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
201 L Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 DEC 10 P 1:43

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

5. Covering Period 11/01/99 through 11/30/99

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 1999		$ 84,248.97
	(b) Cash on Hand at Beginning of Reporting Period	$ 128,112.05	
	(c) Total Receipts (from Line 19)	$ 23,073.01	$ 460,199.43
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 151,185.06	$ 544,446.40
7.	Total Disbursements (from Line 30)	$ 30,209.78	$ 423,473.12
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 120,975.28	$ 120,975.28
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: 12-9-99

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

FEC FORM 3X
(revised 9/93)

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 11/01/99 TO: 11/30/99

	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)	21,125.84	387,917.88	11(a)(i)
ii. Unitemized	1,760.10	64,506.01	11(a)(ii)
iii. Total (add i and ii) ➤	22,885.94	452,423.89	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	5,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	22,885.94	457,423.89	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	1,225.00	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.)	187.07	1,550.54	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) ➤	23,073.01	460,199.43	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	23,073.01	460,199.43	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	1,423.24	8,607.50	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	1,423.24	8,607.50	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	15,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	26,286.54	388,140.62	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	2,500.00	5,725.00	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) ➤	2,500.00	5,725.00	28(d)
29. Other Disbursements	0.00	6,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	30,209.78	423,473.12	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	30,209.78	423,473.12	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	22,885.94	457,423.89	32
33. Total Contribution Refunds (from line 28d)	2,500.00	5,725.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	20,385.94	451,698.89	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1,423.24	8,607.50	35
36. Offsets to Operating Expenditures (from line 15)	0.00	1,225.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1,423.24	7,382.50	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 9

FOR LINE NUMBER 11a3

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John Kiefhaber 221 SW 33rd Topeka, KS 66611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kansas Health Care Association Occupation: Executive VP Aggregate Year-to-Date > $ 500.00	11/01/99	375.00
B. Helen Louise Stout 1865 Executive Park Cleveland, TN 37312 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Shadescrest Health Care Ctr Occupation: Owner Aggregate Year-to-Date > $ 375.00	11/01/99	250.00
C. Dawn Martin 3110 Wagner Heights Rd. Stockton, CA 95209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadowood Health Care & Rehab Ctr. Occupation: Administrator Aggregate Year-to-Date > $ 300.00	11/01/99	300.00
D. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 765.37	11/01/99	19.23
E. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 538.51	11/01/99	76.93
F. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 792.50	11/01/99	41.50
G. 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 > $ 3,846.18	11/01/99	192.31

SUBTOTAL of Receipts This Page (optional) ..... > 1,254.97

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 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. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA VP Regulatory Aggregate Year-to-Date $ 365.58	11/01/99	19.24
B. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Comptroller Aggregate Year-to-Date $ 230.00	11/01/99	10.00
C. David E Meillier 27 Brand Avenue P.O. Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Administrator Aggregate Year-to-Date $ 3,000.00	11/01/99	100.00
D. 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 $ 1,000.00	11/01/99	400.00
E. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Chief Economist Aggregate Year-to-Date $ 784.60	11/01/99	19.23
F. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 615.44	11/01/99	76.93
G. John Schaeffer PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 834.00	11/01/99	41.50

SUBTOTAL of Receipts This Page (optional) 666.90

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

A-00170

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. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Exec VP Aggregate Year-to-Date > $ 4,038.49	11/01/99	192.31
B. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: VP Regulatory Aggregate Year-to-Date > $ 384.80	11/01/99	19.24
C. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 760.00	11/01/99	38.00
D. Paul Hansley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Comptroller Aggregate Year-to-Date > $ 240.00	11/01/99	10.00
E. Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Occupation: Administrator Aggregate Year-to-Date > $ 500.00	11/01/99	125.00
F. J. Randal Lee 176 Laurelhurst Ave. Columbia, SC 29210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	South Carolina Hlth Care Assn Occupation: Executive Vice President Aggregate Year-to-Date > $ 1,000.00	11/02/99	250.00
G. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 803.83	11/03/99	19.23

SUBTOTAL of Receipts This Page (optional) 653.78

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

4-00170

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 9

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. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 592.37	11/03/99	76.93
B. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 875.50	11/03/99	41.50
C. 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 > $ 4,230.80	11/03/99	192.31
D. David Seckman PAYROLL DEDUCTION Washington, AH 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: VP Regulatory Aggregate Year-to-Date > $ 404.04	11/03/99	19.24
E. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Comptroller Aggregate Year-to-Date > $ 250.00	11/03/99	10.00
F. 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 > $ 798.00	11/03/99	38.00
G. Kenneth Morris 401 Snyder Ave Barberton, OH 44203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pleasant View Health Care Occupation: Administrator Aggregate Year-to-Date > $ 500.00	11/04/99	125.00

SUBTOTAL of Receipts This Page (optional) 502.98

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

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

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. Ruth Graybeal 1881 Telegraph Road Rising Sun, MD 21911 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Calvert Manor Healthcare Ctr Occupation: Aggregate Year-to-Date > $ 400.00	11/05/99	100.00
B. Robert M Coury Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aristocrat Berea Occupation: Administrator Aggregate Year-to-Date > $ 350.00	11/08/99	250.00
C. Frank Wronski 34500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Group Occupation: President Aggregate Year-to-Date > $ 2,100.00	11/08/99	2,000.00
D. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Occupation: Gov Rel Consultant Aggregate Year-to-Date > $ 4,000.00	11/09/99	1,000.00
E. Lester Robertson 2205 Broadway Mt Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DSI MGT SVC Occupation: Executive VP Aggregate Year-to-Date > $ 300.00	11/10/99	75.00
F. Tim Blythe 7 Minnesota St Edwardsville, IL 62025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Springwood Associates Occupation: VP, Legislative Affairs Aggregate Year-to-Date > $ 1,120.00	11/12/99	75.00
G. James A Carlson 15895 SW 72nd Ave #250 Portland, OR 97224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oregon Health Care Assn Occupation: Executive Director Aggregate Year-to-Date > $ 1,400.00	11/12/99	500.00

SUBTOTAL of Receipts This Page (optional) 4,000.00

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

PAGE 8 OF 9

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. Edward Kuntz 1313 St. Anthony Place 5th Floor Louisville, KY 40204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vencor Corp. Occupation: Aggregate Year-to-Date $ 1,000.00	11/12/99	500.00
B. Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Occupation: Owner/Administrator Aggregate Year-to-Date $ 2,200.00	11/15/99	200.00
C. Mike Olay 2021 Swamp Fox Rd Midlothian, VA 23112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rehab Management Occupation: Sales Rep. Aggregate Year-to-Date $ 1,000.00	11/15/99	400.00
D. Jack Vetter 5020 South 118th St. Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vetter Health Services Occupation: Administrator Aggregate Year-to-Date $ 2,100.00	11/15/99	500.00
E. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date $ 1,500.00	11/15/99	250.00
F. James Branacum 15760 Jay Road Detroit, MI 48228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fairlane Nursing Center Occupation: Owner Aggregate Year-to-Date $ 625.00	11/15/99	125.00
G. Jane Hibbard-Merrill Guilford St PO Box 159 Dover-Foxcroft, ME 04426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hibbard Nsg Hm Occupation: Administrator Aggregate Year-to-Date $ 300.00	11/16/99	75.00

SUBTOTAL of Receipts This Page (optional) 2,050.00

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

440173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a

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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. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Other Economist Aggregate Year-to-Date > $ 823.06	11/17/99	19.23
B. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 769.30	11/17/99	76.93
C. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 917.00	11/17/99	41.50
D. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Exec VP Aggregate Year-to-Date > $ 4,423.11	11/17/99	192.31
E. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Comptroller Aggregate Year-to-Date > $ 260.00	11/17/99	10.00
F. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 836.00	11/17/99	38.00
G. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: VP Regulatory Aggregate Year-to-Date > $ 423.28	11/17/99	19.24

SUBTOTAL of Receipts This Page (optional) ..... > 397.21

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jay Moskowitz 33 Southmoor Drive Denver, CO 80220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wheat Ridge Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 300.00	11/18/99	75.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J Robert Wilson 947 Worthington Circle Ft Collins, CO 80526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbine Mgmt. Svcs. Occupation: President Aggregate Year-to-Date > $ 5,000.00	11/18/99	3,750.00
C. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Occupation: Administrator Aggregate Year-to-Date > $ 625.00	11/18/99	125.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Francis Feltham 1200 Talisman Dr North Augusta, SC 29841 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fane Management Inc Occupation: President Aggregate Year-to-Date > $ 500.00	11/18/99	125.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Finley Matthews 2421 E Texas Ave Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Occupation: Owner/Administrator Aggregate Year-to-Date > $ 4,000.00	11/19/99	4,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Veloric 3706 Church Rd Mount Laurel, NJ 08054 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mount Laurel Nrsg & Rehab Ctr Occupation: Regional Director Aggregate Year-to-Date > $ 250.00	11/22/99	50.00
G. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fifth Avenue Healthcare Occupation: Owner/Administrator Aggregate Year-to-Date > $ 1,250.00	11/22/99	500.00

SUBTOTAL of Receipts This Page (optional) 8,625.00

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

4-00133

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Don Wesselt 417 S Main St Oberlin, OH 44074 Receipt For: Primary General Other (specify):	Welcome Nursing Home Inc President Aggregate Year-to-Date $ 600.00	11/22/99	125.00
B. Don Isetti 927 Industrial Way Lodi, CA 95240 Receipt For: Primary General Other (specify):	Delta Pharm Svcs President Aggregate Year-to-Date $ 500.00	11/22/99	100.00
C. 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 $ 500.00	11/23/99	250.00
D. James Parker 5401 W. 10th St. Suite 100B Greeley, CO 80634 Receipt For: Primary General Other (specify):	Continuum Health Partnerships Inc Chief Finance Officer Aggregate Year-to-Date $ 500.00	11/26/99	250.00
E. Marlow Baar 17732 Corinthian Drive Encino, CA 91316 Receipt For: Primary General Other (specify):	Haskin & Baar Owner Aggregate Year-to-Date $ 500.00	11/26/99	125.00
F. Rick Carter 2860 Metro Dr #200 Bloomington, MN 55425 Receipt For: Primary General Other (specify):	Care Providers of Minnesota Occupation Aggregate Year-to-Date $ 2,300.00	11/26/99	2,000.00
G. Martha Carole White 114 Marketridge Dr Ridgeland, MS 39157 Receipt For: Primary General Other (specify):	Mississippi Health Care Assn Executive Director Aggregate Year-to-Date $ 475.00	11/29/99	125.00

SUBTOTAL of Receipts This Page (optional) 2,975.00

TOTAL This Period (last page this line number only) 21,125.84

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
4922 Fairmont Ave Bethesda, MD 20814	Occupation: Rushmore	11/30/99	50.23
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 454.82		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 85024 Richmond, VA 23285-5024	Occupation: Crestar Bank	11/30/99	24.34
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 853.27		

C. 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 > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	74.57
TOTAL This Period (last page this line number only)	74.57

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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)	11/30/99	664.79
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	Bank Fees Disbursement for: Primary General Other (specify)	11/30/99	40.31
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	Amex Fees Disbursement for: Primary General Other (specify)	11/30/99	44.95
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	Analysis Charge Disbursement for: Primary General Other (specify)	11/30/99	279.26
E. 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 fees Disbursement for: Primary General Other (specify)	11/30/99	393.93
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)	1,423.24
TOTAL This Period (last page this line number only)	1,423.24

4-20173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
G-8 PAC P.O. Box 14514 Atlanta, GA 30324	Charlie Norwood Disbursement for: Primary General Other (specify) 1999	11/03/99	2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Mainstream America PAC P.O. Box 4287 Baton Rouge, LA 70821	Voided Check Disbursement for: Primary General Other (specify) 1999	11/12/99	-250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Blue Dog PAC P.O. Box 7668 Washington, DC 20044	Voided Check Disbursement for: Primary General Other (specify) 1999	11/12/99	-1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Bardo Da Enzo 223 Penn Ave. Se Washington, DC 20003	Inkind Contribution Peter Deutsch Disbursement for: X Primary General Other (specify) 2000	11/15/99	1,036.54 (In-Kind)
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Peter Deutsch for Congress P.O. Box 26778 Tamarac, FL 33320	Inkind Contribution Peter Deutsch Disbursement for: X Primary General Other (specify) 2000	11/15/99	1,036.54 (Memo In-Kind)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003	Dan Mosca Disbursement for: Primary General Other (specify) 1999	11/15/99	1,500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Robert C Byrd Cmte SH-311 Hart Senate Ofc Bldg Sophia, WV 25921	Robert Byrd, U.S. SENATE WV Disbursement for: X Primary General Other (specify) 2000	11/15/99	2,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Pickering for Congress 661 Highway 51 North Suite 2C Ridgeland, MS 39157	Chip Pickering, MS Disbursement for: X Primary General Other (specify) 2000	11/15/99	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Maloney for Congress 185 Main St. Danbury, CT 06810	James Maloney, U.S. HOUSE CT Disbursement for: X Primary General Other (specify) 2000	11/15/99	500.00

SUBTOTAL of Disbursements This Page (optional)	7,286.54
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Tancredo for Congress 200 W. Hampton Englewood, CO 80110	Tom Tancredo, U.S. HOUSE CO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	500.00
B. Joseph Skeen PO Box 983 2367 Rayburn House Ofc Bldg Roswell, NM 88201	Joseph Skeen, U.S. HOUSE 2nd NM Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	500.00
C. Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	500.00
D. Retain Our Majority Program PO Box 18277 Washington, DC 20036	Denny Hastert PAC Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	11/15/99	1,000.00
E. Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Fletcher , U.S. HOUSE KY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	500.00
F. Tom DeLay for Congress PO Box 101 407 Cannon House Ofc Bldg Sugar Land, TX 77487	Tom DeLay, U.S. HOUSE 22nd TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	1,000.00
G. Royce Campaign Committee P.O. Box 6765 Fullerton, CA 92634	Ed Royce, U.S. HOUSE 39th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	500.00
H. Rangel for Congress Committee 74 West 132nd St. 2252 Rayburn House Ofc Bldg New York, NY 10037	Charles Rangel, U.S. HOUSE 15th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	500.00
I. Pete Stark Re-Election Committee PO Box 121 Hayward, CA 94543	Pete Stark, U.S. HOUSE 13th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Bart Gordon Committee PO Box 2008 Murfreesboro, TN 37133	Bart Gordon, U.S. HOUSE 6th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Shadegg 503 Cannon HOB AZ	John Shadegg, U.S. HOUSE 4th AZ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kerrey for Senate 910 4th St. NE Suite 201 SH-303 Hart Senate Ofc Bldg Washington, DC 20002, NE	Robert Kerrey, U.S. SENATE NE Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	11/15/99	2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Senator Akaka in 2000 3125 Kaohinani Drive SH-720 Hart Senate Ofc Bldg Honolulu, HI 96817	Daniel Akaka, U.S. SENATE HI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Sander Levin, U.S. HOUSE 12th MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lazio for Congress 2000 PO Box 5063 314 Cannon House Ofc Bldg Bay Shore, NY 11718	Rick Lazio, U.S. HOUSE 2nd NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anne Northup for Congress PO Box 7313 Louisville, KY 40257	Anne Meagher Northup, U.S. HOUSE KY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cannon for Congress 1510 Woodbine Street Alexandria, VA 22302	Chris Cannon, U.S. HOUSE UT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	500.00

SUBTOTAL of Disbursements This Page (optional)	8,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	1,000.00
B. 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	11/15/99	1,000.00
C. Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Re-Designated funds for trans. dated Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	11/19/99	500.00 (Memo Entry)
D. Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Re-Designated funds for trans. dated Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	11/19/99	2,500.00 (Memo Entry)
E. Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Re-Designated funds for trans. dated Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	11/19/99	500.00 (Memo Entry)
F. Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Re-Designated funds for trans. dated Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	11/19/99	1,000.00 (Memo Entry)
G. Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Re-Designated funds for trans. dated Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	11/19/99	1,000.00 (Memo Entry)
H. John Ensign for US Senate PO Box 98407 Las Vegas, NV 89193	John Ensign, U.S. SENATE NV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	11/30/99	2,500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 4,500.00

TOTAL This Period (last page this line number only) 26,286.54

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 28A

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

A. Full Name, Mailing Address and ZIP Code Don Angell 3000 Meadowbrook #27 Clemmons, NC 27012	Purpose of Disbursement Refund for overpayment Disbursement for: Primary General X Other (specify) 2000 Other	Date (month, day, year) 11/01/99	Amount of Each Disbursement This Period 2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each 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)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

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 12-10-99
☐	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	
SEI		12-10-99
PREPARER		DATE PREPARED

(4/98)