REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEB 1 2 43 PM '99

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

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

1201 L Street, NW

CITY, STATE and ZIP CODE

Washington, DC 20005

2. FEC IDENTIFICATION NUMBER

C-0000-6080

3. [X] This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- [X] 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 preceeding _____ (Type of Election)

election on _____ in the State of _____

☐ Thirtieth day report following the General Election on

_____ in the State of _____

(b) Is this Report an Amendment ? ☐ YES [X] NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/24/98 through 12/31/98		
6. (a) Cash on Hand January 1, 1998		$ 103,778.00
(b) Cash on Hand at Beginning of Reporting Period	$ 77,757.10	
(c) Total Receipts (from line 19)	$ 22,143.48	$ 549,046.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 99,900.58	$ 652,824.73
7. Total Disbursements (from Line 30)	$ 15,742.64	$ 568,666.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 84,157.94	$ 84,157.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

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

Type or Print Name Of Treasurer

~~Paul Willging, Pad~~ Anna Lee PAC-Director

Signature of Treasurer

Date 1-31-99

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 9/93)

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

Revised (1/1/97)

NAME OF COMMITTEE: American Health Care Association Political Action Committee

REPORT COVERING PERIOD FROM: 11/24/98 TO: 12/31/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	20,152.96	457,037.09
i. Itemized (Use Schedule A)	1,753.66	80,756.09
ii. Unitemized	21,906.62	537,793.18
iii. 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)	21,906.62	542,793.18
d. Total Contributions (add iiii,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	0.00	1,776.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,500.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	236.86	2,977.55
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	22,143.48	549,046.73
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	22,143.48	549,046.73
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	1,842.64	8,356.66
b. Other Federal Operating Expenditures	1,842.64	8,356.66
c. Total Operating Expenditures (Add ai,aii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	13,600.00	550,528.86
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:	300.00	8,088.00
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	300.00	8,088.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	1,693.27
29. Other Disbursements	15,742.64	568,666.79
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	15,742.64	568,666.79
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >		

III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	21,906.62	542,793.18
33. Total Contribution Refunds (from line 28d)	300.00	8,088.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	21,606.62	534,705.18
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	1,842.64	8,356.66
36. Offsets to Operating Expenditures (from line 15)	0.00	1,776.00
37. Net Operating Expenditures (subtract line 36 from 35) >	1,842.64	6,580.66

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

PAGE 1 OF 5

FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. John Peach PO Box 12957 Alexandria, LA 71315	The Management Co Inc VP Administration	11/24/98	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
B. Rebecca Estes 931 Fairfax Park Tuscaloosa, AL 35406	Northport Health Services Inc. Owner	11/25/98	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
C. Cecil Barcelo 411 Alabama League City, TX 77573	Baywind Village Administrator	11/30/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
D. Nussle for Congress Committee Box 324 Manchester, IA 52057	Refund	12/01/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
E. Joseph Donchess 7844 Office Park Blvd Baton Rouge, LA 70809	Louisiana Nursing Home Assn Executive Director	12/01/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
F. Dick Stebbins 600 E Whaley Longview, TX 75601	Stebbins Five Companies Managing Partner	12/07/98	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
G. Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342	RETIRED	12/07/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 7,450.00

TOTAL this Period (Last page this line number only) ..... >

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Deane PAYROLL DEDUCTION Washington, AH 20005	AHCA Chief Economist	12/08/98	38.46
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 661.52		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Asztalos PAYROLL DEDUCTION Washington, AH 20005	AHCA Lobbyist	12/08/98	39.08
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 460.96		
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	AHCA Exec VP	12/08/98	384.60
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 4,615.20		
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	AHCA VP Regulatory	12/08/98	38.46
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 461.76		
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	AHCA Vice President, Administration	12/08/98	76.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,024.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert M Coury Two Berea Commons #1 Berea, OH 44017	Aristocrat Berea Administrator	12/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Louis E Cottrell Jr PO Box 189 Killen, AL 35645	Lauderdale Christian NH Administrator	12/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 1,076.62

TOTAL this Period (Last page this line number only) ..... >

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

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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. James Ayers, PO Box 217, Parsons, TN 38363	American Health Centers, Inc. / President	12/17/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
B. Dennis Anderson, 4800 W. 57th St., PO Box 5038, Sioux Falls, SD 57117-5038	The Evangelical Lutheran Good Samaritan Society / VP Finance	12/21/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 600.00		
C. William McReynolds, 1430 Larimer St #300, Denver, CO 80202	LTC Health Care Services Inc / President	12/22/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
D. Jack Markovitz, P.O. Box 605, Sunset Beach, CA 90742-0605	JK Health Care Mgmt. Inc. / President	12/23/98	2,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
E. Rick Carter, 2850 Metro Dr #200, Bloomington, MN 55425	Care Providers of Minnesota / Occupation	12/24/98	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,100.00		
F. Alfred Santos, 57 Kilvert Street, Suite 200, Warwick, RI 02886	Rhode Island Healthcare Assn / Executive Director	12/24/98	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
G. Edward Stafford, 33 Elk Street Ste 300, Albany, NY 12207	NYS Health Facilities Assn / Director	12/26/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 6,575.00

TOTAL this Period (Last page this line number only) ..... >

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 5
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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. J Robert Wilson 947 Worthington Circle Ft Collins, CO 80526 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Columbine Mgmt. Svcs. President Aggregate Year-to-date > $ 5,000.00	12/26/98	1,750.00
B. John Vivenzio 303 East River Road Oswego, NY 13126 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Pontiac Nursing Home Administrator Aggregate Year-to-date > $ 300.00	12/26/98	150.00
C. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	AHCA Chief Economist Aggregate Year-to-date > $ 699.98	12/26/98	38.46
D. Robert Asztalos PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	AHCA Lobbyist Aggregate Year-to-date > $ 500.00	12/26/98	39.04
E. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	AHCA Exec VP Aggregate Year-to-date > $ 4,999.80	12/26/98	384.60
F. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	AHCA VP Regulatory Aggregate Year-to-date > $ 500.00	12/26/98	38.24
G. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	AHCA Vice President, Administration Aggregate Year-to-date > $ 1,100.00	12/26/98	76.00

SUB TOTAL of Receipts This Page (Optional) ..... > 2,476.34

TOTAL this Period (Last page this line number only) ..... >

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	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. Michael Hanum, 1501 42nd St, West Des Moines, IA 50266	Hawkeye Care Centers Inc / President	12/26/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,300.00		
B. Michael Riley, 824 S 59th St, Belleville, IL 62223	Professional Therapy Services / President	12/30/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,250.00		
C. Zaiga Moriarty, 5010 S 118th St Ste 250, Omaha, NE 68137	Vetter Health Services / Operations Supervisor	12/30/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
D. Steven Chies, 9920 Zilla Street NW, Coon Rapids, MN 55433	Care Paradigm Management / President	12/31/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,400.00		
E. Jean Wells, 725 Harvard Drive, Owensboro, KY 42301	Wells Health Systems / Owner	12/31/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 3,880.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) ..... > 2,575.00

TOTAL this Period (Last page this line number only) ..... > 20,152.96

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

PAGE 1 OF 2

FOR LINE NUMBER 11 a ii

SCHEDULE A ITEMIZED RECEIPTS

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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
Dollars Received from Multi-Individuals , DC		12/16/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,280.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals -, DC		12/16/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,380.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		12/16/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,480.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		12/16/98	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,505.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		12/16/98	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,555.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		12/16/98	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,580.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		12/16/98	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,605.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	425.00
TOTAL this Period (Last page this line number only) ..... >	

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

SCHEDULE A ITEMIZED RECEIPTS

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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
Dollars Received from Multi-Individuals , DC		12/16/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,705.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		12/16/98	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,730.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		12/16/98	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,755.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		12/16/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,855.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		12/16/98	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,880.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		12/16/98	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 11,905.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals , DC		12/23/98	238.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 12,143.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	538.00
TOTAL this Period (Last page this line number only) ..... >	963.00

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

SCHEDULE A ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code PO Box 85024 Richmond, VA 23285	Name of Employer Occupation	Date (Month day, Year) 11/30/98	Amount of Each Receipt this Period 15.94
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 244.68		
B. Full Name, Mailing Address and Zip Code PO Box 85024 Richmond, VA 23285-5024	Name of Employer Occupation Crestar Bank	Date (Month day, Year) 11/30/98	Amount of Each Receipt this Period 130.64
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,145.67		
C. Full Name, Mailing Address and Zip Code 4922 Fairmont Ave Bethesda, MD 20814	Name of Employer Occupation Rushmore	Date (Month day, Year) 11/30/98	Amount of Each Receipt this Period 44.29
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 541.21		
D. Full Name, Mailing Address and Zip Code 4922 Fairmont Ave Bethesda, MD 20814	Name of Employer Occupation Rushmore	Date (Month day, Year) 12/31/98	Amount of Each Receipt this Period 43.35
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 584.56		
E. Full Name, Mailing Address and Zip Code PO Box 85024 Richmond, VA 23285	Name of Employer Occupation	Date (Month day, Year) 12/31/98	Amount of Each Receipt this Period 2.64
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 247.32		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	236.86
TOTAL this Period (Last page this line number only) ..... >	236.86

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Banking Fee Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year) 11/30/98	Amount of Each Disb. this Period 470.17
B. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Credit Card Fee Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year) 11/30/98	Amount of Each Disb. this Period 296.83
C. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement AMEX FEE Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year) 11/30/98	Amount of Each Disb. this Period 401.36
D. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Service Charge Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year) 12/31/98	Amount of Each Disb. this Period 672.83
E. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Amex charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year) 12/31/98	Amount of Each Disb. this Period 1.45
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	1,842.64
TOTAL this Period (Last page this line number only) ..... >	1,842.64

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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	Date (Month day, Year)	Amount of Each Disb. this Period
John McHugh for congress 683 S. Hamilton St. 416 Cannon House Ofc Bldg Watertown, NY 13601	Voided Check Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	11/24/98	-1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Walsh for Congress Committee P.O. Box 1974 1330 Longworth House Ofc Bldg Syracuse, NY 13201	Voided Check Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	11/24/98	-1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
John McHugh for congress 683 S. Hamilton St. 416 Cannon House Ofc Bldg Watertown, NY 13601	John McHugh, U.S. HOUSE 24th NY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	11/24/98	2,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Hall For Congress Committee Post Office Box 711 Rockwall, TX 75087	Voided Check Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	11/25/98	-4,100.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Jim Rogan , CA	Jim Rogan, CA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	11/30/98	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
John McHugh for congress 683 S. Hamilton St. 416 Cannon House Ofc Bldg Watertown, NY 13601	Mike Kreidler, WA Re Issue Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	11/30/98	1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Walsh for Congress Committee P.O. Box 1974 1330 Longworth House Ofc Bldg Syracuse, NY 13201	James Walsh, U.S. HOUSE 25th NY Reissue Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	11/30/98	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Doug Ose for Congress 4013 Park Road Sacramento, CA 95841	Doug Ose, U.S. HOUSE CA Debt Ret. Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	12/01/98	2,700.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Napolitano for Congress Committee 12123 E Firestone Blvd Norwalk, CA 90650	Grace Flores Napolitano, U.S. HOUSE CA Debt Ret Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	12/01/98	1,000.00

SUB TOTAL of Disbursements this page (Optional) ..... > 2,100.00

TOTAL this Period (Last page this line number only) ..... >

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

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 Friends of Ronnie Shows PO Box 3862 Jackson, MS 39207	Purpose of Disbursement Ronnie Shows, U.S. HOUSE MS Debt Ret. Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 12/01/98	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Kerrey for Senate 1511 K St., NW, Ste. 640 SH-303 Hart Senate Ofc Bldg Washington, DC, NE	Purpose of Disbursement Robert Kerrey, U.S. SENATE NE Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 2000	Date (Month day,Year) 12/01/98	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Steve Rothman for Congress Inc PO Box 714 Hackensack, NJ 7602	Purpose of Disbursement Steve Rothman, NJ Debt Retire. Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 12/07/98	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Phelps for Congress 35 Dewey Rd El Dorado, IL 62930	Purpose of Disbursement David Phelps, IL Debt Retire. Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 12/07/98	Amount of Each Disb. this Period 2,000.00
E. Full Name, Mailing Address and Zip Code Berkley for Congress PO Box 7397 Las Vegas, NV 89125	Purpose of Disbursement Shelley Berkley, U.S. HOUSE NV Debt Retire. Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 12/08/98	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Friends of Patrick Kennedy P.O. Box 1356 1505 Longworth HOB Providence, RI 02901	Purpose of Disbursement Patrick Kennedy, U.S. HOUSE 1st RI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 2000	Date (Month day,Year) 12/15/98	Amount of Each Disb. this Period 500.00
G. Full Name, Mailing Address and Zip Code Weygand for Congress Committee PO Box 28405 Providence, RI 02908	Purpose of Disbursement Robert Weygand, RI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 2000	Date (Month day,Year) 12/15/98	Amount of Each Disb. this Period 500.00
H. Full Name, Mailing Address and Zip Code Mainstream America PAC P.O. Box 4287 Baton Rouge, LA 70821	Purpose of Disbursement Mainstream America PAC Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 2000 Other	Date (Month day,Year) 12/16/98	Amount of Each Disb. this Period 5,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ---------->	11,500.00
TOTAL this Period (Last page this line number only) ---------->	13,600.00

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

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 AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Purpose of Disbursement Refund to Admin for payment to Account #4123 Disbursement For: [ ] Primary [ ] General [X] Other (Specify) '98 Other	Date (Month day,Year) 12/08/98	Amount of Each Disb. this Period 100.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	100.00
TOTAL this Period (Last page this line number only) ..... >	100.00

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 2/1/99
☐	First Class Mail	POSTMARKED
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☐	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	

am
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2/1/99
DATE PREPARED

(4/98)