# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 SEP 12 P 3:40

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

| | | |
|---|---|---|
| ☐ February 20 | ☐ June 20 | ☐ October 20 |
| ☐ March 20 | ☐ July 20 | ☐ November 20 |
| ☐ April 20 | ☐ August 20 | ☐ December 20 |
| ☐ May 20 | ☒ September 20 | ☐ January 31 |

☐ Twelfth day report preceding _____ [Type of Election] election on _____ in the State of _____

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

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

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 08/01/00 through 08/31/00 | | |
| 6. (a) Cash on Hand January 1, 2000 | | $ 108,333.90 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 64,429.05 | |
| (c) Total Receipts (from Line 19) | $ 15,517.32 | $ 240,542.56 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 79,946.37 | $ 346,876.46 |
| 7. Total Disbursements (from Line 30) | $ 14,093.89 | $ 281,023.98 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 65,852.48 | $ 65,852.48 |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) | $ 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | $ 0.00 | |

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

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

Type or Print Name of Treasurer
Anna Lee, PAC Director & Assistant Treasurer

Signature of Treasurer

Date 9-12-2000

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

FEC FORM 3X
(revised 9/93)

4-00123

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

(revised 1/1/91)

NAME OF COMMITTEE: American Health Care Association Political Action Committee

REPORT COVERING PERIOD FROM: 08/01/00 TO: 08/31/00

| | 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) | 13,760.30 | 196,150.71 | 11(a)(i) |
| ii. Unitemized | 1,637.66 | 31,359.97 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 15,397.96 | 227,510.68 | 11(a)(iii) |
| b. Political Party Committees | 0.00 | 0.00 | 11(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 5,000.00 | 11(c) |
| d. Total Contributions (add a iii, b and c) ➤ | 15,397.96 | 232,510.68 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | 12 |
| 13. All Loans Received | 0.00 | 0.00 | 13 |
| 14. Loan Repayments Received | 0.00 | 0.00 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 7,000.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 119.36 | 1,031.88 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 15,517.32 | 240,542.56 | 19 |
| 20. Total Federal Receipts (subtract line 16 from line 19) ➤ | 15,517.32 | 240,542.56 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | 0.00 | 0.00 | 21(a)(i) |
| ii. Non-Federal Share | 0.00 | 0.00 | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 1,018.89 | 5,035.48 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 1,018.89 | 5,035.48 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 13,075.00 | 275,988.50 | 23 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 | 25 |
| 26. Loan Repayments Made | 0.00 | 0.00 | 26 |
| 27. Loans Made | 0.00 | 0.00 | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | 28(a) |
| b. Political Party Committees | 0.00 | 0.00 | 28(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 28(c) |
| d. Total Contribution Refunds (add a, b and c) ➤ | 0.00 | 0.00 | 28(d) |
| 29. Other Disbursements | 0.00 | 0.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 14,093.89 | 281,023.98 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤ | 14,093.89 | 281,023.98 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 15,397.96 | 232,510.68 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 15,397.96 | 232,510.68 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | 1,018.89 | 5,035.48 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | 1,018.89 | 5,035.48 | 37 |

4-00175

SCHEDULE A

ITEMIZED RECEIPTS

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



FOR LINE NUMBER 11a1

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

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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Kenneth Morris<br>401 Snyder Ave<br>Barberton, OH 44203<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Pleasant View Health Care<br>Occupation: Administrator<br>Aggregate Year-to-Date > $ 375.00 | 08/02/00 | 125.00 |
| B. Timothy Steffens II<br>78 Birchwood Drive<br>Huntington Station, NY 11746<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Birchwood Nursing Home<br>Occupation: Administrator<br>Aggregate Year-to-Date > $ 250.00 | 08/04/00 | 250.00 |
| C. Don Wessell<br>417 S Main St<br>Oberlin, OH 44074<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Welcome Nursing Home Inc<br>Occupation: President<br>Aggregate Year-to-Date > $ 375.00 | 08/07/00 | 125.00 |
| D. Robert Taylor<br>13721 Glenoaks Rd<br>Sylmar, CA 91342<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | RETIRED<br>Occupation:<br>Aggregate Year-to-Date > $ 225.00 | 08/07/00 | 75.00 |
| E. Berry Crow<br>9628 Campo Rd #T<br>Spring Valley, CA 91977<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Brighton Health Alliance Inc<br>Occupation: President<br>Aggregate Year-to-Date > $ 750.00 | 08/07/00 | 250.00 |
| F. Michael W Massey<br>313 Memorial Drive<br>Greer, SC 29651<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Allen Bennett Skilled Care<br>Occupation: Administrator<br>Aggregate Year-to-Date > $ 1,000.00 | 08/09/00 | 1,000.00 |
| G. Tim Graves<br>4214 Medical Pkwy 3rd Flr<br>Austin, TX 78765<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Texas Health Care Association<br>Occupation:<br>Aggregate Year-to-Date > $ 600.00 | 08/09/00 | 600.00 |

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

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

4-00173

**SCHEDULE A** **ITEMIZED RECEIPTS**

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



FOR LINE NUMBER 11a1

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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Gail Clarkson<br>54500 Van Dyke<br>Washington, MI 48095<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | The Medilodge Group<br>Occupation: Vice President<br>Aggregate Year-to-Date > $ 2,750.00 | 08/09/00 | 2,000.00 |
| B. John Poirier<br>125 Airport Rd<br>Concord, NH 03301<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | New Hampshire Health Care Assn<br>Occupation: Exec Director<br>Aggregate Year-to-Date > $ 1,500.00 | 08/10/00 | 1,500.00 |
| C. David Beck<br>1875 Eye Street, NW, 12th Flr<br>Washington, DC 20006<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | DC Health Care Association<br>Occupation: Executive Director<br>Aggregate Year-to-Date > $ 1,441.03 | 08/10/00 | 200.00 |
| D. David E Meiller<br>27 Brand Avenue<br>P.O. Box 448<br>Faribault, MN 55021<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Pleasant Manor Inc<br>Occupation: Administrator/Owner<br>Aggregate Year-to-Date > $ 1,700.00 | 08/10/00 | 200.00 |
| E. J Richard Miller<br>3570 Commerce Dr.<br>Warsaw, IN 46580<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | MMM Investment Inc<br>Occupation: CEO/CFO<br>Aggregate Year-to-Date > $ 1,900.00 | 08/10/00 | 500.00 |
| F. Mary Baker<br>108 Starr Ave.<br>PO Box 1129<br>Turlock, CA 95381<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Bel-Air Lodge<br>Occupation: Administrator<br>Aggregate Year-to-Date > $ 4,100.00 | 08/10/00 | 1,500.00 |
| G. William Dunn<br>195 Executive Dr<br>Marion, OH 43302<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Marion Manor Nursing Hm Inc<br>Occupation: Administrator<br>Aggregate Year-to-Date > $ 750.00 | 08/16/00 | 250.00 |

**SUBTOTAL** of Receipts This Page (optional) ..... 8,150.00

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

4-00179

**SCHEDULE A** **ITEMIZED RECEIPTS**

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



FOR LINE NUMBER 11 a 1

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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Richard Brockman<br>815 Euclid Avenue<br>Birmingham, AL 35213<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: Administrator<br>Aggregate Year-to-Date > $ 1,500.00 | 08/17/00 | 1,500.00 |
| B. Don C. Bedell<br>731 North Main St.<br>PO Box 1210<br>Sikeston, MO 63801<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Health Facilities Mgmt Corp<br>Occupation: President<br>Aggregate Year-to-Date > $ 1,250.00 | 08/21/00 | 1,250.00 |
| C. Jason Harris<br>333 Broadway<br>East Providence, RI 02914<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Harris Health Center<br>Occupation: Owner/Administrator<br>Aggregate Year-to-Date > $ 500.00 | 08/23/00 | 125.00 |
| D. Michael Weber<br>101 Southeast First St.<br>Evansville, IN 47708<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: McCurdy Healthcare Center<br>Occupation: Chairman<br>Aggregate Year-to-Date > $ 1,100.00 | 08/24/00 | 1,000.00 |
| E. Blaine Hendrickson<br>PO Box 7<br>Rancho Mirage, CA 92270<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Legacy Healthcare<br>Occupation: CEO<br>Aggregate Year-to-Date > $ 2,100.00 | 08/28/00 | 500.00 |
| F. Terry Kuzman<br>1167 Enfield St<br>Enfield, CT 06082<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Parkway Pavilion<br>Occupation: Administrator<br>Aggregate Year-to-Date > $ 800.00 | 08/28/00 | 250.00 |
| G. David Kyllo<br>1201 L Street NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: AHCA<br>Occupation: Director, Assisted Living<br>Aggregate Year-to-Date > $ 400.00 | 08/29/00 | 25.00 |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) ..... > | 4,650.00 |
| TOTAL This Period (last page this line number only) ..... > | |

4-00173

**SCHEDULE A** **ITEMIZED RECEIPTS**

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



FOR LINE NUMBER 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. Penny Prue<br>1201 L Street, NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Vice President, Administration<br>Aggregate Year-to-Date > $ 608.00 | 08/29/00 | 38.00 |
| B. John Schaeffler<br>PAYROLL DEDUCTION<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Lobbyist<br>Aggregate Year-to-Date > $ 664.00 | 08/29/00 | 41.50 |
| C. Jennifer Souza<br>1201 L Street NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Senior Director<br>Aggregate Year-to-Date > $ 533.44 | 08/29/00 | 33.34 |
| D. Paul Wiliging<br>10366 Crossbeam Ct<br>Columbia, MD 21044<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Consultant<br>Occupation:<br>Aggregate Year-to-Date > $ 3,326.96 | 08/29/00 | 192.31 |
| E. David Kyllo<br>1201 L Street NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Director, Assisted Living<br>Aggregate Year-to-Date > $ 425.00 | 08/29/00 | 25.00 |
| F. Penny Prue<br>1201 L Street, NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Vice President, Administration<br>Aggregate Year-to-Date > $ 646.00 | 08/29/00 | 38.00 |
| G. John Schaeffler<br>PAYROLL DEDUCTION<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Lobbyist<br>Aggregate Year-to-Date > $ 705.50 | 08/29/00 | 41.50 |

SUBTOTAL of Receipts This Page (optional) ..... 409.65

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

4-90179

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 11 a

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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 |
|---|---|---|---|
| Jennifer Souza<br>1201 L Street NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Senior Director<br>Aggregate Year-to-Date > $ 566.78 | 08/29/00 | 33.34 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Paul Willging<br>10366 Crossbeam Ct<br>Columbia, MD 21044<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Consultant<br>Occupation:<br>Aggregate Year-to-Date > $ 3,519.27 | 08/29/00 | 192.31 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | 225.65 |
| TOTAL This Period (last page this line number only) | 13,760.30 |

4-00173

**SCHEDULE A** **ITEMIZED RECEIPTS**

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



FOR LINE NUMBER 110

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Dollars Received from Multi-Individuals<br>DC | | 08/09/00 | 40.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > $ 3,525.00 | | |

| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Dollars Received from Multi-Individuals<br>DC | | 08/09/00 | 40.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > $ 3,565.00 | | |

| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Dollars Received from Multi-Individuals<br>DC | | 08/09/00 | 40.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > $ 3,605.00 | | |

| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Dollars Received from Multi-Individuals<br>DC | | 08/09/00 | 40.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > $ 3,645.00 | | |

| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Dollars Received from Multi-Individuals<br>DC | | 08/09/00 | 40.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > $ 3,685.00 | | |

| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Dollars Received from Multi-Individuals<br>DC | | 08/09/00 | 40.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > $ 3,725.00 | | |

| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Dollars Received from Multi-Individuals<br>DC | | 08/09/00 | 50.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > $ 3,775.00 | | |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) ..... | 290.00 |
| TOTAL This Period (last page this line number only) ..... | |

4-90173

**SCHEDULE A** **ITEMIZED RECEIPTS**

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



FOR LINE NUMBER 11U

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Dollars Received from Multi-Individuals<br>DC | Occupation | 08/09/00 | 40.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ 3,815.00 | | |

| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Dollars Received from Multi-Individuals<br>DC | Occupation | 08/10/00 | 200.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ 4,015.00 | | |

| 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) | 240.00 |
| **TOTAL** This Period (last page this line number only) | 530.00 |

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 1

FOR LINE NUMBER 17

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<br>730 15th Street<br>2nd Floor<br>Washington, DC 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ 499.49 | Date (month, day, year)<br>08/31/00 | Amount of Each Receipt this Period<br>48.82 |
| B. Full Name, Mailing Address and ZIP Code<br>4922 Fairmont Ave<br>Bethesda, MD 20814<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Rushmore<br>Aggregate Year-to-Date > $ 493.03 | Date (month, day, year)<br>08/31/00 | Amount of Each Receipt this Period<br>68.83 |
| C. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | 117.65 |
| TOTAL This Period (last page this line number only) | 117.65 |

4-00173

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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



FOR LINE NUMBER 21B

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

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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Bank of America<br>Washington, DC 20005 | Fees<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 08/31/00 | 236.94 |
| B. Bank of America<br>Washington, DC 20005 | Fees charged<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 08/31/00 | 524.75 |
| C. Crestar Bank<br>123<br>dc, DC 20005 | Service fees trying to close acct.<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 08/31/00 | 257.20 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 1,018.89 |
| TOTAL This Period (last page this line number only) | 1,018.89 |

4-00173

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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



FOR LINE NUMBER 23

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

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) | 13,075.00 |
| **TOTAL** This Period (last page this line number only) | 13,075.00 |

440173

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

| | | |
|---|---|---|
| ☑ | Hand Delivered | Date of Receipt 9-12-00 |
| ☐ | First Class Mail | POSTMARKED |
| ☐ | Registered/Certified Mail | POSTMARKED (R/C) |
| ☐ | No Postmark | |
| ☐ | Postmark Illegible | |
| ☐ | Received from the House office of Records and Registration | Date of Receipt |
| ☐ | Received from the Senate Office of Public Records | Date of Receipt |
| ☐ | Other ( Specify): | Postmarked _____ and/or Date of Receipt |
| ☐ | Electronic Filing | |

| | |
|---|---|
| fkr | 9-13-00 |
| PREPARER | DATE PREPARED |

(6/2000)