REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 MAR -7 P 1:10

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-0000-6080

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 09/01/00 through 09/30/00		
6. (a) Cash on Hand January 1, 2000		$ 106,333.90
(b) Cash on Hand at Beginning of Reporting Period	$ 72,802.48	
(c) Total Receipts (from Line 19)	$ 59,450.86	$ 304,193.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 132,253.34	$ 410,527.32
7. Total Disbursements (from Line 30)	$ 61,130.33	$ 339,404.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 71,123.01	$ 71,123.01
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
10-19-2000

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 9/93)

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: 09/01/00 TO: 09/30/00

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)	45,740.45	243,891.16	11(a)(i)
ii. Unitemized	13,604.49	47,164.46	11(a)(ii)
iii. Total (add i and ii) ➤	59,344.94	291,055.62	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) ➤	59,344.94	296,055.62	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.)	106.92	1,137.80	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) ➤	59,450.86	304,193.42	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	59,450.86	304,193.42	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	880.33	5,665.81	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	880.33	5,665.81	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	60,250.00	333,738.50	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) ➤	61,130.33	339,404.31	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	61,130.33	339,404.31	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	59,344.94	296,055.62	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	59,344.94	296,055.62	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	880.33	5,665.81	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	880.33	5,665.81	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Barton D. Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Corporation President Aggregate Year-to-Date $ 750.00	09/01/00	250.00
B. Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Management Vice President Aggregate Year-to-Date $ 675.00	09/01/00	125.00
C. Sally Rapp 5700 Stone Ridge Mall Ste 280 Pleasanton, CA 94588 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SR Management Svcs. Inc. CEO Aggregate Year-to-Date $ 3,750.00	09/01/00	1,250.00
D. Patrick J Meiller 2007 Paulis Dr Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Administrator Aggregate Year-to-Date $ 225.00	09/05/00	150.00
E. David Kylio 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Director, Assisted Living Aggregate Year-to-Date $ 450.00	09/06/00	25.00
F. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Vice President, Administration Aggregate Year-to-Date $ 684.00	09/06/00	38.00
G. Chip Roadman 1201 L Street NW Payroll Deduction Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA President & CEO Aggregate Year-to-Date $ 250.00	09/06/00	50.00

SUBTOTAL of Receipts This Page (optional) 1,688.00

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

4-00173

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 Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 747.00	09/06/00	41.50
B. Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AHCA Occupation: Senior Director Aggregate Year-to-Date > $ 600.12	09/06/00	33.34
C. Paul Willging 10366 Crossbeam Ct Columbia, MD 21044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Consultant Occupation: Aggregate Year-to-Date > $ 3,711.58	09/06/00	192.31
D. Robin Hillier 1777 Forest Oaks Drive Hudson, OH 44236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: RLH Consulting Occupation: President Aggregate Year-to-Date > $ 1,000.00	09/06/00	1,000.00
E. Ernest Dicker 17-20 Whitestone Expressway Whitestone, NY 11357 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Clearview Nursing Home Occupation: Executive Director Aggregate Year-to-Date > $ 350.00	09/06/00	100.00
F. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Marion Manor Nursing Hm Inc Occupation: Administrator Aggregate Year-to-Date > $ 550.00	09/06/00	200.00
G. Glen Dearth 134 Northwoods Blvd Columbus, OH 43235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Morningview Care Center Occupation: President Aggregate Year-to-Date > $ 500.00	09/09/00	500.00

SUBTOTAL of Receipts This Page (optional) 2,067.15

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

4-00175

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Steve Boymel 12100 Reed Hartman Highway Cincinnati, OH 45241 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brookwood Retirement Comm. Occupation: Owner/Administrator Aggregate Year-to-Date > $ 1,000.00	09/09/00	1,000.00
B. Toni Fatone 99 East River Drive 8th Floor East Hartford, CT 06108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CT Assn of HC Facilities Occupation: Executive Vice President Aggregate Year-to-Date > $ 850.00	09/08/00	100.00
C. Ernest Dicker 17-20 Whitestone Expressway Whitestone, NY 11357 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clearview Nursing Home Occupation: Executive Director Aggregate Year-to-Date > $ 450.00	09/09/00	100.00
D. Donald Franco 274 Hemingway Ave East Haven, CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Paragon Group Inc. Occupation: President Aggregate Year-to-Date > $ 850.00	09/09/00	100.00
E. Gerald Schroer Jr. 7222 Day Ave. SW Navarre, OH 44662 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Schroer Group Occupation: Executive Vice President Aggregate Year-to-Date > $ 400.00	09/09/00	200.00
F. Michael Meillier 27 Brand Ave PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Occupation: Social Services Dir Aggregate Year-to-Date > $ 225.00	09/11/00	75.00
G. Herbert Yim PO Box 10 Kapaau, HI 96755 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kohala Hospital Occupation: Administrator Aggregate Year-to-Date > $ 275.00	09/12/00	100.00

SUBTOTAL of Receipts This Page (optional) 1,675.00

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

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. Thomas Reddy 8847 Long PO Box 14884 Lenexa, KS 66285-4884 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vintage Park Inc. President Aggregate Year-to-Date $ 2,000.00	09/13/00	500.00
B. David E Mellier 27 Brand Avenue P.O. Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Administrator/Owner Aggregate Year-to-Date $ 2,200.00	09/13/00	500.00
C. Richard G Miller 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kentucky Health Care Assn. State Executive Aggregate Year-to-Date $ 1,000.00	09/13/00	250.00
D. Kenneth Burgess 330 Grand View Avenue #304 San Francisco, CA 94114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Long Term Care Attorney Attorney Aggregate Year-to-Date $ 400.00	09/13/00	75.00
E. Robert Lohr 311 Castle Shannon Blvd Pittsburgh, PA 15234 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Peridot Enterprises, Inc. President Aggregate Year-to-Date $ 5,000.00	09/13/00	1,250.00
F. Alfred Santos 67 Kilvert Street Suite 200 Warwick, RI 02886 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rhode Island Healthcare Assn Executive Director Aggregate Year-to-Date $ 300.00	09/13/00	75.00
G. L Bruce Levering 201 N Main Street Mt Vernon, OH 43050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Levering Mgmt. Inc. President Aggregate Year-to-Date $ 500.00	09/13/00	500.00

SUBTOTAL of Receipts This Page (optional) 3,150.00

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

4-00173

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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. Thomas Gault PO Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison House Occupation: Executive Director Aggregate Year-to-Date > $ 1,650.00	09/14/00	1,500.00
B. Gerald Cox PO Box 7728 Rocky Mount, NC 27804 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Autumn Corp Occupation: President Aggregate Year-to-Date > $ 1,000.00	09/15/00	1,000.00
C. Roland Rapp 5776 Stoneridge Mall Rd. #300 Pleasanton, CA 94588 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp, Kiepen & Hannan Occupation: Managing Partner Aggregate Year-to-Date > $ 300.00	09/15/00	200.00
D. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Occupation: Gov Rel Consultant Aggregate Year-to-Date > $ 5,000.00	09/18/00	2,000.00
E. Ron Floyd 505 Robert Rd Slidell, LA 70458 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenbriar Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 500.00	09/18/00	125.00
F. Stuart Goldberg 134 Great East Neck Rd PO Box 5249 West Babylon, NY 11704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Neck Nursing Center Occupation: President Aggregate Year-to-Date > $ 1,000.00	09/18/00	250.00
G. Blaine Hendrickson PO Box 7 Rancho Mirage, CA 92270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Legacy Healthcare Occupation: CEO Aggregate Year-to-Date > $ 2,900.00	09/18/00	800.00

SUBTOTAL of Receipts This Page (optional) 5,875.00

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

4-00173

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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. William Levering 4 New Market Dr Delaware, OH 43015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delaware Court Health Care Ctr Occupation: Administrator Aggregate Year-to-Date $ 1,000.00	09/19/00	1,000.00
B. Angelo S Rotella 303 Rhodes Ave Woonsocket, RI 02896 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Friandly Home Inc Occupation: President/Admin Aggregate Year-to-Date $ 2,000.00	09/20/00	1,000.00
C. Charles L. Harris 1057 Chopmist Hill Road North Scituate, RI 02875 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harris Manor @ Chopmist Hill Occupation: President Aggregate Year-to-Date $ 525.00	09/20/00	150.00
D. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date $ 875.00	09/20/00	75.00
E. Susan Whippie 24 Greenwood Lane Lincoln, RI 02865 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 250.00	09/20/00	250.00
F. James Moniz 28 Middle St. Warren, RI 02885 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 250.00	09/20/00	100.00
G. Gerald Romano 7 Creek Ln Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Silver Creek Manor Occupation: Administrator Aggregate Year-to-Date $ 1,225.00	09/20/00	125.00

SUBTOTAL of Receipts This Page (optional) 2,700.00

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

4-09173

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 21

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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
Joseph Parella 259 High Street Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 225.00	09/20/00	100.00
Terry Kuznsan 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date > $ 925.00	09/20/00	50.00
Charles L. Harris 1057 Chopmist Hill Road North Scituate, RI 02875 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Harris Manor @ Chopmist Hill Occupation: President Aggregate Year-to-Date > $ 575.00	09/20/00	50.00
Charles L. Harris 1057 Chopmist Hill Road North Scituate, RI 02875 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Harris Manor @ Chopmist Hill Occupation: President Aggregate Year-to-Date > $ 625.00	09/20/00	50.00
Steven Godfrey 1002 Belmont St. Watertown, MA 02472 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 250.00	09/20/00	100.00
John Poirier 125 Airport Rd Concord, NH 03301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: New Hampshire Health Care Assn Occupation: Exec Director Aggregate Year-to-Date > $ 1,550.00	09/20/00	50.00
Gerald Romano 7 Creek Ln Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Silver Creek Manor Occupation: Administrator Aggregate Year-to-Date > $ 1,975.00	09/20/00	750.00

SUBTOTAL of Receipts This Page (optional) 1,150.00

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

4/97 1275

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	Date (month, day, year)	Amount of Each Receipt this Period
A. Susan Whipple 24 Greenwood Lane Lincoln, RI 02865		09/20/00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 300.00		
B. Maria Levatino 126 Garrish Ave. East Haven, CT 06512		09/20/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 600.00		
C. Donald Franco 274 Hemingway Ave East Haven, CT 06512	Name of Employer Paragon Group Inc.	09/20/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President Aggregate Year-to-Date > $ 950.00		
D. Theodore Lee 700 Hanover St Manchester, NH 03110	Name of Employer Hanover Hill Health Care	09/20/00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President Aggregate Year-to-Date > $ 650.00		
E. Richard Miga 4000 Post Road Warwick, RI 02886		09/20/00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 400.00		
F. Larry Santilli 300 Queen St. Southington, CT 06489	Name of Employer Athena Healthcare	09/20/00	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 400.00		
G. Joseph Donchess 7844 Office Park Blvd Baton Rouge, LA 70809	Name of Employer Louisiana Nursing Home Assn	09/21/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Executive Director Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) 1,350.00

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

4-09179

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Thomas Reddy 8847 Long PO Box 14554 Lenexa, KS 66285-4554 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vintage Park Inc. President Aggregate Year-to-Date $ 2,200.00	09/21/00	200.00
B. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Vice President, Administration Aggregate Year-to-Date $ 722.00	09/21/00	38.00
C. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Director, Assisted Living Aggregate Year-to-Date $ 475.00	09/21/00	25.00
D. Chip Roadman 1201 L Street NW Payroll Deduction Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA President & CEO Aggregate Year-to-Date $ 300.00	09/21/00	50.00
E. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 788.50	09/21/00	41.50
F. Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Senior Director Aggregate Year-to-Date $ 633.46	09/21/00	33.34
G. Paul Willging 10366 Crossbeam Ct Columbia, MD 21044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Consultant Occupation Aggregate Year-to-Date $ 3,903.89	09/21/00	192.31

SUBTOTAL of Receipts This Page (optional) 580.15

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William R Abrams 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: COO Aggregate Year-to-Date > $ 1,000.00	09/21/00	160.00
B. Michael Meiller 27 Brand Ave PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pleasant Manor Inc Occupation: Social Services Dir Aggregate Year-to-Date > $ 375.00	09/21/00	150.00
C. Eugene Bishop PO Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Services Centers, Inc. Occupation: President Aggregate Year-to-Date > $ 1,000.00	09/21/00	250.00
D. Larry Overstreet 1300 Belk St Oxford, MS 38655 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Care Consultants Inc Occupation: Owner Aggregate Year-to-Date > $ 300.00	09/21/00	300.00
E. Louis E Cottrell Jr PO Box 189 Kilten, AL 35645-0189 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lauderdale Christian NH Occupation: Administrator Aggregate Year-to-Date > $ 500.00	09/21/00	500.00
F. James R. Westbury 922 McDonough Rd Jackson, GA 30233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Westbury Medical Care Home Inc Occupation: Administrator Aggregate Year-to-Date > $ 2,000.00	09/21/00	500.00
G. Robert Murtha 560 North Fourth St #620 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Macintosh Company Occupation: President Aggregate Year-to-Date > $ 1,500.00	09/21/00	500.00

SUBTOTAL of Receipts This Page (optional) ..... > 2,350.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joan White 932 Ward Avenue Ste 430 Honolulu, HI 96814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcard Assoc of Hawaii Occupation: Vice President Aggregate Year-to-Date > $ 400.00	09/21/00	100.00
B. Theodore Lee 700 Hanover St Manchester, NH 03110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanover Hill Health Care Occupation: President Aggregate Year-to-Date > $ 850.00	09/25/00	200.00
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 > $ 1,100.00	09/25/00	250.00
D. Charles L. Harris 1057 Chopmist Hill Road North Scituate, RI 02875 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harris Manor @ Chopmist Hill Occupation: President Aggregate Year-to-Date > $ 750.00	09/25/00	125.00
E. Douglas Palmer 1201 South Orland Ave Suite 40 Winter Park,, FL 32789 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moore, Stephens, Lovelace PA Occupation: Aggregate Year-to-Date > $ 600.00	09/25/00	600.00
F. Warren Wolfson 20707 Chargin Blvd. Suite 100 Shaker Heights, OH 44122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	WLW Management Inc, Occupation: Administrator Aggregate Year-to-Date > $ 300.00	09/25/00	75.00
G. Paul Roth 620 Sleepy Hollow Rd Briarcliff Manor, NY 10510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brandywine Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 300.00	09/25/00	75.00

SUBTOTAL of Receipts This Page (optional) 1,425.00

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Assn of MD Occupation: Aggregate Year-to-Date $ 1,000.00	09/25/00	1,000.00
B. A D Buffington 2506 Lakeland Dr Suite 102 Jackson, MS 39208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillcrest Health Center Occupation: Chairman Aggregate Year-to-Date $ 600.00	09/25/00	300.00
C. Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Care Management Occupation: Exec Vice President Aggregate Year-to-Date $ 500.00	09/25/00	125.00
D. Melvin Harris 426 N Washington Marksville, LA 71351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Manor Occupation: Owner Aggregate Year-to-Date $ 300.00	09/25/00	75.00
E. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Hm Inc Occupation: Administrator Aggregate Year-to-Date $ 1,200.00	09/25/00	250.00
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 $ 600.00	09/25/00	125.00
G. Kenneth Greiner Box 23017 Oklahoma City, OK 73123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grace Living Center Occupation: President Aggregate Year-to-Date $ 750.00	09/25/00	250.00

SUBTOTAL of Receipts This Page (optional) 3,125.00

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

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. Don Wessell 417 S Main St Oberlin, OH 44074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Welcome Nursing Home Inc President Aggregate Year-to-Date > $ 500.00	09/25/00	125.00
B. Gregory Chambery 100 Daniel Dr Webster, NY 14580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maplewood Nursing Home Inc Administrator Aggregate Year-to-Date > $ 300.00	09/25/00	75.00
C. Cecil Barcelo 411 Alabama League City, TX 77573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baywind Village Administrator Aggregate Year-to-Date > $ 300.00	09/25/00	150.00
D. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Administrator Aggregate Year-to-Date > $ 5,000.00	09/25/00	1,250.00
E. Jack Friedman 142-27 Franklin Avenue Flushing, NY 11355 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franklin Nursing Home Occupation Aggregate Year-to-Date > $ 1,000.00	09/25/00	250.00
F. Steven Wolf 2820 West Blvd. Belleville, IL 62221-7208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare Inc President Aggregate Year-to-Date > $ 2,000.00	09/25/00	500.00
G. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Vice President, Administration Aggregate Year-to-Date > $ 822.00	09/25/00	100.00

SUBTOTAL of Receipts This Page (optional) 2,450.00

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

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. Helen Frampton 1405 7th St S Moorhead, MN 56560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eventide President Aggregate Year-to-Date $ 300.00	09/26/00	100.00
B. Howard Groff 9031 Penn. Ave. South Bloomington, MN 55431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Teakwood Care Centers Inc President Aggregate Year-to-Date $ 350.00	09/26/00	100.00
C. Dennis Anderson 4800 W. 57th St. PO Box 5038 Sioux Falls, SD 57117-5038 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Evangelical Lutheran Good Samaritan Society VP Finance Aggregate Year-to-Date $ 700.00	09/26/00	100.00
D. James Branscum 26031 Lanshshire Grosse Isle, MI Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nexcare Health Systems, LLC Owner Aggregate Year-to-Date $ 600.00	09/27/00	250.00
E. Thomas Grissom 580 South 4th Avenue Louisville, KY 40202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vencor Inc VP, Government Relations Aggregate Year-to-Date $ 500.00	09/27/00	375.00
F. Patrick T Kriner 6228 Merger Drive Holland, OH 43528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Woodside Management Group President Aggregate Year-to-Date $ 960.00	09/27/00	200.00
G. John C. Orestis PO Box 1408 179 Lisbon St. Lewiston, ME 04240-1408 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Country Associates President Aggregate Year-to-Date $ 500.00	09/27/00	500.00

SUBTOTAL of Receipts This Page (optional) 1,625.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Howard Groff 9031 Penn. Ave. South Bloomington, MN 55431 Receipt For: Primary General Other (specify):	Tealwood Care Centers Inc President Aggregate Year-to-Date $ 500.00	09/27/00	250.00
B. Debra Finneran 2529 Six Mile Ln Louisville, KY 40220 Receipt For: Primary General Other (specify):	Meadows East Administrator Aggregate Year-to-Date $ 500.00	09/27/00	500.00
C. Patrick T Kriner 8228 Merger Drive Holland, OH 43618 Receipt For: Primary General Other (specify):	Woodside Management Group President Aggregate Year-to-Date $ 1,450.00	09/27/00	500.00
D. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: Primary General Other (specify):	Mayview Conv Home Inc Administrator Aggregate Year-to-Date $ 1,100.00	09/27/00	250.00
E. William Biggs 4605 Belton Highway Anderson, SC 29621 Receipt For: Primary General Other (specify):	Richard Campbell Veterans Home Executive Director Aggregate Year-to-Date $ 1,250.00	09/28/00	1,000.00
F. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Director, Assisted Living Aggregate Year-to-Date $ 500.00	09/28/00	25.00
G. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Vice President, Administration Aggregate Year-to-Date $ 860.00	09/28/00	38.00

SUBTOTAL of Receipts This Page (optional) 2,563.00

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Chip Roadman 1201 L Street NW Payroll Deduction Washington, AH 20005 Receipt For: Primary / General / Other (specify):	Employer: AHCA Occupation: President & CEO Aggregate Year-to-Date $ 350.00	09/28/00	50.00
B. John Schaeffer PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary / General / Other (specify):	Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date $ 830.00	09/28/00	41.50
C. Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: Primary / General / Other (specify):	Employer: AHCA Occupation: Senior Director Aggregate Year-to-Date $ 666.80	09/28/00	33.34
D. Paul Wilging 10366 Crossbeam Ct Columbia, MD 21044 Receipt For: Primary / General / Other (specify):	Employer: Consultant Occupation: Aggregate Year-to-Date $ 4,096.20	09/28/00	192.31
E. Edward Stafford 33 Elk Street Ste 300 Albany, NY 12207 Receipt For: Primary / General / Other (specify):	Employer: NYS Health Facilities Assn Occupation: Executive Director Aggregate Year-to-Date $ 375.00	09/28/00	125.00
F. Jim Wahner 111 W. Michigan St. Milwaukee, WI 53203 Receipt For: Primary / General / Other (specify):	Employer: Extendicare Health Services Inc. Occupation: VP Admin & Gov Rel Aggregate Year-to-Date $ 600.00	09/28/00	125.00
G. Dennis Anderson 4800 W. 57th St. PO Box 5038 Sioux Falls, SD 57117-5038 Receipt For: Primary / General / Other (specify):	Employer: The Evangelical Lutheran Good Samaritan Society Occupation: VP Finance Aggregate Year-to-Date $ 800.00	09/28/00	100.00

SUBTOTAL of Receipts This Page (optional) 667.15

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

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. William Kempiners 1029 S 4th St Springfield, IL 62703 Receipt For: Primary General Other (specify):	Illinois Health Care Assn Occupation: Executive Director Aggregate Year-to-Date $ 1,000.00	09/28/00	250.00
B. Donald E. Fike 115 East South St. Galesburg, IL 61401 Receipt For: Primary General Other (specify):	RFMS Inc Occupation: President Aggregate Year-to-Date $ 2,000.00	09/28/00	500.00
C. Stephen L. Spaugh 11572 Fall Creek Rd. Indianapolis, IN 46255 Receipt For: Primary General Other (specify):	Name of Employer: Spaugh & Co Occupation: President Aggregate Year-to-Date $ 500.00	09/28/00	125.00
D. Larry Bradley P.O. Box 709 Durham, CA 95938 Receipt For: Primary General Other (specify):	Name of Employer: Sun Bridge Healthcare Occupation: Administrator Aggregate Year-to-Date $ 500.00	09/28/00	250.00
E. 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 $ 1,000.00	09/28/00	250.00
F. Meg Jamison PO Box 360087 Birmingham, AL 35236 Receipt For: Primary General Other (specify):	Name of Employer: CARECORPS Management Corporation Occupation: Owner Aggregate Year-to-Date $ 5,000.00	09/28/00	1,250.00
G. John W Jamison III PO Box 360087 Birmingham, AL 35236 Receipt For: Primary General Other (specify):	Name of Employer: CARECORPS Management Corporation Occupation: President & CEO Aggregate Year-to-Date $ 6,000.00	09/28/00	1,250.00

SUBTOTAL of Receipts This Page (optional) 3,875.00

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

FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jill Mendlen 9333 Camino del Rio South #200 San Diego, CA 92108-3937 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Genatrix Occupation: Aggregate Year-to-Date > $ 1,000.00	09/28/00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary Baker 108 Starr Ave. PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bel-Air Lodge Occupation: Administrator Aggregate Year-to-Date > $ 5,000.00	09/29/00	900.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Kinschner 4934 Valencia Dr Toledo, OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Care & Ret Group Occupation: VP Bus Planning Aggregate Year-to-Date > $ 600.00	09/29/00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Edward L Kuntz 380 South Fourth St. One Vencor Place Louisville, KY 40202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vencor Inc. Occupation: Chairman, CEO & President Aggregate Year-to-Date > $ 1,000.00	09/29/00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Scherdel 70 North Country Road Port Jefferson, NY 11777 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Sunrest Health Facilities Inc. Occupation: Administrator Aggregate Year-to-Date > $ 300.00	09/29/00	75.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 > $ 2,500.00	09/29/00	1,260.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Don Angell 6000 Meadowbrook Mall #27 PO Box 1670 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Angell Group Inc Occupation: Owner Aggregate Year-to-Date > $ 3,750.00	09/29/00	1,250.00

SUBTOTAL of Receipts This Page (optional) 4,475.00

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

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	Date (month, day, year)	Amount of Each Receipt this Period
Robert M. Chur 7 Limestone Drive Williamsville, NY 14221-7899 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elderwood Affiliates Inc Occupation: President Aggregate Year-to-Date > $ 6,000.00	09/29/00	1,250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Rehab Ctr Occupation: Executive Director Aggregate Year-to-Date > $ 5,000.00	09/29/00	1,250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Occupation: Executive Director Aggregate Year-to-Date > $ 6,000.00	09/29/00	1,250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation 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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation 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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation 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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	3,750.00
TOTAL This Period (last page this line number only)	45,740.45

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11d

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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 > $ 6,855.00	09/06/00	50.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 7,155.00	09/20/00	1,300.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 7,255.00	09/25/00	100.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 7,355.00	09/25/00	100.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 7,465.00	09/25/00	100.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 7,565.00	09/25/00	100.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 7,665.00	09/25/00	100.00

SUBTOTAL of Receipts This Page (optional) 1,850.00

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

4-00178

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11C

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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
Dollars Received from Multi-Individuals DC		09/25/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 7,765.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC		09/25/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 7,865.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC		09/25/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 7,965.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC		09/25/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 8,065.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC		09/25/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 8,165.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC		09/25/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 8,265.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC		09/25/00	60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 8,325.00		

SUBTOTAL of Receipts This Page (optional)	660.00
TOTAL This Period (last page this line number only)	2,510.00

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 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 16th Street 2nd Floor Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 556.32	09/30/00	56.83
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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rushmore Aggregate Year-to-Date > $ 539.94	09/30/00	46.91
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)	103.74
TOTAL This Period (last page this line number only)	103.74

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 410

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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: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bank of America Washington, DC 20005	Service Charge	09/22/00	259.80
B. Bank of America Washington, DC 20005	Bank Fees	09/29/00	65.90
C. Bank of America Washington, DC 20005	Bank Service (11.00) and Analysis (246.40)	09/29/00	257.40
D. Bank of America Washington, DC 20005	Service Fee-Amex	09/30/00	297.23
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)	880.33
TOTAL This Period (last page this line number only)	880.33

4-09173

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 8

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. James Saxton 100 High St 438 Cannon House Ofc Bldg Mount Holly, NJ 08060	H. James Saxton, U.S. HOUSE 3rd NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/08/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	Voided Check Disbursement for: [ ] Primary [ ] General [X] Other (specify) 2000 Other	09/12/00	-1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upton for All of Us Committee P.O. Box 490 St Joseph, MI 49085	Voided Check US House MI 6th Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/12/00	-1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Becerra for Congress 1824 Sunset, Ste. A Los Angeles, CA 90026	Voided Check US House CA 30th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/12/00	-1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upton for All of Us Committee P.O. Box 490 St Joseph, MI 49085	Voided Check US House MI 6th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/12/00	-1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Voided Check US House OH 13th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/12/00	-500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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	Voided Check US House NY 15th Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/12/00	-1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gerald C. "Jerry" Weller for Congress PO Box 37 Joliet, IL 60434	Voided Check US House IL 11th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/12/00	-500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERIPAC 1850 K Street NW Suite 850 Washington, DC 20006	Steny Hoyer Leadership PAC Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	09/13/00	4,000.00

SUBTOTAL of Disbursements This Page (optional) ..... -1,500.00

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

4-00175

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. Dianne Feinstein for U.S. Sen. 909 Montgomery St., Ste. 404 SH-331 Hart Senate Ofc Bldg San Francisco, CA 94133	Dianne Feinstein, U.S. SENATE CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
B. 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	09/13/00	1,000.00
C. House Democratic Leader's Victory Fund 2000 PO Box 15849 Washington, DC 20003	Gephardt PAC Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	09/13/00	1,000.00
D. Ballenger for Congress P.O. Box 2552 2238 Rayburn House Ofc Bldg Hickory, NC 28603	Cass Ballenger, U.S. HOUSE 10th NC Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
E. People for English P.O. Box 1940 Erie, PA 16512	Philip English, U.S. HOUSE 21st PA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
F. Nebraskan for Nelson 2912 South 84th Street Suite B Omaha, NE 68124	Ben Nelson, NE Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
G. Radanovich for Congress 2377 W. Shaw, Ste. 204 313 Cannon HOB Fresno, CA 93711	George Radanovich, U.S. HOUSE 19th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	500.00
H. Ken Calvert for Congress Cmt P.O. Box 1414 Riverside, CA 92502	Ken Calvert, U.S. HOUSE 43rd CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	500.00
I. John Shimkus PO Box 5468 Springfield, IL 62705	John Shimkus, U.S. HOUSE IL 20th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 8,000.00

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

4-00173

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF B

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jerry Kleczka 3266 South 9th Street Milwaukee, WI 53215	Gerald Kleczka, U.S. HOUSE 4th WI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Minge for Congress PO Box 71 Granite Falls, MN 56241-0071	David Minge, U.S. HOUSE 2nd MN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nussle for Congress Committee PO Box 324 Manchester, IA 52057	Jim Nussle, U.S. HOUSE 2nd IA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gerald C. "Jerry" Weller for Congress PO Box 37 Joliet, IL 60434	Jerry Weller, U.S. HOUSE 11th IL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stearns for Congress PO Box 308 Silver Springs, FL 34489-0005	Cliff Stearns, U.S. HOUSE 6th FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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 20th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marsh Folsom for Congress 301 Main Avenue NW Cullman, AL 35055	Folsom, U.S. HOUSE 4th AL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roger Wicker PO Box 874 Tupelo, MS 38802	Roger Wicker, U.S. HOUSE 1st MS Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Zell Miller 110 B East Broad Street Falls Chruch, VA 22046	Miller, U.S. SENATE GA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	5,000.00

SUBTOTAL of Disbursements This Page (optional) 12,600.00

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mainstream America PAC P.O. Box 4287 Baton Rouge, LA 70821	John Breaux PAC Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	09/13/00	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	McCrery, U.S. HOUSE LA 4th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	4,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nelson for Senate 110-B East Broad Street Falls Church, FL 22046	Nelson, U.S. SENATE FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capito for Congress PO Box 11519 Charleston, WV 28339	Shelly Moore Capito, US House WV02 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/13/00	250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dr. Paul Perry for Congress PO Box 5453 Evansville, IN 47716	Perry, U.S. HOUSE IN 8th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/21/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Kerns for Congress PO Box 87 Praireton, IN 47870	Kerns, U.S. HOUSE 7th IN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/21/00	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Neil Abercrombie 1440 Longworth House Ofc Bldg HI	Neil Abercrombie, U.S. HOUSE 1st HI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/25/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Zimmer 2000 199 Nassau Street Princeton, NJ 08540	Zimmer, U.S. HOUSE 12th NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/26/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark Kirk for Congress 1910 Waukegan Glennview, IL 60025	Kirk, U.S. HOUSE 10th IL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/28/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 14,750.00

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	Date (month, day, year)	Amount of Each Disbursement This Period
Berman for Congress 8655 Wilshire Blvd, Ste 220 Beverly Hills, CA 90211	Howard Berman, U.S. HOUSE 26th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/28/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Thurman for Congress PO Box 5058 Inverness, FL 34450	Purpose of Disbursement Karen Thurman, U.S. HOUSE 5th FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Castle for Congress Two Mill Rd., Ste. 104 1205 Longworth House Ofc Bldg Wilmington, DE 19806	Purpose of Disbursement Mike Castle, U.S. HOUSE AL DE Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Scott McInnis 512 Cannon House Office Bldg CO	Purpose of Disbursement Scott McInnis, U.S. HOUSE 3rd CO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Ehrlich for Congress Cmt 1527 York Road Ste 705 Lutherville, MD 21093	Purpose of Disbursement Robert (Jr.) Ehrlich, U.S. HOUSE 2nd MD Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Weygand for Senate Committee PO Box 28406 Providence, RI 02908	Purpose of Disbursement Robert Weygand, U.S. SENATE RI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Doug Ose for Congress 4013 Park Road Sacramento, CA 95841	Purpose of Disbursement Doug Ose, U.S. HOUSE CA 3rd Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Bob Menendez for Congress P.O. Box 848 1531 Longworth House Ofc Bldg Union City, NJ 07087	Purpose of Disbursement Robert Menendez, U.S. HOUSE 13th NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Abraham for Senate P.O. Box 1488 SD-B40 Dirksen SOB Royal Oak, MI 48068	Purpose of Disbursement Spencer Abraham, U.S. SENATE MI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 2,000.00

SUBTOTAL of Disbursements This Page (optional) 7,500.00

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

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. Nebraskan for Nelson 2912 South 84th Street Suite 8 Omaha, NE 68124	Ben Nelson, U.S. SENATE NE Disbursement for: Primary [X] General Other (specify) 2000	09/28/00	1,000.00
B. Ryan For Congress P.O. Box 2776	Paul Ryan, U.S. HOUSE WI 1st Disbursement for: Primary [X] General Other (specify) 2000	09/28/00	500.00
C. Doyle for Congress P.O. Box 17426 1218 Longworth HOB Pittsburgh, PA 15235	Mike Doyle, U.S. HOUSE 18th PA Disbursement for: Primary [X] General Other (specify) 2000	09/28/00	500.00
D. Friends of Clay Shaw 1512 East Broward Blvd. Suite 101 Fort Lauderdale, FL 33301	Clay Shaw, Jr., U.S. HOUSE 22nd FL Disbursement for: Primary [X] General Other (specify) 2000	09/28/00	1,000.00
E. 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	09/28/00	3,000.00
F. Royce Campaign Committee P.O. Box 6765 Fullerton, CA 92634	Ed Royce, U.S. HOUSE 39th CA Disbursement for: Primary [X] General Other (specify) 2000	09/28/00	500.00
G. Eshoo for Congress 555 Bryant, Box 335 1505 Longworth House Ofc Bldg Palo Alto, CA 94301	Anna Eshoo, U.S. HOUSE 14th CA Disbursement for: Primary [X] General Other (specify) 2000	09/28/00	500.00
H. Norwood for Congress PO Box 499 Evans, GA 30809	Charles Norwood, U.S. HOUSE 10th GA Disbursement for: Primary [X] General Other (specify) 2000	09/28/00	500.00
I. Stabenow for Senate PO Box 4945 East Lansing, MI 48826	Debbie Stabenow, U.S. SENATE MI Disbursement for: Primary [X] General Other (specify) 2000	09/28/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 8,500.00

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

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FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marion Berry for Cong Cmt PO Box 8084 Jonesboro, AR 72055	Marion Berry, U.S. HOUSE AR 1st Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/28/00	500.00
B. Full Name, Mailing Address and ZIP Code Jeff Bingaman for US Senate PO 2048 SH-110 Hart Senate Ofc Bldg Albuquerque, NM 87103	Jeff Bingaman, U.S. SENATE NM Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/28/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Anne Northup for Congress 4006 Dutchman's Lane Louisville, KY 40207	Purpose of Disbursement Anne Meagher Northup, U.S. HOUSE KY 3rd Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Wally Herger for Congress Cmte 8881 Benatar Way 2433 Rayburn House Ofc Bldg Chico, CA 95028	Purpose of Disbursement Wally Herger, U.S. HOUSE 2nd CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code The Burns Committee 2908 First Avenue North PO box 1532 Billings, MT 59101	Purpose of Disbursement Conrad Burns, U.S. SENATE MT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Nathan Deal for Congress PO Box 2522 Gainesville, GA 30503	Purpose of Disbursement Nathan Deal, U.S. HOUSE 9th GA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code LaHood for Congress 3311 N. Sterling Ave., Ste. 10 329 Cannon HOB Peoria, IL 61604	Purpose of Disbursement Ray LaHood, U.S. HOUSE 18th IL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Ken Calvert for Congress Cmt P.O. Box 1414 Riverside, CA 92502	Purpose of Disbursement Ken Calvert, U.S. HOUSE 43rd CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code John D. Dingell for Congress Committee 6467 Schaefer Road Dearborn, MI 48126	Purpose of Disbursement John Dingell, U.S. HOUSE 16th MI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/00	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional)	7,500.00
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. Baldacci for Congress Committee 9 Palm Street Bangor, ME 04401	John Baldacci, U.S. HOUSE 2nd ME Primary [ ] General [X] Other (specify) 2000	09/28/00	1,000.00
B. Bob Matsui for Congress 5058 Fed Bldg, 650 Capitol Sacramento, CA 95814	Robert Matsui, U.S. HOUSE 5th CA Primary [ ] General [X] Other (specify) 2000	09/28/00	1,000.00
C. Doyle for Congress P.O. Box 117426 1218 Longworth HOB Pittsburgh, PA 15235	Voided Check US House PA 18th Primary [ ] General [X] Other (specify) 2000	09/28/00	-500.00
D. LaHood for Congress 8311 N. Sterling Ave., Ste. 10 329 Cannon HOB Peoria, IL 61604	Voided Check US House IL 18th Primary [ ] General [X] Other (specify) 2000	09/28/00	-500.00
E. Thurman for Congress PO Box 5058 Inverness, FL 34450	Voided Check US House FL 5th Primary [ ] General [X] Other (specify) 2000	09/28/00	-1,000.00
F. Thurman for Congress PO Box 5058 Inverness, FL 34450	Karen Thurman, U.S. HOUSE 5th FL Primary [ ] General [X] Other (specify) 2000	09/28/00	1,000.00
G. LaHood for Congress 8311 N. Sterling Ave., Ste. 10 329 Cannon HOB Peoria, IL 61604	Ray LaHood, U.S. HOUSE 18th IL Primary [ ] General [X] Other (specify) 2000	09/28/00	500.00
H. Doyle for Congress P.O. Box 117426 1218 Longworth HOB Pittsburgh, PA 15235	Mike Doyle, U.S. HOUSE 18th PA Primary [ ] General [X] Other (specify) 2000	09/28/00	500.00
I. Langervin for Congress 76 Dorrance Street Providence, RI 02903	Langervin , U.S. HOUSE RI 2nd Primary [ ] General [X] Other (specify) 2000	09/28/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 3,000.00

TOTAL This Period (last page this line number only) 60,260.00

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
☑	First Class Mail	POSTMARKED 3-5-01
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☐	Electronic Filing	

ker	3-7-01
PREPARER	DATE PREPARED

(6/2000)