REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUN 12 A 9:26

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

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

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

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 05/01/00 through 05/31/00		
6. (a) Cash on Hand January 1, 2000		$ 106,333.90
(b) Cash on Hand at Beginning of Reporting Period	$ 105,504.74	
(c) Total Receipts (from Line 19)	$ 16,709.77	$ 162,440.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 122,214.51	$ 268,774.83
7. Total Disbursements (from Line 30)	$ 60,721.29	$ 207,281.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 61,493.22	$ 61,493.22
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 & Assistant Treasurer

Signature of Treasurer: Anna Lee

Date: 6-12-2000

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

FEC FORM 3X
(revised 9/99)

4-09/99

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: 05/01/00 TO: 05/31/00

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8,139.16	131,958.96	11(a)(i)
ii. Unitemized	3,414.14	19,803.16	11(a)(ii)
iii. Total (add i and ii) ➤	11,553.30	151,762.12	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	5,000.00	5,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	16,553.30	156,762.12	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	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	5,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	156.47	678.81	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) ➤	16,709.77	162,440.93	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	16,709.77	162,440.93	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	873.48	2,618.11	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	873.48	2,618.11	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	59,847.81	204,663.50	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	0.00	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	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	60,721.29	207,281.61	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	60,721.29	207,281.61	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	16,553.30	156,762.12	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,553.30	156,762.12	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	873.48	2,618.11	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	873.48	2,618.11	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

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
Vencor PAC 3300 Providian 400 West Market Louisville, KY 40202		05/02/00	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	5,000.00

4-20178

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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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. Zoe Bolton 636 120th Avenue NE Bellevue, WA 98005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Computer Systems Occupation: Vice President Aggregate Year-to-Date > $ 300.00	05/01/00	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 > $ 600.00	05/01/00	100.00
C. Theodore Lee 700 Hanover St Manchester, NH 03110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanover Hill Health Care Occupation: President Aggregate Year-to-Date > $ 600.00	05/01/00	100.00
D. Blaine Hendrickson PO Box 7 Rancho Mirage, CA 92270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Legacy Healthcare Occupation: CEO Aggregate Year-to-Date > $ 600.00	05/01/00	100.00
E. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Conv Home Inc Occupation: Administrator Aggregate Year-to-Date > $ 600.00	05/01/00	100.00
F. William R Abrams 2131 Rt 33 Lexington Square Hamilton, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NJ Assn of Health Care Facilities Occupation: Aggregate Year-to-Date > $ 500.00	05/01/00	250.00
G. Donald Franco 274 Hemingway Ave East Haven, CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Paragon Group Inc. Occupation: President Aggregate Year-to-Date > $ 250.00	05/02/00	250.00

SUBTOTAL of Receipts This Page (optional) 1,200.00

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 11a I

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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. Jerry Neal 2205 Broadway Mt Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DSI Healthcare Occupation: President Aggregate Year-to-Date > $ 500.00	05/02/00	250.00
B. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 892.37	05/03/00	76.93
C. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Director, Assisted Living Aggregate Year-to-Date > $ 226.00	05/03/00	25.00
D. 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 > $ 342.00	05/03/00	38.00
E. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 373.50	05/03/00	41.50
F. Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Senior Director Aggregate Year-to-Date > $ 300.06	05/03/00	33.34
G. 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 > $ 1,730.79	05/03/00	192.31

SUBTOTAL of Receipts This Page (optional) 857.08

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

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HBA Management Occupation: Vice President Aggregate Year-to-Date > $ 250.00	05/03/00	125.00
B. Barton D. Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HBA Corporation Occupation: President Aggregate Year-to-Date > $ 500.00	05/03/00	250.00
C. Daniel Veloric 3706 Church Road Mt. Laurel, NJ 08054 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mt. Laurel Nursing and Rehabilitation Center Occupation: Chairman of Board Aggregate Year-to-Date > $ 350.00	05/03/00	100.00
D. 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 > $ 450.00	05/03/00	200.00
E. Dennis Anderson 4800 W. 57th St. PO Box 5038 Sioux Falls, SD 57117-5038 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Evangelical Lutheran Good Samaritan Society Occupation: VP Finance Aggregate Year-to-Date > $ 600.00	05/03/00	100.00
F. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date > $ 550.00	05/03/00	300.00
G. Howard Groff 9031 Penn. Ave. South Bloomington, MN 55431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tealwood Care Centers Inc Occupation: President Aggregate Year-to-Date > $ 250.00	05/03/00	125.00

SUBTOTAL of Receipts This Page (optional) 1,200.00

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

6-00175

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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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. Jack Vetter 5020 South 118th St. Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vetter Health Services Occupation: Administrator Aggregate Year-to-Date > $ 1,000.00	05/04/00	500.00
B. Blaine Hendrickson PO Box 7 Rancho Mirage, CA 92270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Legacy Healthcare Occupation: CEO Aggregate Year-to-Date > $ 1,600.00	05/04/00	1,000.00
C. Neil Chur 300 Glead Ave, East Aurora, NY 14052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chur Properties Inc. Occupation: President Aggregate Year-to-Date > $ 1,000.00	05/08/00	500.00
D. Faroop Khan 163 Quinnipiac Ave North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Montower Health Care Ctr Occupation: President Aggregate Year-to-Date > $ 525.00	05/09/00	400.00
E. Joan Gallegos 4190 S. Highland Dr. #113 Salt Lake City, UT 84124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Utah Health Care Assn Occupation: Executive Director Aggregate Year-to-Date > $ 400.00	05/10/00	300.00
F. Gerald Reilly 2120 State St NE #102 Olympia, WA 98506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Health Care Assoc Occupation: Executive Director Aggregate Year-to-Date > $ 350.00	05/10/00	100.00
G. Leonard Russ 40 Keogh Lane New Rochelle, NY 10805-1397 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bayberry Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 250.00	05/11/00	125.00

SUBTOTAL of Receipts This Page (optional) 2,925.00

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

4-09179

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a I

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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. Kenneth Morris 401 Snyder Ave Barberton, OH 44203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant View Health Care Occupation: Administrator Aggregate Year-to-Date > $ 250.00	05/11/00	125.00
B. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Occupation: GovRel Consultant Aggregate Year-to-Date > $ 2,000.00	05/16/00	1,000.00
C. Jan Thayer 404 Woodland Dr Grand Island, NE 68801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverside Lodge Occupation: Owner/Administrator Aggregate Year-to-Date > $ 500.00	05/17/00	250.00
D. Jason Harris 833 Broadway East Providence, RI 02914 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Harris Health Center Occupation: Owner/Administrator Aggregate Year-to-Date > $ 375.00	05/22/00	125.00
E. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 769.30	05/30/00	76.93
F. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Director, Assisted Living Aggregate Year-to-Date > $ 250.00	05/30/00	25.00
G. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 380.00	05/30/00	38.00

SUBTOTAL of Receipts This Page (optional) 1,639.93

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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

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 Occupation: Lobbyist Aggregate Year-to-Date $ 415.00	05/30/00	41.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Senior Director Aggregate Year-to-Date $ 333.40	05/30/00	33.34
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 $ 1,923.10	05/30/00	192.31
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Berry Crow 9628 Campo Rd #T Spring Valley, CA 91977 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brighton Health Alliance Inc Occupation: President Aggregate Year-to-Date $ 500.00	05/30/00	260.00
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)	517.15
TOTAL This Period (last page this line number only)	6,139.16

4-00:70

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	Date (month, day, year)	Amount of Each Receipt this Period
4922 Fairmont Ave Bethesda, MD 20814	Occupation Rushmore	05/31/00	64.60
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 292.99		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
730 15th Street 2nd Floor Washington, DC 20005	Occupation	05/31/00	81.21
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 352.63		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 145.81

TOTAL This Period (last page this line number only) 145.81

4-00179

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21B

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	Bank Fees	05/01/00	287.71
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 123 dc, DC 20005	Lockbox fee	05/09/00	259.86
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	Account analysis charge	05/22/00	15.94
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	Account Analysis Charge	05/22/00	268.52
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	American Express Fees	05/31/00	30.45
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 123 dc, DC 20005	Account maintenance fee	06/31/00	11.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	873.48
TOTAL This Period (last page this line number only)	873.48

4-00173

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Nelson 2000 PO Box 241584 Omaha, NE	Nelson , U.S. SENATE NE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/09/00	2,600.00
B. Nelson 2000 PO Box 241584 Omaha, NE	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/09/00	-2,500.00
C. Nelson 2000 PO Box 241584 Omaha, NE	Nelson , U.S. SENATE NE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/09/00	2,500.00
D. Berkley for Congress PO Box 7397 Las Vegas, NV 89125	Shelley Berkley, U.S. HOUSE NV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/10/00	1,000.00
E. Committee to Re-Elect Ed Towns to Congress 821 Stuyvesant Avenue Brooklyn, NY 11233	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/10/00	1,000.00
F. Nelson 2000 PO Box 241584 Omaha, NE	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/10/00	-2,500.00
G. National Republican Congressional Committee 320 First St., S.E. Washington, DC 20003	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/15/00	5,000.00
H. National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/15/00	10,000.00
I. Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/15/00	10,000.00

SUBTOTAL of Disbursements This Page (optional) 27,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Hillary Clinton for Seante 1730 M Street NW Suite 413 Washington, DC 20036	Clinton , U.S. SENATE NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/16/00	2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Clement 1230 Longworth House Ofc Bldg TN	Bob Clement, U.S. HOUSE 5th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/17/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Tiberi 2000 2021 E. Durbin Granville Rd. Suite 2000 Columbus, OH 43229	Tiberi , U.S. HOUSE 12th OH Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/17/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Robb for Senate Committee 424 C St. NE, 1st Floor Washington, DC 20002	Charles Robb, U.S. SENATE VA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/19/00	2,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Buyer for Congress Committee 103 W. Broadway 1419 Longworth House Ofc Bldg Monticello, IN 47960	Steve Buyer, U.S. HOUSE 5th IN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Rothman for Congress Inc PO Box 714 Hackensack, NJ 7602	Steve Rothman, U.S. HOUSE NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Majority Leader's Fund 209 Pennsylvania Ave. SE Washington, DC 20003	Dick Armey's PAC Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/23/00	2,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Ed Towns to Congress 321 Stuyveeant Avenue Brooklyn, NY 11233	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Ashcroft for Senate P.O. Box 15577 705 Hart SOB Clayton, MO 63105	John Ashcroft, U.S. SENATE MO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)	12,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lois Capps 38 Ivy Street SE Washington, DC 20003	Capps, U.S. HOUSE CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Reynolds for Congress PO Box 479 Victor, NY 14564	Tom Reynolds, U.S. HOUSE NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
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: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Dave Camp for Congress 135 Ashman Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Zimmer for Congress 3131 Princeton Pike 228 Cannon House Ofc Bldg Lawrenceville, NJ 08648	Richard Zimmer, U.S. HOUSE 12th NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Rangel for Congress Committee 74 West 132nd St 2252 Rayburn House Ofc Bldg New York, NY 10037	Charles Rangel, U.S. HOUSE 15th NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Maloney for Congress 185 Main St. Danbury, CT 06810	James Maloney, U.S. HOUSE CT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Hulshof for Congress 1005 Cherry Street, Suite 203 Columbia, MO 65201	Kenny Hulshof, U.S. HOUSE MO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)	6,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Durbin for Congress Cmte PO BOX 1949 Springfield, IL 62704	Richard Durbin, U.S. HOUSE 20th IL Primary [ ] General [X] Other (specify) 2000	05/23/00	1,000.00
B. Congressional Majority Committee PAC 555 13th Street NW 500W Washington, DC 20004	Bill Thomas Leadership PAC Primary [ ] General [ ] Other (specify) 2000	05/23/00	2,000.00
C. Billy Tauzin Committee PO Box 1407 Thibodaux, LA 70302	Billy Tauzin, U.S. HOUSE 3rd LA Primary [ ] General [X] Other (specify) 2000	05/23/00	1,000.00
D. Nussle for Congress Committee PO Box 324 Manchester, IA 52057	Jim Nussle, U.S. HOUSE 2nd IA Primary [ ] General [X] Other (specify) 2000	05/23/00	1,000.00
E. Anne Northup for Congress PO Box 7313 Louisville, KY 40257	Anne Meagher Northup, U.S. HOUSE KY Primary [ ] General [X] Other (specify) 2000	05/23/00	1,000.00
F. Mike Thompson 1700 L Street Sacramento, CA 95814	Mike Thompson, CA US House 1st Primary [ ] General [X] Other (specify) 2000	05/23/00	500.00
G. 2000 Republican House-Senate Dinner PO Box 1721 Washington, DC 20013	Republican House-Senate Dinner Primary [ ] General [ ] Other (specify) 2000	05/23/00	5,000.00
H. Bush for President, Inc. Post Office Box 1902 Austin, TX 78767	Bush, PRESIDENT OF U.S. Primary [X] General [ ] Other (specify) 2000	05/23/00	1,000.00
I. Capitol Hill Club 300 First Street SE Washington, DC 20003	Kind Breakfast Primary [ ] General [X] Other (specify) 2000	05/23/00	347.81 (In-Kind)

SUBTOTAL of Disbursements This Page (optional) 12,647.81

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Whitfield for Congress PO Box 391 Hopkinsville, KY 42241	Kind Breakfast Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/23/00	347.81 (Memo In-Kind)
B. Mike Simpson for Congress 131 North Oak Street Blacksford, ID	Mike Simpson, U.S. HOUSE ID Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/31/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	59,847.81

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 6-12-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

[illegible]	6-12-00
PREPARER	DATE PREPARED

(4/98)