REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
201 L Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 10 2 30 PM '99

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

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

Monthly Report Due On:

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 08/01/99 through 08/31/99		
6. (a) Cash on Hand January 1, 1999		$ 84,248.97
(b) Cash on Hand at Beginning of Reporting Period	$ 102,183.72	
(c) Total Receipts (from Line 19)	$ 23,929.03	$ 306,643.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 126,112.75	$ 390,892.04
7. Total Disbursements (from Line 30)	$ 6,041.80	$ 270,821.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 120,070.95	$ 120,070.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

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

Type or Print Name of Treasurer
Anna Lee, PAC Director

Signature of Treasurer: Anna Lee

Date: 9-10-99

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

FEC FORM 3X
(revised 8/93)

6-20173

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

(revised 1/1/91)

NAME OF COMMITTEE: American Health Care Association Political Action Committee

REPORT COVERING PERIOD FROM: 08/01/99 TO: 08/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	18,024.70	265,539.62	11(a)(i)
ii. Unitemized	5,756.85	36,285.43	11(a)(ii)
iii. Total (add i and ii) ➤	23,781.55	301,825.05	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	2,500.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	23,781.55	304,325.05	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,125.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	147.48	1,193.02	17
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	23,929.03	306,643.07	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	23,929.03	306,643.07	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	791.80	5,714.96	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	791.80	5,714.96	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	20,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,250.00	238,481.13	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	1,625.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	1,625.00	28(d)
29. Other Disbursements	0.00	5,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,041.80	270,821.09	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,041.80	270,821.09	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	23,781.55	304,325.05	32
33. Total Contribution Refunds (from line 28d)	0.00	1,625.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	23,781.55	302,700.05	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	791.80	5,714.96	35
36. Offsets to Operating Expenditures (from line 15)	0.00	1,125.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	791.80	4,589.96	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 8

FOR LINE NUMBER 11 B1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dandridge Walton PO Box 79 Frankfort, KY 40602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Attorney At Law Occupation: Attorney Aggregate Year-to-Date > $ 250.00	08/02/99	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William R Abrams 2131 Rt 33 Lexington Square Hamilton, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NJ Assn of Health Care Facilities Occupation: Aggregate Year-to-Date > $ 376.00	08/02/99	125.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Meg Jamison PO Box 360067 Birmingham, AL 35236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CARECORPS Management Corporation Occupation: Owner Aggregate Year-to-Date > $ 3,750.00	08/03/99	1,250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John W Jamison III PO Box 360067 Birmingham, AL 35236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CARECORPS Management Corporation Occupation: President & CEO Aggregate Year-to-Date > $ 3,750.00	08/03/99	1,250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kennon S Shea 75 Court St PO Box U Quincy, CA 95971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	California Convalescent Hosp Occupation: Administrator Aggregate Year-to-Date > $ 225.00	08/05/99	75.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Reynaldo Lapid 1931 Lakewood Rd Toms River, NJ 08755 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Green Acres Manor Occupation: Owner Aggregate Year-to-Date > $ 375.00	08/06/99	125.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Corporation Occupation: Administrator Aggregate Year-to-Date > $ 750.00	08/06/99	250.00

SUBTOTAL of Receipts This Page (optional)	3,325.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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

A. 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
Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HBA Management Occupation: Vice President Aggregate Year-to-Date > $ 375.00	08/06/99	125.00
B. 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
Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 669.22	08/10/99	19.23
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
John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 585.00	08/10/99	41.50
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
Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Exec VP Aggregate Year-to-Date > $ 2,884.53	08/10/99	192.31
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
David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: VP Regulatory Aggregate Year-to-Date > $ 269.36	08/10/99	19.24
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
Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 570.00	08/10/99	38.00
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
Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 688.45	08/10/99	19.23

SUBTOTAL of Receipts This Page (optional)	454.51
TOTAL This Period (last page this line number only)	

4-80173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date $ 230.79	08/10/99	76.93
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date $ 626.50	08/10/99	41.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Exec VP Aggregate Year-to-Date $ 3,076.94	08/10/99	192.31
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: VP Regulatory Aggregate Year-to-Date $ 288.60	08/10/99	19.24
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date $ 608.00	08/10/99	38.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dick Stebbins 800 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Five Companies Occupation: Managing Partner Aggregate Year-to-Date $ 400.00	08/10/99	400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Brian Causey 7736 US Hwy 165 Columbia, LA 71418 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Haven Health Systems Occupation: Administrator Aggregate Year-to-Date $ 500.00	08/10/99	500.00

SUBTOTAL of Receipts This Page (optional) 1,267.98

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

4-00170

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 8

FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Reilly 2120 State St NE #102 Olympia, WA 98506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Health Care Assoc Executive Director Aggregate Year-to-Date > $ 375.00	08/10/99	125.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Tim Blythe 7 Minnesota St Edwardsville, IL 62025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Springwood Associates VP, Legislative Affairs Aggregate Year-to-Date > $ 225.00	08/10/99	225.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Ramsey 12 Riverwood DRive York, ME 03909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Edgewood Center Owner/Administrator Aggregate Year-to-Date > $ 1,250.00	08/11/99	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary Flynn 40 White Hall Road Rochester, NH 03867 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rochester Manor Administrator Aggregate Year-to-Date > $ 350.00	08/12/99	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Tony Stanley 14545 Shire Ct. Novelty, OH 44072 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Administrator Aggregate Year-to-Date > $ 240.00	08/13/99	240.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Larry Juhl 104 Glen Oaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GlenOaks Care Center Administrator Aggregate Year-to-Date > $ 600.00	08/16/99	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Toni Fatone 99 East River Drive 8th Floor East Hartford, CT 06108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CT Assn of HC Facilities Executive Vice President Aggregate Year-to-Date > $ 850.00	08/16/99	100.00

SUBTOTAL of Receipts This Page (optional) 890.00

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

4-00171

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Terry Mundy 2633 W Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: English Oaks Convalescent Hosp Occupation: Owner/Administrator Aggregate Year-to-Date > $ 750.00	08/16/99	250.00
B. William Levering 4 New Market Dr Delaware, OH 43015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Delaware Court Health Care Ctr Occupation: Administrator Aggregate Year-to-Date > $ 400.00	08/16/99	400.00
C. H David Hennis 1720 Cross St Dover, OH 44622 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hennis Care Centre Occupation: Asst Administrator Aggregate Year-to-Date > $ 400.00	08/17/99	400.00
D. Richard Rau 3939 S. 92nd St. Greenfield, WI 53228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Clement Manor Health Center Occupation: Aggregate Year-to-Date > $ 1,775.00	08/17/99	1,400.00
E. Sally Gearhart-Schnabel 2200 Jackson AVENUE Seaford, NY 11783 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Crown Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 925.00	08/19/99	500.00
F. Delta Holloway 2303 Park Ave. Burley, ID 83318 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Parkview Care & Rehab Occupation: Aggregate Year-to-Date > $ 5,000.00	08/19/99	2,500.00
G. Keith Holloway 1475 N Cole Rd Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Western Health Care Corp Occupation: Administrator Aggregate Year-to-Date > $ 3,750.00	08/19/99	2,500.00

SUBTOTAL of Receipts This Page (optional) 7,950.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Charles Harris 833 Broadway East Providence, RI 02914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harris Health Center Occupation: Owner/Administrator Aggregate Year-to-Date $ 800.00	08/19/99	300.00
B. James A Carlson 15895 SW 72nd Ave #250 Portland, OR 97224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oregon Health Care Assn Occupation: Executive Director Aggregate Year-to-Date $ 900.00	08/19/99	400.00
C. Blaine Hendrickson PO Box 7 PO Box 7 Rancho Mirage, CA 92270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Legacy Healthcare Occupation: Aggregate Year-to-Date $ 1,500.00	08/19/99	400.00
D. Solanges Vivens 2601 18th St NE Washington, DC 20018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Ctr for Aging Svc Occupation: Executive Director Aggregate Year-to-Date $ 800.00	08/19/99	800.00
E. Rod Betit Salt Lake City, UT Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Utah Health Care Occupation: Director Aggregate Year-to-Date $ 400.00	08/20/99	400.00
F. Roch Carter 111 W Michigan St Milwaukee, WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unicare Health Facilities Occupation: General Counsel Aggregate Year-to-Date $ 375.00	08/23/99	125.00
G. Coy Williamson 165 Winston Drive Athens, GA 30607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grandview Care Center Occupation: President/Owner Aggregate Year-to-Date $ 375.00	08/23/99	125.00

SUBTOTAL of Receipts This Page (optional) 2,550.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bill Phelan 307 Westpark Ave. PO Box 1459 Tallahassee, FL 32301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Florida Health Care Assn Executive Director Aggregate Year-to-Date $ 1,200.00	08/24/99	200.00
B. Robert Asztalos 307 Westpark Ave. PO Box 1459 Tallahassee, FL 32301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Florida Health Care Assn. Lobbyist Aggregate Year-to-Date $ 247.70	08/24/99	100.00
C. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Hm Inc Administrator Aggregate Year-to-Date $ 1,150.00	08/25/99	250.00
D. Kim Gallina 1400 8th Avenue Union Grove, WI 53182 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oak Ridge Care Center Occupation Aggregate Year-to-Date $ 500.00	08/30/99	500.00
E. Robert Asztalos 307 Westpark Ave. PO Box 1459 Tallahassee, FL 32301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Florida Health Care Assn. Lobbyist Aggregate Year-to-Date $ 297.70	08/30/99	50.00
F. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Chief Economist Aggregate Year-to-Date $ 707.68	08/31/99	19.23
G. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 307.72	08/31/99	76.93

SUBTOTAL of Receipts This Page (optional)	1,196.16
TOTAL This Period (last page this line number only)	

4-00133

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 8 OF 8

FOR LINE NUMBER 11 a1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date > $ 668.00	08/31/99	41.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Exec VP Aggregate Year-to-Date > $ 3,269.25	08/31/99	192.31
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA VP Regulatory Aggregate Year-to-Date > $ 307.84	08/31/99	19.24
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Vice President, Administration Aggregate Year-to-Date > $ 646.00	08/31/99	38.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	291.05
TOTAL This Period (last page this line number only)	18,024.70

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11C

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 3,550.00	08/06/99	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 3,600.00	08/06/99	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 3,650.00	08/06/99	50.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 3,700.00	08/06/99	50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 3,750.00	08/06/99	50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 3,800.00	08/06/99	50.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 3,850.00	08/06/99	50.00

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11U

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 4,050.00	08/06/99	200.00
B. Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 4,100.00	08/06/99	50.00
C. Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 4,150.00	08/06/99	50.00
D. Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 4,350.00	08/06/99	200.00
E. Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 4,450.00	08/06/99	100.00
F. Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 4,600.00	08/06/99	150.00
G. Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 8,204.00	08/13/99	3,604.00

SUBTOTAL of Receipts This Page (optional)	4,354.00
TOTAL This Period (last page this line number only)	4,704.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
4922 Fairmont Ave Bethesda, MD 20814	Rosimore	08/31/99	47.85
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 357.17		

B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 85024 Richmond, VA 23285-5024	Crestar Bank	08/31/99	94.63
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 773.70		

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional)	142.48
TOTAL This Period (last page this line number only)	142.48

4-00173

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 9-10-99
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JGr	9-10-99
PREPARER	DATE PREPARED

(4/98)