 6228 Merger Drive Holland, OH 43528	Woodside Management Group Owner	10/06/99	235.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 985.00		

SUBTOTAL of Receipts This Page (optional) 2,880.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 23

FOR LINE NUMBER 11 31

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jacalyn Chiles 2760 219th Ave. NE East Bethel, MN 55041	Park River Estates Center Administrator	10/06/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Mary Baker 108 Starr Ave. PO Box 1129 Turlock, CA 95381	Bel-Air Lodge Administrator	10/06/99	955.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,755.00		
Douglas Pendergras 11608 Scott Simpson Drive El Paso, TX 79936	Pebble Creek Owner	10/06/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
Paul Stebbins 125 Hughes Street Longview, TX 75602	Stebbins Five Owner	10/06/99	800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
Gail Clarkson 64500 Van Dyke Washington, MI 48095	The Medlodge Group Vice President	10/06/99	1,055.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,905.00		
John Rondot 2162 South Kemp Lima, OH 45808	Masonic Healthcare Occupation	10/06/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Sandra Rhoades 23852 Via Roble Coto de Caza, CA 92679	Administrator	10/06/99	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 325.00		

SUBTOTAL of Receipts This Page (optional)

3,885.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 23
FOR LINE NUMBER 1-31

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Dugar E. 22382 N. Richmond Ct. Lake Zurich, IL 60047	First Quality Products Vice President	10/06/99	575.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 575.00		
B. Full Name, Mailing Address and ZIP Code Thomas Reddy 8847 Long PO Box 14884 Lanexa, KS 66285-4884	Vintage Park Inc. Occupation	10/06/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,300.00		
C. Full Name, Mailing Address and ZIP Code J Wayne Franklin 225 Springfield Ct #1 O'Fallon, IL 62269	Blue & Company LLC Senior Manager	10/06/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code John W Jamison III PO Box 360067 Birmingham, AL 35236	CARECORPS Management Corporation President & CEO	10/06/99	1,025.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 4,775.00		
E. Full Name, Mailing Address and ZIP Code Floyd Eaton 3715 SW 29th St #200 Topeka, KS 68614	Midwest Health Services Inc Occupation	10/06/99	475.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
F. Full Name, Mailing Address and ZIP Code Harry Hooyenga 820 N Wayne Kenton, OH 43326	The Corinthian Occupation	10/06/99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Kathy Graves PO Box 7 Gainsboro, TN 38562-0563	Mabry Health Care & Rehab Administrator	10/06/99	375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,875.00		

SUBTOTAL of Receipts This Page (optional)	3,300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 1181

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 Mary Marshall 630 B Tarpon Ave. Femandina Beach, FL 32034 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Administrator Aggregate Year-to-Date > \$ 255.00	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 90.00
B. Full Name, Mailing Address and ZIP Code Mike Oley 2021 Swamp Fox Rd Midlothian, VA 23112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rehab Management Occupation Sales Rep. Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 600.00
C. Full Name, Mailing Address and ZIP Code Don Dugar E. 22382 N. Richmond Ct. Lake Zurich, IL 60047 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer First Quality Products Occupation Vica President Aggregate Year-to-Date > \$ 675.00	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code Craig Laman PO Box 717 Bells, TN 38006-0717 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bells Nursing Home Occupation Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Mark Finkelstein 955 S Main Street Middletown, CT 06457 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Subacute Mgt Corp of America Inc Occupation Aggregate Year-to-Date > \$ 1,100.00	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code William Williamson 2905 White Horse Road Greenville, SC 29611 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Health Management Resources Occupation Director of Operations Aggregate Year-to-Date > \$ 1,100.00	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Keith Holloway 1476 N Cole Rd Boise, ID 83704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Western Health Care Corp Occupation Administrator Aggregate Year-to-Date > \$ 3,950.00	Date (month, day, year) 10/06/99	Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) 1,290.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 1181

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
Michael McBride 101 Grace Drive Easley, SC 29640	Health Management Resources President	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,200.00		
B. Full Name, Mailing Address and ZIP Code Paul Hansley 1201 L St NW Washington, AH 20005	AFCA Controller	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 220.00		
C. Full Name, Mailing Address and ZIP Code David Wolf New Rd & Central Ave Linwood, NJ 08221	Linwood Conv Center Owner/Administrator	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		
D. Full Name, Mailing Address and ZIP Code Philip Caldwell 3830 E. Southport Rd. Ste. 100 Indianapolis, IN 46237	EagleCare, Inc. Occupation	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,100.00		
E. Full Name, Mailing Address and ZIP Code Gerald Schroer Jr. 7222 Day Ave. SW Navarre, OH 44662	The Schroer Group Executive Vice President	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45235	Nursing Care Management Exec Vice President	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code Dennis Anderson 1800 W. 57th St. PO Box 5038 Sioux Falls, SD 57117-5038	The Evangelical Lutheran Good Samaritan Society VP Finance	10/06/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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

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

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

SUBTOTAL of Receipts This Page (optional) **700.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534	Beaumont Nursing Home Occupation Administrator	10/06/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Reynaldo Lapid 1931 Lakewood Rd Toms River, NJ 08755	Green Acres Manor Occupation Owner	10/06/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
R Peter Madel 108 8th St NW Waseca, MN 56093	Lake Shore Inn Nursing Home Occupation Administrator	10/07/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
Renee Matthews 2421 E Texas Ave Alexandria, LA 71301	Naomi Heights Nursing Home Occupation Asst Administrator	10/07/99	3,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,500.00		
Jerry Nicholls 603 Greenwood Drive Iowa City, IA 52246	Progressive Care Occupation Administrator	10/07/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,100.00		
Mary Marshall 630 B Tarpon Ave. Fernandina Beach, FL 32034	Administrator	10/07/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 355.00		
Tim Blythe 7 Minnesota St Edwardsville, IL 62025	Springwood Associates Occupation VP, Legislative Affairs	10/07/99	720.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 945.00		

SUBTOTAL of Receipts This Page (optional) **5,895.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mel Lynn 1755 North Barker Rd. Brookfield, WI 53045	Care-Age of Brookfield Administrator	10/07/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 375.00		
Kenneth Levening 1078 Coshocton Ave Mt Vernon, OH 43050	Country Court Administrator	10/07/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		
Sally Gearhart-Schnabel 2200 Jackson AVENUE Seaford, NY 11783	Crown Nursing Home Administrator	10/07/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,925.00		
Firm Graves 4214 Medical Pkwy 3rd Flr Austin, TX 78765	Texas Health Care Association Occupation	10/07/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
J Wayne Franklin 125 Springfield Ct #1 O'Fallon, IL 62269	Blue & Company LLC Senior Manager	10/07/99	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,900.00		
Patricia Ramsey 12 Riverwood Drive York, ME 03909	The Edgewood Center Owner/Administrator	10/07/99	800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,050.00		
Travis Tomlinson 13 E Whitaker Mill Rd Raleigh, NC 27808	Mayview Conv Home Inc Administrator	10/07/99	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,100.00		

SUBTOTAL of Receipts This Page (optional) **5,825.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER **11 a 1**

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

A. Full Name, Mailing Address and ZIP Code Linda Sechovec 6408 Uptown Blvd NE #520W Albuquerque, NM 87110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer New Mexico Health Care Assn Occupation Executive Director Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code Gerald Hamilton 10400 Academy Rd Ste 360 Albuquerque, NM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IHS Occupation Vice President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Michael McBride 101 Grace Drive Easley, SC 29640 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Health Management Resources Occupation President Aggregate Year-to-Date > \$ 3,300.00	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code William R Abrams 2131 Rt 33 Lexington Square Hamilton, NJ 08690 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NJ Assn of Health Care Facilities Occupation Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Steven Chies 9920 Zilla Street NW Coon Rapids, MN 55433 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Care Paradigm Management Occupation President Aggregate Year-to-Date > \$ 1,600.00	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Rick Carter 2850 Metro Dr #200 Bloomington, MN 55425 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Care Providers of Minnesota Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Patrick T Kriner 6228 Merger Drive Holland, OH 43528 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Woodside Management Group Occupation Owner Aggregate Year-to-Date > \$ 1,185.00	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) **900.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 118

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

A. Full Name, Mailing Address and ZIP Code Richard Rau 3939 S. 92nd St. Greenfield, WI 53228	Name of Employer Clement Manor Health Center Occupation	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,100.00	
B. Full Name, Mailing Address and ZIP Code Tim Blythe 7 Minnesota St Edwardsville, IL 62025	Name of Employer Springwood Associates Occupation VP, Legislative Affairs	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,045.00	
C. Full Name, Mailing Address and ZIP Code Casey Matthews 2421 E Texas Ave. Alexandria, LA 71301	Name of Employer Naomi Heights Nursing Home Occupation Shareholder	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Thomas Reddy 3847 Long PO Box 14884 Lenexa, KS 66285-4884	Name of Employer Vintage Park Inc. Occupation	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,400.00	
E. Full Name, Mailing Address and ZIP Code Darwin Lee PO Box 368 Westhope, ND 58793-0366	Name of Employer Westhope Home Occupation Administrator	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code Reginald Carter PO Box 80050 Lansing, MI 48906	Name of Employer Health Care Assn. of Michigan Occupation Executive VP	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code Abraham Morse 2310 Washington St #300 Newton Lower Falls, MA 02162-1440	Name of Employer MA Extended Care Federation Occupation	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 475.00	

SUBTOTAL of Receipts This Page (optional) 1,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code Stephen Spaugh 11572 Fall Creek Rd. Indianapolis, IN 46256	Name of Employer Spaugh & Co Owner	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 600.00	
B. Full Name, Mailing Address and ZIP Code Linn Dunn 70 Winchester Terr Mansfield, OH 44907	Name of Employer Winchester Terrace Administrator	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code Michael Meillier 27 Brand Ave PO Box 445 Faribault, MN 55021	Name of Employer Pleasant Manor Inc Social Services Dir	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 325.00	
D. Full Name, Mailing Address and ZIP Code Kenneth Levering 1076 Cochocton Ave Mt Vernon, OH 43050	Name of Employer Country Court Administrator	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 800.00	
E. Full Name, Mailing Address and ZIP Code Herbert Heflich 33 Union Pl 2nd Flr Summit, NJ 07901	Name of Employer Long Term Care Mgt Co Owner	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code Ernest Dicker 17-20 Whitestone Expressway Whitestone, NY 11357	Name of Employer Clearview Nursing Home Executive Director	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 375.00	
G. Full Name, Mailing Address and ZIP Code Joan White 932 Ward Avenue Ste 430 Honolulu, HI 96814	Name of Employer Healthcare Assoc of Hawaii Vice President	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 1,825.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code Richard G Millar 9403 Mill Brook Rd Louisville, KY 40203 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kentucky Health Care Assn. Occupation State Executive Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Gerald Reilly 2120 State St NE #102 Olympia, WA 98506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Washington Health Care Assoc Occupation Executive Director Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 125.00
C. Full Name, Mailing Address and ZIP Code Jerry Neal 2205 Broadway Mt Vernon, IL 62864 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSI Healthcare Occupation President Aggregate Year-to-Date > \$ 1,100.00	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Travis Tomlinson 613 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mayview Conv Home Inc Occupation Administrator Aggregate Year-to-Date > \$ 1,350.00	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Ruth Braswell 8874 Pacific Ave Riverside, CA 92509 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Vista Pacifica Enterprises Occupation Owner/Administrator Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 1,250.00
F. Full Name, Mailing Address and ZIP Code Jack Friedman 142-27 Franklin Avenue Flushing, NY 11366 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Franklin Nursing Home Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Philip Scalo 175 Bartley Road Jackson, NJ 08527 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bartley Manor Conv & Rehab Center Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	2,875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ron Floyd 505 Robert Rd Slidell, LA 70458	Greenbriar Nursing Home Administrator	10/08/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
James Westbury 892 McDonough Rd Jackson, GA 30233	Westbury Medical Care Home Inc President	10/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432	Hillside Manor Rehab Ctr Executive Director	10/08/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432	Hillside Manor Executive Director	10/08/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008	Health Dimensions Nrsng Home Admin	10/08/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		
Richard Miller PO Box 488 Plymouth, IN 46563	MMM Investment Inc CEO/CFO	10/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
Darrell R. Cammack 1300 Windlass Dr Baltimore, MD 21220	Ivy Hall Geriatric Ctr President	10/08/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		

SUBTOTAL of Receipts This Page (optional) **5,000.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 81

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 Orestis PO Box 140B 179 Lisbon St. Lewiston, ME 04240 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer North Country Associates Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bell Nursing Home Inc Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/08/99	Amount of Each Receipt this Period 125.00
C. Full Name, Mailing Address and ZIP Code Cecil Barcelo 411 Alabama League City, TX 77573 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Baywind Village Occupation Administrator Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/12/99	Amount of Each Receipt this Period 75.00
D. Full Name, Mailing Address and ZIP Code Berry Crow 8628 Campo Rd #T Spring Valley, CA 91977 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Brighton Health Alliance Inc Occupation Administrator Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/12/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Gail Clarkson 64500 Van Dyke Washington, MI 48095 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Medilodge Group Occupation Vice President Aggregate Year-to-Date > \$ 2,155.00	Date (month, day, year) 10/12/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Zaiga Moriarty 5010 S 118th St Ste 250 Omaha, NE 68137 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Vetter Health Services Occupation Operations Supervisor Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/12/99	Amount of Each Receipt this Period 75.00
G. Full Name, Mailing Address and ZIP Code Jack Markovitz P.O. Box 605 Sunset Beach, CA 90742-0605 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JK Health Care Mgmt. Inc. Occupation President Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 10/12/99	Amount of Each Receipt this Period 1,250.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 8 1

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

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

A. Full Name, Mailing Address and ZIP Code Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433	Name of Employer HBA Management Occupation Vice President	Date (month, day, year) 10/12/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309	Name of Employer HBA Corporation Occupation Administrator	Date (month, day, year) 10/12/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Sue Cammack 1300 Windlass Drive Baltimore, MD 21220	Name of Employer Ivy Hill Occupation Administrator	Date (month, day, year) 10/14/99	Amount of Each Receipt this Period 175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 575.00		
D. Full Name, Mailing Address and ZIP Code Dick Stebbins 500 E Whaley Longview, TX 75601	Name of Employer Stebbins Five Companies Occupation Managing Partner	Date (month, day, year) 10/14/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Richard & Jill Mendlen 3333 Camino del Rio South #200 San Diego, CA 92108-3837	Name of Employer Subacute Care of America, Inc Occupation Dir Operations	Date (month, day, year) 10/14/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,600.00		
F. Full Name, Mailing Address and ZIP Code Roch Carter 111 W Michigan St Milwaukee, WI 53203	Name of Employer Unicare Health Facilities Occupation General Counsel	Date (month, day, year) 10/15/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Joseph Martin 105 Dunning Rd Middletown, NY 10940	Name of Employer Middletown Park Manor Occupation Administrator	Date (month, day, year) 10/15/99	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 300.00		

SUBTOTAL of Receipts This Page (optional) 1,100.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER **1181**

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
William Dunn 195 Executive Dr Marion, OH 43302	Marion Manor Nursing Hm Inc	10/15/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 1,400.00	
Alan Solomont 400 Centre Street Newton, MA 22458	Solomont/Bailis Ventures LLC	10/15/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 5,000.00	
Larry Conaway PO Box F Hancock Park Moundsville, WV 26041	Mound View Health Care Inc	10/15/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 500.00	
Kenneth Greiner Box 23017 Oklahoma City, OK 73123	Wilshire Nursing Home	10/15/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
John Wallace 611 W Market St Athens, AL 35611	Athens Nursing Home Inc	10/15/99	164.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Administrator	Aggregate Year-to-Date > \$ 650.00	
Dave Helmsin 2201 K Street PO Box 537004 Sacramento, CA 95853	CAHF	10/15/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Program Director	Aggregate Year-to-Date > \$ 300.00	
Eugene Bishop PO Box 387 Roswell, GA 30077	Health Services Centers	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) **2,364.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 81

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

A. Full Name, Mailing Address and ZIP Code Jan Thayer 404 Woodland Dr Grand Island, NE 68801	Name of Employer Riverside Lodge Occupation Owner/Administrator	Date (month, day, year) 10/18/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,100.00		
B. Full Name, Mailing Address and ZIP Code Daniel Valonc 3706 Church Road Mt. Laurel, NJ 08054	Name of Employer Mt. Laurel Nursing and Rehabilitation Center Occupation Chairman of Board	Date (month, day, year) 10/18/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Larry Bradley 587 Rio Lindo Ave. Chico, CA 95926	Name of Employer Chico Creek Health Care Occupation Administrator	Date (month, day, year) 10/19/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Robert Murtha 580 North Fourth St #620 Columbus, OH 43215	Name of Employer The Macintosh Company Occupation President	Date (month, day, year) 10/19/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code Sally Rapp 5700 Stone Ridge Mall Ste 280 Pleasanton, CA 94588	Name of Employer SR Management Svcs. Inc. Occupation Administrator	Date (month, day, year) 10/19/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
F. Full Name, Mailing Address and ZIP Code Meg Jamison PO Box 360067 Birmingham, AL 35236	Name of Employer CARECORPS Management Corporation Occupation Owner	Date (month, day, year) 10/19/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
G. Full Name, Mailing Address and ZIP Code John W Jamison III PO Box 360057 Birmingham, AL 35236	Name of Employer CARECORPS Management Corporation Occupation President & CEO	Date (month, day, year) 10/19/99	Amount of Each Receipt this Period 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		

SUBTOTAL of Receipts This Page (optional) 3,975.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER **1181**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary Baker 108 Starr Ave. PO Box 1129 Turlock, CA 95381	Bel-Air Lodge Administrator	10/19/99	1,245.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
Cheryl Rapp 1070 Via Traquila Santa Barbara, CA 93110	CARREI President	10/19/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
Leonard Russ 40 Keogh Lane New Rochelle, NY 10805-1397	Bayberry Nursing Home Administrator	10/21/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Michael McBride 101 Grace Drive Easley, SC 29640	Health Management Resources President	10/21/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,800.00		
Warren Wolfson 23200 Chagrin Blvd #BL4-500 Cleveland, OH 44122	Cara Services Associates Administrator	10/21/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Timothy Steffens II 78 Birchwood Drive Huntington Station, NY 11746	Birchwood Nursing Home Administrator	10/22/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
Ernest Dicker 17-20 Whitestone Expressway Whitestone, NY 11357	Clearview Nursing Home Executive Director	10/25/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		

SUBTOTAL of Receipts This Page (optional) **3,945.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 & 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	Date (month, day, year)	Amount of Each Receipt This Period
John Elliot 300 Capitol St. #700 Charleston, WV 25301	AMPN Inc CEO	10/25/99	4,900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sue Cammack 1300 Windlass Drive Baltimore, MD 21220	Ivy Hill Administrator	10/28/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 675.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terry Mundy 2633 W Rumble Rd Modesto, CA 95350	English Oaks Convalescent Hosp Owner/Administrator	10/26/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Sims PO Box 1129 Turlock, CA 95381	Einess CH Administrator	10/28/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,750.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kennon S Shea 75 Court St PO Box U Quincy, CA 95971	California Convalescent Hosp Administrator	10/28/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Branscum 15750 Jay Road Detroit, MI 48228	Fairlane Nursing Center Owner	10/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don Fike 115 East South St. Galesburg, IL 61401	RFMS Inc President	10/29/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (optional) 7,200.00

TOTAL This Period (last page this line number only) 65,214.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 110

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

A. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 14,134.00	10/05/99	2,780.00
B. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer Occupation Aggregate Year-to-Date > \$ 14,138.00	10/19/99	5.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	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	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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

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

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 123 dc, DC 20005	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/99	210.33
Crestar Bank 123 dc, DC 20005	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/99	320.89
Bank of America Washington, DC 20005	Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/99	256.62
Bank of America Washington, DC 20005	Credit Card Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/99	25.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

812.84

TOTAL This Period (last page this line number only)

812.84

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE **7** OF **9**
FOR LINE NUMBER **23**

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

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

SUBTOTAL of Disbursements This Page (optional)

19,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 American Health Care Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Davis for Congress Cmt 3716 West Swann Tampa, FL 33609	Jim Davis, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	500.00
Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Fletcher, U.S. HOUSE KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Randy (Duke) Cunningham #320, 613 W. Valley Pkwy. 117 Cannon House Ofc Bldg Escondido, CA 92025	Randy (Duke) Cunningham, U.S. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Joseph Moakley 1812 Columbia Road 235 Cannon House Ofc Bldg Boston, MA 02127	Joseph Moakley, U.S. HOUSE 9th MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Joseph Moakley 1812 Columbia Road 235 Cannon House Ofc Bldg Boston, MA 02127	Joseph Moakley, U.S. HOUSE 9th MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
People for English P.O. Box 1940 Erle, PA 16512	Philip English, U.S. HOUSE 21st PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Thurman for Congress PO Box 5058 Inverness, FL 34450	Karen Thurman, U.S. HOUSE 5th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Kind for Congress Committee PO Box 184 Lacrosse, WI 54602	Ron Kind, U.S. HOUSE WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	500.00
Doyle for Congress P.O. Box 117426 1218 Longworth HOB Pittsburgh, PA 15235	Mike Doyle, U.S. HOUSE 18th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	500.00
SUBTOTAL of Disbursements This Page (optional)			7,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

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Jim Ramstad Volunteer Cmte. 8120 Penn Ave., S., # 158-A 322 Cannon House Ofc Bldg Bloomington, MN 55431	Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	500.00
Orrin Hatch Presidential Exploratory Committee Inc P.O. Box 1480 Washington, DC 20093	Hatch, PRESIDENT OF U.S. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	500.00
John Shimkus PO Box 5458 Springfield, IL 62705	John Shimkus, IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
People for Pete Domenici 2828 Morningside Dr., N.E. SD-427 Dirksen Senate Ofc Bldg Albuquerque, NM 87110	Pete Domenici, U.S. SENATE NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Friends of John Boehner 7908 Cincinnati-Dayton Rd. 1020 Longworth House Ofc Bldg West Chester, OH 45069	John Boehner, U.S. HOUSE 8th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Friends for Slade Gorton 2386 Eastlake Ave., E., #313 SH-730 Hart Senate Ofc Bldg Seattle, WA 98102	Slade Gorton, U.S. SENATE WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Pallone for Congress Suite 118, 540 Broadway Long Branch, NJ 7740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	500.00
Becerra for Congress P.O. Box 3096 Montebello, CA 90640	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	500.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upton for All of Us Committee P.O. Box 490 St Joseph, MI 49085	Fred Upton, U.S. HOUSE 6th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	500.00
B. Full Name, Mailing Address and ZIP Code Dave Camp for Congress 135 Ashman Midland, MI 48640	Purpose of Disbursement Dave Camp, U.S. HOUSE 4th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code William Goodling RD #8 2263 Rayburn House Ofc Bldg York, PA 17403	Purpose of Disbursement William Goodling, U.S. HOUSE 19th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Ed Bryant 1516 Longworth HOB TN	Purpose of Disbursement Ed Bryant, U.S. HOUSE 7th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Roger Wicker PO Box 874 Tupelo, MS 38802	Purpose of Disbursement Roger Wicker, U.S. HOUSE 1st MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code People with Hart P.O. Box 1940 Erie, PA 16507	Purpose of Disbursement Hart, U.S. HOUSE PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code John Ensign for US Senate PO Box 98407 Las Vegas, NV 89193	Purpose of Disbursement John Ensign, U.S. SENATE NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 2,500.00
H. Full Name, Mailing Address and ZIP Code Baldacci for Congress Committee 9 Palm Street Bangor, ME 04401	Purpose of Disbursement John Baldacci, U.S. HOUSE 2nd ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Stenholm for Congress P.O. Box 1032 Stamford, TX 79553	Purpose of Disbursement Charles Stenholm, U.S. HOUSE 17th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional)

9,000.00

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Blue Dog PAC P.O. Box 7668 Washington, DC 20044	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1899	10/13/99	1,000.00
B. Full Name, Mailing Address and ZIP Code People for Ganske Committee 5907 Grand Avenue Des Moines, IA 50312	Purpose of Disbursement Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Lewis for Congress Committee 1150 Brookside Ave. 2312 Rayburn House Ofc Bldg Redlands, CA 92373	Purpose of Disbursement Jerry Lewis, U.S. HOUSE 40th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Nussle for Congress Committee PO Box 324 Manchester, IA 52057	Purpose of Disbursement Jim Nussle, U.S. HOUSE 2nd IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Castle for Congress Two Mill Rd., Ste. 104 1205 Longworth House Ofc Bldg Wilmington, DE 19806	Purpose of Disbursement Mike Castle, U.S. HOUSE AL DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Stupak for Congress PO Box 143 Menominee, MI 49858	Purpose of Disbursement Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Lois Capps 38 Ivy Street SE Washington, DC 20003	Purpose of Disbursement Capps, U.S. HOUSE CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Crowley for Congress 84-56 Grand Avenue Elmhurst, NY 11373	Purpose of Disbursement Joe Crowley, U.S. HOUSE 7th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Doug Ose for Congress 4013 Park Road Sacramento, CA 95841	Purpose of Disbursement Doug Ose, U.S. HOUSE CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/13/99	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

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

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FOR LINE NUMBER **25**

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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
Reed Committee 200 Midway Rd, Ste 188 Cranston, RI 02920	Jack Reed, U.S. HOUSE 2nd RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	200.00
Republican Majority Fund 505 East Braddock, #402 Alexandria, VA 22314	Nickles, OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Luther for Cong Volunteer Cmt 1399 Geneva Ave., N., #103 1419 Longworth HOB Dakdale, MN 56201	Bill Luther, U.S. HOUSE 5th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	500.00
Mike Thompson 1700 L Street Sacramento, CA 95814	Mike Thompson, GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Nelson for Senate 110-B East Broad Street Falls Church, FL 22048	Nelson, U.S. SENATE FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Thomas Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	-1,000.00
DASHPAC 424 C street NE First Floor Washington, DC 20002	Daschle, DC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00
Friends of John Boehner 7908 Cincinnati-Dayton Rd. 1020 Longworth House Ofc Bldg West Chester, OH 45069	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	-1,000.00
Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

3,700.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/14/99	-1,000.00
Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/14/99	2,500.00
Burr for Congress P.O. Box 4169 Winston-Salem, NC 27115	Richard Burr, U.S. HOUSE 5th NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	5,000.00
Burr for Congress P.O. Box 4169 Winston-Salem, NC 27115	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	-5,000.00
Washington Fund P.O. Box 70513 Washington, DC 20024	Jennifer Dunn's Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	2,000.00
Next Century Fund P.O. Box 9979 Raleigh, NC 27624	Burr, U.S. HOUSE NC Leadership PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	5,000.00
Pirozzi for Congress P. O. Box 16021 Alexandria, VA 22302	Pirozzi, U.S. HOUSE CA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Other	10/20/99	1,000.00
Chabot for Congress 105 West Fourth St, Rm 1133 1641 Longworth HOB Cincinnati, OH 45202	Steve Chabot, U.S. HOUSE 1st OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/99	1,000.00
Citizens for Fogarty P.O. Box 1624 Providence, RI 02901	Fogarty, U.S. HOUSE RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/22/99	250.00

SUBTOTAL of Disbursements This Page (optional)

10,750.00

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

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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
David Price for Congress PO Box 1988 Raleigh, NC 27602	David Price, U.S. HOUSE NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/27/99	500.00
B. Full Name, Mailing Address and ZIP Code Citizens for Olympia Snowe P.O. Box 441 493 Russell SOB Portland, ME 04112	Olympia Snowe, U.S. SENATE ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/27/99	2,000.00
C. Full Name, Mailing Address and ZIP Code Lindsay Graham for Congress PO Box 1155 Seneca, SC 29679	Lindsay Graham, U.S. HOUSE 3rd SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Bush for President, Inc. Post Office Box 1902 Austin, TX 78767	BUSH, PRESIDENT OF U.S. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Roy Blunt 2740-B East Sunshine Street Springfield, MO 65804	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	-500.00
F. Full Name, Mailing Address and ZIP Code Rangel for Congress Committee 74 West 132nd St 2252 Rayburn House Ofc Bldg New York, NY 10037	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	-1,000.00
G. Full Name, Mailing Address and ZIP Code Becerra for Congress P.O. Box 3096 Montebello, CA 90640	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	-500.00
H. Full Name, Mailing Address and ZIP Code Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	-1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Joe Barton PO Box 1444 Ennis, TX 75120	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	-1,000.00

SUBTOTAL of Disbursements This Page (optional)	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 5 OF 9
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff Bingaman for US Senate PO Box 5775 SH-110 Hart Senate Ofc Bldg Santa Fe, NM 87502	Jeff Bingaman, U.S. SENATE NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	250.00
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 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	250.00
Nelson for Senate 110-B East Broad Street Falls Church, FL 22046	Nelson, U.S. SENATE FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	250.00
Robb for Senate Committee PO Box 9903 SR-483 Russell Senate Ofc Bldg McLean, VA 22102-0903	Charles Robb, U.S. SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	250.00
Mainstream America PAC P.O. Box 4287 Baton Rouge, LA 70821	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/29/99	250.00
Friends of George Allen PO Box 573 Richmond, VA 23218	Allen, U.S. SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	1,000.00
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	1,000.00
Jim Ramstad Volunteer Cmte. 8120 Penn Ave., S., # 166-A 322 Cannon House Ofc Bldg Bloomington, MN 55431	Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	1,000.00
Bank of America Washington, DC 20005	Amex Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/99	672.95

SUBTOTAL of Disbursements This Page (optional)	4,922.95
TOTAL This Period (last page this line number only)	69,872.95

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 11-18-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>ses</i> PREPARER	11-18-99 DATE PREPARED