REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 SEP 26 P 1:12

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
1201 L Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-0000

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 08/01/00 through 08/31/00		
6. (a) Cash on Hand January 1, 20 00		$ 106,333.90
(b) Cash on Hand at Beginning of Reporting Period	$ 69,429.05	
(c) Total Receipts (from Line 19)	$ 19,717.32	$ 244,742.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 89,146.37	$ 351,076.46
7. Total Disbursements (from Line 30)	$ 13,843.89	$ 275,773.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 75,302.48	$ 75,302.48
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
Anne Lee, PAC Director & Assistant Treasurer

Signature of Treasurer
Anne Lee

Date
9/25/00

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)

4-00173

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 08/01/00 TO: 08/31/00

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)	15,760.30	198,150.71	11(a)(i)
ii. Unitemized	3,837.66	33,559.97	11(a)(ii)
iii. Total (add i and ii) ➤	19,597.96	231,710.68	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	5,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	19,597.96	236,710.68	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	7,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	449.36	1,031.88	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) ➤	19,717.32	244,742.56	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	19,717.32	244,742.56	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	768.89	4,785.48	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	768.89	4,785.48	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	13,075.00	270,988.50	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) ➤	13,843.89	275,773.98	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	13,843.89	275,773.98	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	19,597.96	236,710.68	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	19,597.96	236,710.68	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	768.89	4,785.48	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	768.89	4,785.48	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 5
	FOR LINE NUMBER 11 a

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

NAME OF COMMITTEE (in Full)

American Health Care Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kenneth Morris 401 Snyder Ave Barberton, OH 44203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant View Health Care Occupation: Administrator Aggregate Year-to-Date $ 375.00	08/02/00	125.00
B. Timothy Steffens II 78 Birchwood Drive Huntington Station, NY 11746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Birchwood Nursing Home Occupation: Administrator Aggregate Year-to-Date $ 250.00	08/04/00	250.00
C. Don Wessell 417 S Main St Oberlin, OH 44074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Welcome Nursing Home Inc Occupation: President Aggregate Year-to-Date $ 375.00	08/07/00	125.00
D. Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	RETIRED Occupation: Aggregate Year-to-Date $ 225.00	08/07/00	75.00
E. Barry Crow 9828 Campo Rd #T Spring Valley, CA 91977 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brighton Health Alliance Inc Occupation: President Aggregate Year-to-Date $ 750.00	08/07/00	250.00
F. Michael W Massey 313 Memorial Drive Greer, SC 29651 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Allen Bennett Skilled Care Occupation: Administrator Aggregate Year-to-Date $ 1,000.00	08/09/00	1,000.00
G. Tim Graves 4214 Medical Pkwy 3rd Flr Austin, TX 78765 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Texas Health Care Association Occupation: Aggregate Year-to-Date $ 600.00	08/09/00	500.00

SUBTOTAL of Receipts This Page (optional)	2,325.00
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 5

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	Date (month, day, year)	Amount of Each Receipt this Period
Gail Clarkson 64500 Van Dyke Washington, MI 48095	The Medlodge Group	08/09/00	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President Aggregate Year-to-Date > $ 2,750.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Poirier 125 Airport Rd Concord, NH 03301	New Hampshire Health Care Assn	08/10/00	1,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Exec Director Aggregate Year-to-Date > $ 1,500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Beck 1875 Eye Street, NW, 12th Flr Washington, DC 20006	DC Health Care Association	08/10/00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Director Aggregate Year-to-Date > $ 1,641.03		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David E Meillier 27 Brand Avenue P.O. Box 446 Faribault, MN 55021	Pleasant Manor Inc	08/10/00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator/Owner Aggregate Year-to-Date > $ 1,700.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
V Richard Miller 3570 Commerce Dr. Warsaw, IN 46580	MMM Investment Inc	08/10/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO/CFO Aggregate Year-to-Date > $ 1,900.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Baker 108 Starr Ave. PO Box 1129 Turlock, CA 95381	Bel-Air Lodge	08/10/00	1,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date > $ 4,100.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Dunn 195 Executive Dr Marion, OH 43302	Marion Manor Nursing Hm Inc	08/16/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date > $ 750.00		

SUBTOTAL of Receipts This Page (optional) ..... > 6,150.00

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

PAGE 3 OF 5

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Brockman 815 Euclid Avenue Birmingham, AL 35213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date > $ 1,500.00	08/17/00	1,500.00
National Healthcorp PAC 100 Vine Street Murfreesboro, TN 37130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: National Healthcorp Occupation: Aggregate Year-to-Date > $ 2,000.00	08/17/00	2,000.00
Don C. Bedell 731 North Main St. PO Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Facilities Mgmt Corp Occupation: President Aggregate Year-to-Date > $ 1,250.00	08/21/00	1,250.00
Jason Harris 833 Broadway East Providence, RI 02914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Harris Health Center Occupation: Owner/Administrator Aggregate Year-to-Date > $ 500.00	08/23/00	125.00
Michael Weber 101 Southeast First St. Evansville, IN 47708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: McCurdy Healthcare Center Occupation: Chairman Aggregate Year-to-Date > $ 1,100.00	08/24/00	1,000.00
Blaine Hendrickson PO Box 7 Rancho Mirage, CA 92270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Legacy Healthcare Occupation: CEO Aggregate Year-to-Date > $ 2,100.00	08/28/00	500.00
Terry Kustman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date > $ 800.00	08/28/00	250.00

SUBTOTAL of Receipts This Page (optional) ..... > 6,625.00

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 4 OF 5

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	Date (month, day, year)	Amount of Each Receipt this Period
David Kyllo 1201 L Street NW Washington, AH 20005	AHCA	08/28/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director, Assisted Living Aggregate Year-to-Date $ 400.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Penny Prue 1201 L Street, NW Washington, AH 20005	AHCA	08/29/00	38.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President, Administration Aggregate Year-to-Date $ 608.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Schaeffler PAYROLL DEDUCTION Washington, AH 20005	AHCA	08/29/00	41.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Lobbyist Aggregate Year-to-Date $ 664.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jennifer Souza 1201 L Street NW Washington, AH 20005	AHCA	08/29/00	33.34
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior Director Aggregate Year-to-Date $ 533.44		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Willging 10365 Crossbeam Ct Columbia, MD 21044	Consultant	08/29/00	192.31
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date $ 3,326.96		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Kyllo 1201 L Street NW Washington, AH 20005	AHCA	08/29/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director, Assisted Living Aggregate Year-to-Date $ 425.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Penny Prue 1201 L Street, NW Washington, AH 20005	AHCA	08/29/00	38.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President, Administration Aggregate Year-to-Date $ 646.00		

SUBTOTAL of Receipts This Page (optional)	393.15
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

PAGE 5 OF 5

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	Date (month, day, year)	Amount of Each Receipt this Period
John Schaeffler PAYROLL DEDUCTION Washington, AH 20005	AHCA	08/29/00	41.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Lobbyist Aggregate Year-to-Date > $ 706.50		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jennifer Sozza 1201 L Street NW Washington, AH 20005	AHCA	08/29/00	39.34
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior Director Aggregate Year-to-Date > $ 566.78		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Willging 10368 Crossbeam Ct Columbia, MD 21044	Consultant	08/29/00	192.31
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 3,519.27		
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) 267.15

TOTAL This Period (last page this line number only) 15,780.30

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 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
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,626.00	08/09/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,565.00	08/09/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,605.00	08/09/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,645.00	08/09/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,685.00	08/09/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,725.00	08/09/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,775.00	08/09/00	50.00

SUBTOTAL of Receipts This Page (optional) 290.00

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

PAGE 2 OF 2

FOR LINE NUMBER 11!

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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
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 3,816.00	08/09/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5,815.00	08/10/00	2,000.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 2,040.00

TOTAL This Period (last page this line number only) 2,330.00

4-00:78

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
730 15th Street 2nd Floor Washington, DC 20005		06/31/00	48.82
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 499.49		

B. 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	Rushmore	06/31/00	68.83
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 493.03		

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)	117.65
TOTAL This Period (last page this line number only)	117.65

6-05173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 21B

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	Fees Disbursement for: Primary General Other (specify)	08/31/00	236.94
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bank of America Washington, DC 20005	Fees charged Disbursement for: Primary General Other (specify)	08/31/00	274.75
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Crestar Bank 123 dc, DC 20005	Service fees-trying to close acct. Disbursement for: Primary General Other (specify)	08/31/00	257.20
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	768.89
TOTAL This Period (last page this line number only)	768.89

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER 22

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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	Date (month, day, year)	Amount of Each Disbursement This Period
A. AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Transfer to Admin account from Care Management In. Disbursement for: [ ] Primary [ ] General [x] Other (specify) 2000 Other	08/07/00	75.00
B. Democratic National Committee 1625 Massachusetts Ave, NW Washington, DC 20036	2000 Payment Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	08/10/00	10,000.00
C. Dr. Paul Perry for Congress PO Box 5453 Evansville, IN 47716	Perry , U.S. HOUSE IN Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	08/23/00	1,000.00
D. Santorum 2000 P O Box 1049 Pittsburgh, PA 15234	Rick Santorum, U.S. SENATE PA Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	08/30/00	2,000.00
E. Santorum 2000 P O Box 1049 Pittsburgh, PA 15234	Voided Check Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	08/31/00	-2,000.00
F. Victory 2000 Washington, DC	Purpose of Disbursement Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	08/31/00	2,000.00
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) 13,075.00

TOTAL This Period (last page this line number only) 13,075.00

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 9/26/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

CR — PREPARER

9/26/00 — DATE PREPARED

(6/2000)