REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

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

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

1201 L Street, NW

CITY, STATE and ZIP CODE

Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

(a)
- [ ] April 15 Quarterly Report
- [ ] July 15 Quarterly Report
- [ ] October 15 Quarterly Report
- [ ] 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
[X] May 20	[ ] September 20	[ ] January 31

[ ] Twelfth day report preceeding _____ (Type of Election) election on _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____.

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 04/01/98 through 04/30/98		
6. (a) Cash on Hand January 1, 1998		$ 103,778.00
(b) Cash on Hand at Beginning of Reporting Period	$ 66,004.76	
(c) Total Receipts (from line 19)	$ 61,056.38	$ 169,914.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 127,061.14	$ 273,692.84
7. Total Disbursements (from Line 30)	$ 17,904.87	$ 164,536.57
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 109,156.27	$ 109,156.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

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

Type or Print Name Of Treasurer
Paul Willging, Phd

Signature of Treasurer

Date 5/20/98

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

FEC FORM 3X

(Revised 9/93)

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

Revised (1/1/91)

NAME OF COMMITTEE American Health Care Association Political Action Committee

REPORT COVERING PERIOD FROM: 04/01/98 TO: 04/30/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	52,282.50	145,476.20
ii. Unitemized	7,814.44	21,599.82
iii. Total (add i and ii) >	60,096.94	167,076.02
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a(iii),b and c) >	60,096.94	167,076.02
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	200.00	200.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	500.00	1,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	259.44	1,138.82
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	61,056.38	169,914.84
20. Total Federal Receipts (subtract line 18 from line 19) >	61,056.38	169,914.84
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	542.87	2,549.57
c. Total Operating Expenditures (Add ai,aii, and b) >	542.87	2,549.57
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,150.00	156,775.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	212.00	5,212.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	212.00	5,212.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	17,904.87	164,536.57
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	17,904.87	164,536.57
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	60,096.94	167,076.02
33. Total Contribution Refunds (from line 28d)	212.00	5,212.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	59,884.94	161,864.02
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	542.87	2,549.57
36. Offsets to Operating Expenditures (from line 15)	200.00	200.00
37. Net Operating Expenditures (subtract line 36 from 35) >	342.87	2,349.57

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 13
	FOR LINE NUMBER I1 a i

SCHEDULE A ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Gail Horrigan Has Refund(s) on Schedule B Totalling $162.00			(Memo Entry)
Receipt For: [ ] Primary [ ] General [X] Other (Specify)	Aggregate Year-to-date > $		

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	Bel-Air Lodge / Administrator	04/01/98	1,250.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify)	Aggregate Year-to-date > $ 1,250.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Mary Baker Has Refund(s) on Schedule B Totalling $5000.00			(Memo Entry)
Receipt For: [ ] Primary [ ] General [X] 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
Reginald Carter PO Box 80050 Lansing, MI 48908	Health Care Assn. of Michigan / Executive VP	04/02/98	300.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify)	Aggregate Year-to-date > $ 300.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
J Randal Lee PO Box 212936 Columbia, SC 29221	South Carolina Hlth Care Assn / Vice President	04/03/98	250.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify)	Aggregate Year-to-date > $ 250.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534	Beaumont Nursing Home / Administrator	04/03/98	125.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify)	Aggregate Year-to-date > $ 250.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Roger C Lipitz 515 Fairmount Ave #800 Towson, MD 21286	Genesis Health Ventures / Owner	04/03/98	500.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) >	2,425.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 13
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. Kim Gallina 1400 8th Avenue Union Grove, WI 53182 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Oak Ridge Care Court Occupation Aggregate Year-to-date > $ 500.00	04/06/98	500.00
B. James Ayers 131 W Main Street, 2nd Flr P.O. Box 217 Parsons, TN 38363 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Health Centers Occupation Aggregate Year-to-date > $ 1,750.00	04/06/98	1,750.00
C. Steve Bristoe 5401 West 10th St. Greeley, CO 80634 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Continuum Health Partnerships Occupation Area VP Aggregate Year-to-date > $ 500.00	04/06/98	250.00
D. Durell R Carmack 1300 Windlass Dr Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Ivy Hall Geriatric Ctr Occupation President Aggregate Year-to-date > $ 1,000.00	04/07/98	1,000.00
E. Gary Toth P.O. Box 40 Madison, OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Phoenix Res. Centers Occupation President Aggregate Year-to-date > $ 625.00	04/07/98	500.00
F. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Mayview Conv House Inc Occupation Administrator Aggregate Year-to-date > $ 250.00	04/08/98	250.00
G. Marlow Baar 17732 Corinthian Drive Encino, CA 91316 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Haskin & Baar Occupation Owner Aggregate Year-to-date > $ 250.00	04/09/98	125.00

SUB TOTAL of Receipts This Page (Optional) > 4,375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 13
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. 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 > $ 250.00	04/09/98	125.00
B. Stephen Spaugh 11572 Fall Creek Rd. Indianapolis, IN 46256 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Spaugh & Co Occupation: Owner Aggregate Year-to-date > $ 250.00	04/09/98	125.00
C. Royce Delaney 14 Northtown Drive Ste 202 Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Delco Inc Occupation: Vice President Aggregate Year-to-date > $ 212.00	04/10/98	150.00
D. Tamela McDermott 5659 W Duncan Drive Las Vegas, NV 89012 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	IHS of Shadow Mountain Occupation: Administrator Aggregate Year-to-date > $ 300.00	04/13/98	300.00
E. Linda DeRuvo Keegan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	AHCA Occupation: VP PR & Prof Svcs Aggregate Year-to-date > $ 500.00	04/13/98	500.00
F. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Mequon Care Center Occupation: Administrator Aggregate Year-to-date > $ 250.00	04/13/98	125.00
G. Lee Marchant 3800 Gifford Road Bloomington, IN 47402 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	LJM Enterprises Occupation: CEO Aggregate Year-to-date > $ 500.00	04/13/98	250.00

SUB TOTAL of Receipts This Page (Optional) ---------->	1,575.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 13
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062	Weirton Convalescent Home Occupation: Owner/Administrator	04/13/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Dennis Christiano 525 Beahan Rd Rochester, NY 14624	Westgate Nursing Home Occupation: Proprietor	04/13/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Alice Kim Lew 58-130 Kam Hwy Haleiwa, HI 96712	Crawford's Convalescent Home Occupation: Administrator	04/13/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Steven Reissman 4551 Glencoe Ave, Ste 300 Marina Del Ray, CA 90292	Country Villa Health Services Occupation: Administrator	04/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Kenneth Greiner Box 23017 Oklahoma City, OK 73123	Wilshire Nursing Home Occupation: President	04/14/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
John W Jamison III PO Box 360067 Birmingham, AL 35236	CARECORPS Occupation: President & CEO	04/14/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Neil Pruitt PO Box 1210 Toccoa, GA 30577	Pruitt & Associates Inc Occupation: Administrator	04/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	3,250.00
TOTAL this Period (Last page this line number only) ..... >	

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

FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. Don Wessell, 417 S Main St, Oberlin, OH 44074	Welcome Nursing Home Inc / President	04/14/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Kensett Moyle, 55425 Santa Fe Tr, Yucca Valley, CA 92284	Moyles Health Care Inc / President	04/14/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
C. Louis E Cottrell Jr, PO Box 189, Killen, AL 35645	Lauderdale Christian NH / Administrator	04/15/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
D. J Robert Wilson, 947 Worthington Circle, Ft Collins, CO 80526	Columbine Mgmt. Svcs. / President	04/16/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
E. Stephen Morrisette, 2112 W Laburnum Ave Ste 206, Richmond, VA 23227	Virginia Health Care Assn / President	04/16/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
F. John Kiefhaber, 221 SW 33rd, Topeka, KS 66611	Kansas Health Care Association / Executive VP	04/16/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Ira Alpert, 3220 S Higuera St, Suite 103A, San Luis Obispo, CA 93401	Wilshire Foundation Inc / President	04/16/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 3,125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 13
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. R Frank Brown 2nd St. W, PO Box 190 Cullman, AL 35056 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Age Inc. CEO Aggregate Year-to-date > $ 5,000.00	04/16/98	5,000.00
B. Sally Gearhart-Schnabel PO Box 845 Barnegat Light, NJ 08006 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Crown Nursing Home Administrator Aggregate Year-to-date > $ 375.00	04/16/98	375.00
C. Mark Finkelstein 955 S Main Street Middletown, CT 06457 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Subacute Mgt Corp of America Inc Occupation Aggregate Year-to-date > $ 500.00	04/16/98	500.00
D. Joseph Donchess 7844 Office Park Blvd Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Louisiana Nursing Home Assn Executive Director Aggregate Year-to-date > $ 500.00	04/16/98	250.00
E. Patti Turenne 407 S McDonough St Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Turenne & Associates Inc Administrator Aggregate Year-to-date > $ 1,000.00	04/16/98	500.00
F. Gail Clarkson 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	The Medilodge Group Occupation Vice President Aggregate Year-to-date > $ 500.00	04/16/98	250.00
G. Kenneth Morris 401 Snyder Ave Barberton, OH 44203 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Pleasant View Health Care Occupation Administrator Aggregate Year-to-date > $ 250.00	04/16/98	125.00

SUB TOTAL of Receipts This Page (Optional) >	7,000.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 13
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. 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 > $ 1,000.00	04/16/98	500.00
B. Cheryl Rapp 7500 Camino Tassajara Pleasanton, CA 94588 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Carre Occupation: President Aggregate Year-to-date > $ 2,500.00	04/16/98	2,500.00
C. P Dennis Mattson PO Box 2197 Corona, CA 91718-2197 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Independent Options Inc Occupation: Executive Director Aggregate Year-to-date > $ 500.00	04/16/98	500.00
D. Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Hillside Manor Occupation: Executive Director Aggregate Year-to-date > $ 250.00	04/16/98	125.00
E. Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Hillside Manor Rehab Ctr Occupation: Executive Director Aggregate Year-to-date > $ 2,500.00	04/16/98	1,250.00
F. Phillip Fogg Sr 6623 NE 82nd Ave Portland, OR 97220 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Prestige Care Inc Occupation: Administrator Aggregate Year-to-date > $ 1,000.00	04/16/98	1,000.00
G. V Richard Miller PO Box 498 Plymouth, IN 46563 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: MMM Investment Inc Occupation: CEO/CFO Aggregate Year-to-date > $ 1,000.00	04/16/98	500.00

SUB TOTAL of Receipts This Page (Optional) ..... > 6,375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 13
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Eugene Bishop PO Box 397 Roswell, GA 30077	Health Services Centers Occupation: President	04/17/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Gail Clarkson 64500 Van Dyke Washington, MI 48095	The Medilodge Group Occupation: Vice President	04/20/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 600.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Richard Grosso 130 Terhune Dr Wayne, NJ 07470	Lakeview SubAcute Center Occupation: President	04/21/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Richard G Miller 148 W State Street Kennett Square, PA 19348	Genesis Health Ventures Occupation: Director, Gov Affairs	04/21/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Steven Wolf 2620 West Blvd. Belleville, IL 62221-7208	Eldercare Inc Occupation: President	04/22/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
John Jarrett PO Box 909 New Paltz, NY 12561	New Paltz Nursing Home Occupation: Administrator	04/22/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
R Peter Madel 108 8th St NW Waseca, MN 56093	Lake Shore Inn Nursing Home Occupation: Administrator	04/22/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) >	2,275.00
TOTAL this Period (Last page this line number only) >	

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

FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Jim Wahner 3724 W Wisconsin Ave Milwaukee, WI 53208	Extendicare Health Services Inc. VP Admin & Gov Rel	04/22/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Jan Thayer 404 Woodland Dr Grand Island, NE 68801	Riverside Lodge Owner/Administrator	04/22/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
David Banks PO Box 3324 Ft Smith, AR 72913	Beverly Enterprises Chairman/President	04/22/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Clark Peek 505 N 5th Avenue Rome, GA 30165	Fifth Avenue Healthcare Owner/Administrator	04/22/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. 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	Health Care & Ret Group VP Bus Planning	04/22/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Stan Jones 3107 Westhill Dr Wausau, WI 54401	Wausau Manor Administrator	04/22/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
William Kempiners 1029 S 4th St Springfield, IL 62703	Illinois Health Care Assn Executive Director	04/22/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 1,425.00

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

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

FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. Jerry Sansby 2319 W 7th St St Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Highland Chateau Occupation: President Aggregate Year-to-date > $ 500.00	04/22/98	250.00
B. Jean Wells 725 Harvard Drive Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Wells Health Systems Occupation: Owner Aggregate Year-to-date > $ 1,500.00	04/22/98	1,000.00
C. Martha Carole White 114 Marketridge Dr Ridgeland, MS 39157 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Mississippi Health Care Assn Occupation: State Executive Aggregate Year-to-date > $ 250.00	04/22/98	125.00
D. Lori Wright PO Box 3667 Tupelo, MS 38803 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Right Care Inc Occupation: Aggregate Year-to-date > $ 2,500.00	04/22/98	2,500.00
E. Douglas M Wright PO Box 3667 Tupelo, MS 38803 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Right Care, Inc. Occupation: President/CEO Aggregate Year-to-date > $ 2,500.00	04/22/98	2,500.00
F. Francis Feltham 1200 Talisman Dr North Augusta, SC 29841 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Fane Management Inc Occupation: President Aggregate Year-to-date > $ 250.00	04/23/98	250.00
G. Burton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	HBA Corporation Occupation: Administrator Aggregate Year-to-date > $ 750.00	04/23/98	375.00

SUB TOTAL of Receipts This Page (Optional) > 7,000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 11 OF 13
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. Jack Vetter, 5020 South 118th St., Omaha, NE 68137 — Receipt For: Primary / General / Other (Specify)	Vetter Health Services — Administrator — Aggregate Year-to-date > $ 1,000.00	04/23/98	400.00
B. Larry Juhl, 104 Glen Oaks Dr, Box 31, New London, MN 56273 — Receipt For: Primary / General / Other (Specify)	GlenOaks Care Center — Administrator — Aggregate Year-to-date > $ 500.00	04/23/98	250.00
C. Elton Beebe, PO Box 6015, Ridgeland, MS 39158 — Receipt For: Primary / General / Other (Specify)	Magnolia Management Corp — President — Aggregate Year-to-date > $ 1,000.00	04/23/98	500.00
D. Dirk Anjewierden, 4935 S 500 E, Salt Lake City, UT 84107 — Receipt For: Primary / General / Other (Specify)	Alta Care Center — Administrator — Aggregate Year-to-date > $ 250.00	04/23/98	250.00
E. Abraham Morse, 2310 Washington St #300, Newton Lower Falls, MA 02162-1440 — Receipt For: Primary / General / Other (Specify)	MA Extended Care Federation — Executive VP — Aggregate Year-to-date > $ 250.00	04/24/98	250.00
F. Sandra Higgins-Stinson, PO Box 743, Madisonville, KY 42431 — Receipt For: Primary / General / Other (Specify)	Senior Citizens Nursing Homes, Inc. — Owner/Administrator — Aggregate Year-to-date > $ 800.00	04/24/98	250.00
G. Wally Miller, 104 E Central Ave, P.O. Box 168, LaGrange, IN 46761 — Receipt For: Primary / General / Other (Specify)	MMM Investment Inc — CEO/Operations — Aggregate Year-to-date > $ 1,000.00	04/24/98	500.00

SUB TOTAL of Receipts This Page (Optional) ..... > 2,400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 OF 13
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406	Northport Health Services Inc President	04/24/98	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,375.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Henry Burch PO Box 23314 New Orleans, LA 70123	Henry J Burch & Associates Owner	04/24/98	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Joseph Warner 115 W Jefferson, Suite 401 Bloomington, IL 61702-3188	Heritage Enterprise President	04/24/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael W Massey 313 Memorial Drive PO Box 1149 Greer, SC 29652	Roger Huntington Nursing Ctr Administrator	04/24/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,100.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
David E Meillier 27 Brank Avenue P.O. Box 446 Faribault, MN 55021	Pleasant Manor Inc Administrator	04/24/98	650.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Reynaldo Lapid 1931 Lakewood Rd Toms River, NJ 08755	Green Acres Manor Owner	04/27/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael Hamm 1501 42nd St West Des Moines, IA 50266	Hawkeye Care Centers Inc President	04/27/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	8,525.00
TOTAL this Period (Last page this line number only) ..... >	

Use seperate schedule(s) for each category of the Detailed Summary Page	PAGE 13 OF 13
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Ruth & Al Braswell 3674 Pacific Ave Riverside, CA 92509	Vista Pacifica Enterprises Occupation: Owner/Administrator	04/27/98	1,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 3,750.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
David Kyllo 1201 L Street NW Washington, AH 20005	AHCA Occupation: Director, Assisted Living	04/30/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 225.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Lynn Wagner 1201 L Street NW Washington, AH 20005	AHCA Occupation: Director, Industry Communications	04/30/98	166.64
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Paul Willging 1201 L St. NW Washington, AH 20005	AHCA Occupation: Exec VP	04/30/98	576.90
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,730.70		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Penny Prue 1201 L Street, NW Washington, AH 20005	AHCA Occupation: Vice President, Administration	04/30/98	114.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 354.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Jennifer Souza 1201 L Street NW Washington, AH 20005	AHCA Occupation: Senior Director	04/30/98	99.96
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	2,532.50
TOTAL this Period (Last page this line number only) >	52,282.50

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 16

SCHEDULE A ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Snyder Exploratory Committee 1442 Beth Lane Northglenn, CO 80234		04/21/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
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 > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	500.00
TOTAL this Period (Last page this line number only) ..... >	500.00

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

SCHEDULE A ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
PO Box 85024 Richmond, VA 23285-5024	Crestar Bank	04/30/98	150.87
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 862.17		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
PO Box 85024 Richmond, VA 23285-5024	Crestar Bank	04/30/98	59.24
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 921.41		
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 > $		

SUB TOTAL of Receipts This Page (Optional) ---------->	210.11
TOTAL this Period (Last page this line number only) ---------->	210.11

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
Crestar Bank 123 dc, DC 20005	bank fees	04/30/98	325.68
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)**	**Date (Month day,Year)**	**Amount of Each Disb. this Period**
Crestar Bank 123 dc, DC 20005	VISA/MC fees	04/30/98	82.31
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)**	**Date (Month day,Year)**	**Amount of Each Disb. this Period**
Crestar Bank 123 dc, DC 20005	AMEX fees	04/30/98	134.88
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ---------->	542.87
TOTAL this Period (Last page this line number only) ---------->	542.87

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
The Judd Gregg Committee PO Box 1812 Concord, NH 03302-1812	Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/02/98	-1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
People for English P.O. Box 1940 Erie, PA 16512	Philip English, U.S. HOUSE 21st PA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/08/98	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Condit for Congress Committee 920 12 Street Modesto, CA 95354	Gary A. Condit, U.S. HOUSE 18th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/08/98	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Mercer for Congress 100 North Main Street Farmville, NC 27828	Linwood Mercer, U.S. HOUSE NC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/08/98	1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Frank Wolf 1651 Old Meadow Rd., Ste. 115 McLean, VA 22102	Frank Wolf, U.S. HOUSE 10th VA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/20/98	1,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Hall For Congress Committee Post Office Box 711 Rockwall, TX 75087	Ralph Hall, U.S. HOUSE 4th TX Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/21/98	4,500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
John D. Dingell for Congress Committee 5467 Schaefer Road Dearborn, MI 48126	John Dingell, U.S. HOUSE 16th MI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/28/98	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
John D. Dingell for Congress Committee 5467 Schaefer Road Dearborn, MI 48126	John Dingell, U.S. HOUSE 16th MI Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	04/28/98	5,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
People for English P.O. Box 1940 Erie, PA 16512	Philip English, U.S. HOUSE 21st PA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/28/98	150.00

SUB TOTAL of Disbursements this page (Optional) ..... >	12,650.00
TOTAL this Period (Last page this line number only) ..... >	

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

SCHEDULE B ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of John Warner Atoka Farm, PO Box 1320 Middleburg, VA 22117	John Warner, U.S. SENATE VA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/28/98	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Stenholm for Congress P.O. Box 1032 Stamford, TX 79553	Charles Stenholm, U.S. HOUSE 17th TX Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/28/98	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Phelps for Congress 35 Dewey Rd El Dorado, IL 62930	David Phelps, KY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/28/98	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Larson for Congress 1087 Old Maine Street East Hartford, CT 06108	Larson , U.S. HOUSE CT Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/28/98	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Albert Wynn for Congress 8700 Central Ave., Ste. 306 Landover, MD	Albert Wynn, U.S. HOUSE 4th MD Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/28/98	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
People for Patty Murray 225 S. Washington SH-302 Hart Senate Ofc Bldg Seattle, WA 98104	Patty Murray, U.S. SENATE WA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/28/98	1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Stearns for Congress PO Box 308 Silver Springs, FL 34489-0006	Cliff Stearns, U.S. HOUSE 6th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	04/28/98	500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	4,500.00
TOTAL this Period (Last page this line number only) ..... >	17,150.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 5/21/98
☐	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	

J.A.Q. — PREPARER

5/26/98 — DATE PREPARED

(4/98)