REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
1201 L Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

RECEIVED
FEDERAL ELECTION COMMISSION MAIL ROOM

AUG 16 12 11 PM '99

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

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

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/99 through 07/31/99		
6. (a) Cash on Hand January 1, 1999		$ 84,248.57
(b) Cash on Hand at Beginning of Reporting Period	$ 67,985.80	
(c) Total Receipts (from Line 19)	$ 66,411.59	$ 282,714.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 134,397.19	$ 366,963.01
7. Total Disbursements (from Line 30)	$ 32,213.47	$ 264,779.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 102,183.72	$ 102,183.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

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

Type or Print Name of Treasurer
Anna Lee, PAC Director

Signature of Treasurer
Anna Lee

Date
8-16-99

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

FEC FORM 3X
(revised 9/98)

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: 07/01/99 TO: 07/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	60,344.56	247,514.92	11(a)(i)
ii. Unitemized	5,928.11	30,528.58	11(a)(ii)
iii. Total (add i and ii) ➤	66,272.67	278,043.50	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	2,500.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	66,272.67	280,543.50	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,125.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	138.92	1,046.54	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) ➤	66,411.59	282,714.04	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	66,411.59	282,714.04	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	965.47	4,923.16	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	965.47	4,923.16	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	20,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	31,248.00	233,231.13	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	1,625.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	1,625.00	28(d)
29. Other Disbursements	0.00	5,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	32,213.47	264,779.29	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	32,213.47	264,779.29	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	66,272.67	280,543.50	32
33. Total Contribution Refunds (from line 28d)	0.00	1,625.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	66,272.67	278,918.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	965.47	4,923.16	35
36. Offsets to Operating Expenditures (from line 15)	0.00	1,125.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	965.47	3,798.16	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Darrell R. Cammack 1300 Windlass Dr Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ivy Hall Geriatric Ctr President Aggregate Year-to-Date > $ 3,750.00	07/01/99	1,250.00
B. Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beaumont Nursing Home Administrator Aggregate Year-to-Date > $ 375.00	07/02/99	125.00
C. Debra Finneran 2529 Six Mile Ln Louisville, KY 40220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadows East Administrator Aggregate Year-to-Date > $ 500.00	07/02/99	500.00
D. Janice Harshman 35680 Wish-I-Ah Rd. Auberry, CA 93602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wish-I-Ah Care Ctr. Occupation Aggregate Year-to-Date > $ 760.00	07/02/99	260.00
E. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Chief Economist Aggregate Year-to-Date > $ 630.76	07/02/99	19.23
F. John Schaeffer PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date > $ 502.00	07/02/99	41.50
G. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Exec VP Aggregate Year-to-Date > $ 2,500.01	07/02/99	192.31

SUBTOTAL of Receipts This Page (optional) 2,378.04

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA VP Regulatory Aggregate Year-to-Date $ 230.88	07/02/99	19.24
B. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Vice President, Administration Aggregate Year-to-Date $ 494.00	07/02/99	38.00
C. Mark Tobin 50 Christy Place Brockton, MA 02301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Pointe Group President Aggregate Year-to-Date $ 800.00	07/06/99	500.00
D. Charles Harris 333 Broadway East Providence, RI 02914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harris Health Center Owner/Administrator Aggregate Year-to-Date $ 500.00	07/06/99	125.00
E. Ron Floyd 505 Robert Rd Slidell, LA 70458 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenbriar Nursing Home Administrator Aggregate Year-to-Date $ 375.00	07/06/99	125.00
F. Warren Wolfson 23200 Chagrin Blvd #BL4-500 Cleveland, OH 44122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Services Associates Administrator Aggregate Year-to-Date $ 225.00	07/06/99	150.00
G. Larry Bradley 667 Rio Lindo Ave. Chico, CA 95926 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chico Creek Health Care Administrator Aggregate Year-to-Date $ 375.00	07/06/99	125.00

SUBTOTAL of Receipts This Page (optional) 1,082.24

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 I

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vista Pacifica Enterprises Occupation: Owner/Administrator Aggregate Year-to-Date > $ 3,750.00	07/06/99	1,250.00
B. Full Name, Mailing Address and ZIP Code David Sauer PO Drawer A 410 NW 3rd St Casey, IL 62420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Heartland Manor Nursing Center Occupation: Administrator Aggregate Year-to-Date > $ 250.00	07/06/99	100.00
C. Full Name, Mailing Address and ZIP Code Kenneth Greiner Box 23017 Oklahoma City, OK 73123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wilshire Nursing Home Occupation: President Aggregate Year-to-Date > $ 750.00	07/06/99	250.00
D. Full Name, Mailing Address and ZIP Code Abraham Morse 2310 Washington St #300 Newton Lower Falls, MA 02162-1440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MA Extended Care Federation Occupation: Aggregate Year-to-Date > $ 375.00	07/06/99	375.00
E. Full Name, Mailing Address and ZIP Code Daniel Mosca 4221 Highway 150 East Browns Summit, NC 27214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 5,000.00	07/06/99	3,750.00
F. Full Name, Mailing Address and ZIP Code Stephen Spaugh 11572 Fall Creek Rd. Indianapolis, IN 46256 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Spaugh & Co Occupation: Owner Aggregate Year-to-Date > $ 375.00	07/06/99	125.00
G. Full Name, Mailing Address and ZIP Code Alan Solomont 400 Centre Street Newton, MA 22458 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Solomont/Ballis Ventures LLC Occupation: President Aggregate Year-to-Date > $ 3,750.00	07/06/99	1,250.00

SUBTOTAL of Receipts This Page (optional) 7,100.00

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. J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northport Health Services Inc President Aggregate Year-to-Date $ 3,750.00	07/06/99	1,250.00
B. Rebecca Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northport Health Services Inc. Owner Aggregate Year-to-Date $ 3,750.00	07/06/99	1,250.00
C. Jack Friedman 142-27 Franklin Avenue Flushing, NY 11355 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franklin Nursing Home Occupation Aggregate Year-to-Date $ 750.00	07/06/99	250.00
D. Michael Melllier 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	07/06/99	75.00
E. David Banks PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation Chairman/President Aggregate Year-to-Date $ 750.00	07/06/99	250.00
F. Beth Mosca 4221 Hwy 150 East Browns Summit, NC 27214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Advocare Occupation Administrator Aggregate Year-to-Date $ 1,250.00	07/06/99	1,250.00
G. R Frank Brown 401 Arnold Street P.O. Box 190 Cullman, AL 35056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	USA Healthcare Occupation CEO Aggregate Year-to-Date $ 5,000.00	07/06/99	5,000.00

SUBTOTAL of Receipts This Page (optional) 9,325.00

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

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. W. Haywood Fralin 2917 Penn Forest Blvd. #300 Roanoke, VA 24018-4397 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Med. Facilities of America Inc. Occupation: Aggregate Year-to-Date > $ 3,750.00	07/07/99	1,250.00
B. Melvin Harris 426 N Washington Marksville, LA 71351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Manor Occupation: Owner Aggregate Year-to-Date > $ 226.00	07/07/99	50.00
C. R Peter Madel 108 8th St NW Waseca, MN 56093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Shore Inn Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 375.00	07/07/99	125.00
D. Sally Rapp 5700 Stone Ridge Mall Ste 280 Pleasanton, CA 94566 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SR Management Svcs. Inc. Occupation: Administrator Aggregate Year-to-Date > $ 3,750.00	07/07/99	1,250.00
E. Karen Goldsmith 365 W Fairbanks Ave #300 PO Box 2011 Winter Park, FL 32790 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Goldsmith & Grout Occupation: Association Counsel Aggregate Year-to-Date > $ 275.00	07/07/99	250.00
F. Gregory Chambery 100 Daniel Dr Webster, NY 14580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maplewood Nursing Home Inc Occupation: Administrator Aggregate Year-to-Date > $ 225.00	07/08/99	75.00
G. Mark Wheat 703 17th St NW Alliceville, AL 35442 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alliceville Manor Nursing Home Occupation: President Aggregate Year-to-Date > $ 250.00	07/08/99	250.00

SUBTOTAL of Receipts This Page (optional) 3,250.00

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 11B1

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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. Joseph Warner 115 W Jefferson, Suite 401 Bloomington, IL 61702-3188 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprise President Aggregate Year-to-Date $ 750.00	07/08/99	250.00
B. Stuart Goldberg 134 Great East Neck Rd PO Box 5249 West Babylon, NY 11704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Neck Nursing Center President Aggregate Year-to-Date $ 750.00	07/08/99	750.00
C. Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Owner/Administrator Aggregate Year-to-Date $ 1,500.00	07/09/99	500.00
D. Marlow Baar 17732 Corinthian Drive Encino, CA 91316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Haskin & Baar Owner Aggregate Year-to-Date $ 250.00	07/09/99	125.00
E. John Wallace 511 W Market St Athens, AL 35611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Athens Nursing Home Inc Owner/Administrator Aggregate Year-to-Date $ 486.00	07/09/99	324.00
F. 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 $ 1,500.00	07/09/99	1,000.00
G. Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Executive Director Aggregate Year-to-Date $ 3,750.00	07/09/99	1,250.00

SUBTOTAL of Receipts This Page (optional) 4,199.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 B1

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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. Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Rehab Ctr Executive Director Aggregate Year-to-Date $ 3,750.00	07/09/99	1,250.00
B. Neil Pruitt 409 E. Doyle St. Toccoa, GA 30577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UHS-Pruitt Corp. Administrator Aggregate Year-to-Date $ 750.00	07/12/99	500.00
C. J Richard Miller PO Box 498 Plymouth, IN 46563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Investment Inc CEO/CFO Aggregate Year-to-Date $ 2,000.00	07/12/99	500.00
D. Dennis Kamstra 1895 E Rum River Dr S Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Dimensions Nrsg Home Admin Aggregate Year-to-Date $ 375.00	07/12/99	125.00
E. Cheryl Rapp 1070 Via Traquila Santa Barbara, CA 93110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CARRE President Aggregate Year-to-Date $ 3,750.00	07/12/99	1,250.00
F. Richie Alba 705 Clearview Dr. Vinton, VA 24179 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Berkshire Health Care Center Occupation Aggregate Year-to-Date $ 500.00	07/12/99	500.00
G. Earl Carlson 236 Metro Dr Jefferson City, MO 65109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Missouri Health Care Assn Executive Director Aggregate Year-to-Date $ 250.00	07/12/99	250.00

SUBTOTAL of Receipts This Page (optional) 4,375.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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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. 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 > $ 3,000.00	07/12/99	1,000.00
B. 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 > $ 900.00	07/12/99	400.00
C. Thomas Reddy 8847 Long PO Box 14884 Lenexa, KS 66285-4884 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vintage Park Inc. Occupation: Aggregate Year-to-Date > $ 1,500.00	07/13/99	500.00
D. Larry Bradley 587 Rio Lindo Ave. Chico, CA 95926 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chico Creek Health Care Occupation: Administrator Aggregate Year-to-Date > $ 475.00	07/13/99	100.00
E. Phil Chase 5374 Long Shadow Ct Thousand Oaks, CA 91362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Chase Group Occupation: Nursing Home Consult Aggregate Year-to-Date > $ 1,550.00	07/13/99	300.00
F. Jerry Sansby 2319 W 7th St St Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highland Chateau Occupation: President Aggregate Year-to-Date > $ 750.00	07/13/99	250.00
G. Blaine Hendrickson PO Box 7 PO Box 7 Rancho Mirage, CA 92270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Legacy Healthcare Occupation: Aggregate Year-to-Date > $ 1,100.00	07/13/99	100.00

SUBTOTAL of Receipts This Page (optional) 2,650.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard & Jill Mendlen 3333 Camino del Rio South #200 San Diego, CA 92108-3837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Subacute Care of America, Inc Occupation: Dir Operations Aggregate Year-to-Date $ 1,100.00	07/13/99	100.00
B. P Dennis Mattson PO Box 2197 Corona, CA 91718-2197 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independent Options Inc Occupation: Executive Director Aggregate Year-to-Date $ 1,200.00	07/13/99	200.00
C. John Doran 16012 Native Dancer Road North Potomac, MD 20878 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Administrator Aggregate Year-to-Date $ 400.00	07/13/99	400.00
D. Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bell Nursing Home Inc Occupation: President Aggregate Year-to-Date $ 375.00	07/14/99	125.00
E. Paul Roth 520 Sleepy Hollow Rd Briarcliff Manor, NY 10510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brandywine Nursing Home Occupation: Administrator Aggregate Year-to-Date $ 225.00	07/14/99	75.00
F. G. Michael Leader 4070 W Areba Ave Hershey, PA 17033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Country Meadows of West Shore Occupation: President Aggregate Year-to-Date $ 225.00	07/14/99	75.00
G. Richard Rau 3939 S. 92nd St. Greenfield, WI 53228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Clement Manor Health Center Occupation: Aggregate Year-to-Date $ 375.00	07/14/99	125.00

SUBTOTAL of Receipts This Page (optional) 1,100.00

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

4-00173

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11b1

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 committees.

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. Dave Helmsin 2201 K Street PO Box 637004 Sacramento, CA 95853 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAHF Occupation: Program Director Aggregate Year-to-Date $ 225.00	07/14/99	75.00
B. Martha Carole White 114 Marketridge Dr Ridgeland, MS 39157 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mississippi Health Care Assn Occupation: Executive Director Aggregate Year-to-Date $ 250.00	07/14/99	125.00
C. Stephen Reissman 4551 Glencoe Ave, 3rd Flr. Marina Del Ray, CA 90292 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Country Villa Health Services Occupation: Administrator Aggregate Year-to-Date $ 375.00	07/14/99	125.00
D. Ira Alpert 3220 S Higuera St Suite 103A San Luis Obispo, CA 93401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wilshire Foundation Inc Occupation: President Aggregate Year-to-Date $ 750.00	07/14/99	500.00
E. Clark Peek 505 N 5th Avenue Rome, GA 30165 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Fifth Avenue Healthcare Occupation: Owner/Administrator Aggregate Year-to-Date $ 750.00	07/14/99	375.00
F. Robert Chur 7 Limestone Drive Williamsville, NY 14221-7899 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Elderwood Affiliates Inc Occupation: President Aggregate Year-to-Date $ 3,750.00	07/14/99	1,250.00
G. Patti Turenne 7 Clayton Street Suite 1200 Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Turenne & Associates Inc Occupation: Administrator Aggregate Year-to-Date $ 1,500.00	07/14/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,950.00

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 11b1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Scharfenberger 7266 Kenwood Rd #300 Cincinnati, OH 45236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Care Management Occupation: Exec Vice President Aggregate Year-to-Date > $ 225.00	07/14/99	75.00
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 > $ 750.00	07/14/99	750.00
C. Berry Crow 9628 Campo Rd #T. Spring Valley, CA 91977 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brighton Health Alliance Inc Occupation: Administrator Aggregate Year-to-Date > $ 750.00	07/14/99	250.00
D. David Wolf New Rd & Central Ave Linwood, NJ 08221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Linwood Conv Center Occupation: Owner/Administrator Aggregate Year-to-Date > $ 500.00	07/14/99	500.00
E. Jerry Sansby 2319 W 7th St St Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highland Chateau Occupation: President Aggregate Year-to-Date > $ 1,000.00	07/14/99	250.00
F. John Twarog PO Box 86 Girard, KS 66743 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Heritage Occupation: Aggregate Year-to-Date > $ 225.00	07/14/99	75.00
G. Michael Cook 1919 Pennsylvania Avenue Washington, DC 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jenkins & Gilchrist Occupation: Partner/LTC Consult Aggregate Year-to-Date > $ 225.00	07/14/99	225.00

SUBTOTAL of Receipts This Page (optional) 2,125.00

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 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. Ronald Squillace 301 Union Street Hackensack, NJ 07601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date > $ 225.00	07/14/99	75.00
B. William White PO Box 308 New London, CT 06320 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beechwood Rehab & Nursing Ctr. Occupation: Admin/Owner Aggregate Year-to-Date > $ 300.00	07/14/99	300.00
C. Michael McBride 101 Grace Drive Easley, SC 29640 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Management Resources Occupation: President Aggregate Year-to-Date > $ 2,605.00	07/14/99	5.00
D. Thomas Griesom 400 W Market Street Louisville, KY 40202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vencor Inc Occupation: VP, Government Relations Aggregate Year-to-Date > $ 750.00	07/14/99	500.00
E. Philip Caldwell 3830 E. Southport Rd. Ste. 100 Indianapolis, IN 46237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: EagleCare, Inc. Occupation: Aggregate Year-to-Date > $ 2,000.00	07/14/99	2,000.00
F. James Westbury 992 McDonough Rd Jackson, GA 30233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Westbury Medical Care Home Inc Occupation: President Aggregate Year-to-Date > $ 1,500.00	07/14/99	500.00
G. Ruth Graybeal 1881 Telegraph Road Rising Sun, MD 21911 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Calvert Manor Healthcare Ctr Occupation: Aggregate Year-to-Date > $ 225.00	07/15/99	75.00

SUBTOTAL of Receipts This Page (optional) 3,455.00

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 11a

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Floyd Schlossberg 4200 Peterson #140 Chicago, IL 60645 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alden Management Inc President Aggregate Year-to-Date $ 3,750.00	07/15/99	1,250.00
B. Don Fike 115 East South St. Galesburg, IL 61401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	RFMS Inc President Aggregate Year-to-Date $ 1,500.00	07/15/99	500.00
C. Francis Feltham 1200 Talisman Dr North Augusta, SC 29841 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fane Management Inc President Aggregate Year-to-Date $ 375.00	07/15/99	375.00
D. Don Wessell 417 S Main St Oberlin, OH 44074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Welcome Nursing Home Inc President Aggregate Year-to-Date $ 375.00	07/15/99	125.00
E. Robert Murtha 580 North Fourth St #620 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Macintosh Company President Aggregate Year-to-Date $ 1,500.00	07/16/99	500.00
F. Eileen Khan 163 Quinnipiac Ave North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Montower Health Care Ctr VP Nursing Aggregate Year-to-Date $ 375.00	07/16/99	225.00
G. Daniel Valoric 3706 Church Road Mt. Laurel, NJ 08054 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mt. Laurel Nursing and Rehabilitation Center Chairman of Board Aggregate Year-to-Date $ 375.00	07/16/99	125.00

SUBTOTAL of Receipts This Page (optional) 3,100.00

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. Gail Clarkson 64600 Van Dyke Washington, MI 48095 Receipt For: Primary General Other (specify):	The Medlodge Group Occupation: Vice President Aggregate Year-to-Date $ 750.00	07/16/99	250.00
B. Steven Brant 101 S Belt W Belleville, IL 62220 Receipt For: Primary General Other (specify):	Four Fountains Conv Ctr Occupation: Administrator Aggregate Year-to-Date $ 375.00	07/16/99	125.00
C. Bernard Dana 5010 S 118th St Ste 250 Omaha, NE 68137 Receipt For: Primary General Other (specify):	Vetter Health Services Occupation: Executive VP Aggregate Year-to-Date $ 500.00	07/16/99	250.00
D. Mary Lynne Bailey 2112 West Laburnum Ave #206 Richmond, VA 23227 Receipt For: Primary General Other (specify):	Virginia Health Care Assn Occupation: Vice President Aggregate Year-to-Date $ 225.00	07/16/99	75.00
E. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: VP Regulatory Aggregate Year-to-Date $ 250.12	07/16/99	19.24
F. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: Chief Economist Aggregate Year-to-Date $ 649.99	07/16/99	19.23
G. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date $ 543.50	07/16/99	41.50

SUBTOTAL of Receipts This Page (optional) 779.97

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 b1

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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. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Exec VP Aggregate Year-to-Date > $ 2,692.32	07/16/99	192.31
B. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 532.00	07/16/99	38.00
C. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mayview Conv Home Inc Occupation: Administrator Aggregate Year-to-Date > $ 500.00	07/16/99	250.00
D. Joy May 2000 Domanik Dr Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lincoln Lutheran - Racine Occupation: Administrator Aggregate Year-to-Date > $ 375.00	07/16/99	125.00
E. Timothy Chles 9899 Avocet St, NW Coon Rapids, MN 55433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Park River Estates Care Ctr Occupation: Office Manager Aggregate Year-to-Date > $ 250.00	07/16/99	250.00
F. Eugene Bishop PO Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Services Centers Occupation: President Aggregate Year-to-Date > $ 750.00	07/16/99	250.00
G. Faroop Khan 163 Quinnipiac Ave North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Montower Health Care Ctr Occupation: President Aggregate Year-to-Date > $ 375.00	07/16/99	125.00

SUBTOTAL of Receipts This Page (optional) 1,230.31

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. Jack Markovitz P.O. Box 605 Sunset Beach, CA 90742-0605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: JK Health Care Mgmt. Inc. Occupation: President Aggregate Year-to-Date > $ 3,750.00	07/16/99	1,250.00
B. David Duncan 1105 State Street Box 308 Mound City, MO 64470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tiffany Care Centers Occupation: President Aggregate Year-to-Date > $ 2,050.00	07/16/99	150.00
C. Richard & Jill Mendlen 3333 Camino del Rio South #200 San Diego, CA 92108-3837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Subacute Care of America, Inc Occupation: Dir Operations Aggregate Year-to-Date > $ 1,350.00	07/19/99	250.00
D. David E Melliler 27 Brand Avenue P.O. Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pleasant Manor Inc Occupation: Administrator Aggregate Year-to-Date > $ 1,900.00	07/20/99	400.00
E. Dee Bangerter 2277 East Fort Union Blvd. Salt Lake City, UT 84121 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rocky Mountain Healthcare Occupation: Aggregate Year-to-Date > $ 526.00	07/20/99	400.00
F. Jane Hibbard-Merrill Guilford St PO Box 169 Dover-Foxcroft, ME 04426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hibbard Nsg Hm Occupation: Administrator Aggregate Year-to-Date > $ 225.00	07/20/99	75.00
G. Howard Groff 8031 Penn. Ave. South Bloomington, MN 55431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Teakwood Care Centers Inc Occupation: President Aggregate Year-to-Date > $ 375.00	07/20/99	125.00

SUBTOTAL of Receipts This Page (optional) 2,650.00

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 11a I

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. 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 > $ 500.00	07/20/99	250.00
B. Jay Moskowitz 33 Southmoor Drive Denver, CO 80220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wheat Ridge Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 225.00	07/21/99	25.00
C. Jerry Neal 2205 Broadway Mt Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DSI Healthcare Occupation: President Aggregate Year-to-Date > $ 850.00	07/21/99	250.00
D. Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Occupation: Administrator Aggregate Year-to-Date > $ 375.00	07/21/99	125.00
E. Gary Bowers 9311 San Pedro #1103 San Antonio, TX 78216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Administration Occupation: Vice President Aggregate Year-to-Date > $ 500.00	07/22/99	500.00
F. Dan Thayer 604 Woodland Dr Grand Island, NE 68801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverside Lodge Occupation: Owner/Administrator Aggregate Year-to-Date > $ 500.00	07/22/99	250.00
G. Sally Gearhart-Schnabel 2200 Jackson AVENUE Seaford, NY 11783 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crown Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 425.00	07/22/99	425.00

SUBTOTAL of Receipts This Page (optional) 1,825.00

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

4-00173

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a I

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Patricia Ramsey 12 Riverwood DRive York, ME 03909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Edgewood Center Owner/Administrator Aggregate Year-to-Date $ 1,150.00	07/22/99	1,000.00
B. Jean Wells 725 Harvard Drive Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wells Health Systems Owner Aggregate Year-to-Date $ 1,500.00	07/22/99	1,500.00
C. Bob Bowers 9311 San Pedro, Ste. 1103 San Antonio, TX 78216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Administration Co. President Aggregate Year-to-Date $ 500.00	07/22/99	500.00
D. Cecil Barcelo 411 Alabama League City, TX 77573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baywind Village Administrator Aggregate Year-to-Date $ 225.00	07/23/99	75.00
E. Joseph Martin 105 Dunning Rd Middletown, NY 10940 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Middletown Park Manor Administrator Aggregate Year-to-Date $ 225.00	07/23/99	75.00
F. Lester Robertson 2205 Broadway Mt Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DSI MGT SVC Executive VP Aggregate Year-to-Date $ 225.00	07/23/99	75.00
G. Paul Granger Englewood, CO Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 400.00	07/23/99	400.00

SUBTOTAL of Receipts This Page (optional) 3,625.00

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

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. Michael McBride 101 Grace Drive Easley, SC 29640 Receipt For: Primary General Other (specify):	Health Management Resources Occupation: President Aggregate Year-to-Date $ 3,100.00	07/23/99	495.00
B. Zalga Moriarty 5010 S 118th St Ste 250 Omaha, NE 68137 Receipt For: Primary General Other (specify):	Vetter Health Services Occupation: Operations Supervisor Aggregate Year-to-Date $ 225.00	07/26/99	75.00
C. Sandra Higgins-Stinson PO Box 743 Madisonville, KY 42431 Receipt For: Primary General Other (specify):	Senior Citizens Nursing Homes, Inc. Occupation: CEO/President Aggregate Year-to-Date $ 500.00	07/26/99	250.00
D. Sue Cammack 1300 Windlass Drive Baltimore, MD 21220 Receipt For: Primary General Other (specify):	Ivy Hall Occupation: Administrator Aggregate Year-to-Date $ 400.00	07/26/99	400.00
E. Terry Mace 909 Highline Dr East Wenatchee, WA 98802 Receipt For: Primary General Other (specify):	Highline Conv Center Occupation: Administrator Aggregate Year-to-Date $ 1,025.00	07/27/99	1,000.00
F. Herbert Heflich 33 Union Pl 2nd Flr Summit, NJ 07901 Receipt For: Primary General Other (specify):	Long Term Care Mgt Co Occupation: Owner Aggregate Year-to-Date $ 1,000.00	07/27/99	500.00
G. Jim Wahner 3724 W Wisconsin Ave Milwaukee, WI 53208 Receipt For: Primary General Other (specify):	Extendicare Health Services Inc. Occupation: VP Admin & Gov Rel Aggregate Year-to-Date $ 375.00	07/30/99	125.00

SUBTOTAL of Receipts This Page (optional) 2,845.00

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 B1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Tamela McDermott 3450 North N. Buffalo Drive Las Vegas, NV 89129	Silver Hills Healthcare Center Executive Director	07/30/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
B. 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 $		
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)	300.00
TOTAL This Period (last page this line number only)	60,344.56

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 11D

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. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,500.00	07/12/99	3,500.00
B.	Aggregate Year-to-Date $		
C.	Aggregate Year-to-Date $		
D.	Aggregate Year-to-Date $		
E.	Aggregate Year-to-Date $		
F.	Aggregate Year-to-Date $		
G.	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 3,500.00

TOTAL This Period (last page this line number only) 3,500.00

4-00/173

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. 4922 Fairmont Ave Bethesda, MD 20814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richmond Aggregate Year-to-Date $ 309.32	07/31/99	46.84
B. PO Box 85024 Richmond, VA 23285-5024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crestar Bank Aggregate Year-to-Date $ 679.07	07/31/99	84.64
C. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 131.48

TOTAL This Period (last page this line number only) 131.48

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 21B

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 123 dc, DC 20005	Bank Fee Disbursement for: Primary General Other (specify)	07/31/99	175.17
B. 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	AMEX Fee Disbursement for: Primary General Other (specify)	07/31/99	486.48
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	Bank charges Disbursement for: Primary General Other (specify)	07/31/99	303.82
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	965.47
TOTAL This Period (last page this line number only)	965.47

4-00179

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. Hayes for Congress Campaign 102 Church Street North Concord, NC 28025	Robert Hayes, U.S. HOUSE NC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/12/99	500.00
B. Hastert for Congress P.O. Box 625 Batavia, IL 60510	Dennis Hastert, U.S. HOUSE 14th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/12/99	5,000.00
C. Hastert for Congress P.O. Box 625 Batavia, IL 60510	Dennis Hastert, U.S. HOUSE 14th IL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/12/99	5,000.00
D. Hutchinson for Senate P.O. Box 933 1541 Longworth House Ofc Bldg Bentonville, AR 72712	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	07/14/99	-500.00
E. Hall For Congress Committee Post Office Box 711 Rockwall, TX 75087	Ralph Hall, U.S. HOUSE 4th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/14/99	4,500.00
F. House Democratic Leader's Victory Fund 2000 PO Box 15849 Washington, DC 20003	Dick Gephardt & DCCC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/16/99	5,000.00
G. House Democratic Leader's Victory Fund 2000 PO Box 15849 Washington, DC 20003	Dick Gephardt & DCCC Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/16/99	5,000.00
H. Ted Strickland for Congress P.O. Box 580 Lucasville, OH 45648	Ted Strickland, OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/23/99	1,000.00
I. Friends of John Boehner 7908 Cincinnati-Dayton Rd. 1020 Longworth House Ofc Bldg West Chester, OH 45069	John Boehner, U.S. HOUSE 8th OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/23/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 26,500.00

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

4-50178

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. McCrery for Congress Suite 350, 6425 Youree Dr. Shreveport, LA 71105-0650	Jim McCrery, U.S. HOUSE 5th LA [X] Primary [ ] General [ ] Other (specify) 2000	07/23/99	1,000.00
B. Friends of Patrick Kennedy P.O. Box 1356 1505 Longworth HOB Providence, RI 02901	Patrick Kennedy, U.S. HOUSE 1st RI [X] Primary [ ] General [ ] Other (specify) 2000	07/23/99	1,000.00
C. Nussle for Congress Committee PO Box 324 Manchester, IA 52057	Jim Nussle, U.S. HOUSE 2nd IA [X] Primary [ ] General [ ] Other (specify) 2000	07/23/99	1,000.00
D. Ben Cardin for Congress PO Box 65056 Baltimore, MD 21209	Benjamin Cardin, U.S. HOUSE 3rd MD [X] Primary [ ] General [ ] Other (specify) 2000	07/23/99	6,000.00
E. Ashcroft for Senate P.O. Box 15577 705 Hart SOB Clayton, MO 63105	John Ashcroft, U.S. SENATE MO [X] Primary [ ] General [ ] Other (specify) 2000	07/23/99	1,000.00
F. Ben Cardin for Congress PO Box 65056 Baltimore, MD 21209	Voided Check [X] Primary [ ] General [ ] Other (specify) 2000	07/26/99	-5,000.00
G. Cooper for Congress 11805 Studt Avenue # 107 Creve Coeur, MO 63141	Cooper , U.S. HOUSE MO [X] Primary [ ] General [ ] Other (specify) 2000	07/26/99	748.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement [ ] 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 [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	4,748.00
TOTAL This Period (last page this line number only)	31,248.00

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 8-16-95
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMJ

PREPARER

8-16-95

DATE PREPARED

(4/98)