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

FEDERAL ELECTION COMMISSION MAIL ROOM
'99 JUL 14 10 36 AM '99

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

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

Monthly Report Due On:

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 06/01/99 through 06/30/99		
6. (a) Cash on Hand January 1, 1999		$ 84,248.97
(b) Cash on Hand at Beginning of Reporting Period	$ 66,853.52	
(c) Total Receipts (from Line 19)	$ 41,242.83	$ 216,302.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 108,096.35	$ 300,551.42
7. Total Disbursements (from Line 30)	$ 40,110.75	$ 232,565.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 67,985.60	$ 67,985.60
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
7-14-99

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 8/93)

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 06/01/99 TO: 06/30/99

	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)	37,426.32	187,170.36	11(a)(i)
ii. Unitemized	3,672.42	24,600.47	11(a)(ii)
iii. Total (add i and ii) ➤	41,098.74	211,770.83	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	2,500.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	41,098.74	214,270.83	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,125.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	144.09	906.62	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) ➤	41,242.83	216,302.45	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	41,242.83	216,302.45	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	610.75	3,957.69	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	610.75	3,957.69	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	20,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	39,500.00	201,983.13	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	1,625.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	1,625.00	28(d)
29. Other Disbursements	0.00	5,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	40,110.75	232,565.82	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	40,110.75	232,565.82	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	41,098.74	214,270.83	32
33. Total Contribution Refunds (from line 28d)	0.00	1,625.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	41,098.74	212,645.83	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	610.75	3,957.69	35
36. Offsets to Operating Expenditures (from line 15)	0.00	1,125.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	610.75	2,832.69	37

4-09/73

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11B1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Henry Burch PO Box 23314 New Orleans, LA 70123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henry J Burch & Associates Occupation: Owner Aggregate Year-to-Date $ 2,500.00	06/01/99	1,250.00
B. Fred Watson 3735 Memorial Dr Decatur, GA 30032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Georgia Nursing Home Assoc. Occupation: Aggregate Year-to-Date $ 1,000.00	06/03/99	1,000.00
C. Thomas Gault PO Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison House Occupation: Executive Director Aggregate Year-to-Date $ 2,500.00	06/07/99	2,500.00
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 $ 2,000.00	06/07/99	1,000.00
E. John Vivenzio 303 East River Road Oswego, NY 13126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pontiac Nursing Home Occupation: Administrator Aggregate Year-to-Date $ 225.00	06/07/99	150.00
F. Cam Cecil PO Box 5418 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Corporation Occupation: Aggregate Year-to-Date $ 2,000.00	06/08/99	2,000.00
G. Rick L Holloway 1475 N Cole Road Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Western Health Care Corp Occupation: VP, Systems Design Aggregate Year-to-Date $ 1,000.00	06/09/99	250.00

SUBTOTAL of Receipts This Page (optional) 8,150.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Phil Chase 5374 Long Shadow Ct Thousand Oaks, CA 91362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Chase Group Occupation: Nursing Home Consult Aggregate Year-to-Date > $ 1,250.00	06/09/99	1,250.00
B. David Beck 1675 Eye Street, NW, 12th Flr Washington, DC 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DC Health Care Association Occupation: Executive Director Aggregate Year-to-Date > $ 375.00	06/10/99	250.00
C. Larry Conaway PO Box F Hancock Park Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care Inc Occupation: Administrator Aggregate Year-to-Date > $ 375.00	06/10/99	250.00
D. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 692.30	06/10/99	19.23
E. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Director, Assisted Living Aggregate Year-to-Date > $ 275.00	06/10/99	25.00
F. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 419.00	06/10/99	41.50
G. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Exec VP Aggregate Year-to-Date > $ 2,115.39	06/10/99	192.31

SUBTOTAL of Receipts This Page (optional)	2,028.04
TOTAL This Period (last page this line number only)	

4-00175

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a I

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. 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 > $ 418.00	06/10/99	38.00
B. A D Buffington 2506 Lakeland Dr PO Box 8075 Jackson, MS 39204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hillcrest Health Center Occupation: Owner Aggregate Year-to-Date > $ 700.00	06/11/99	100.00
C. James Judy 9403 Mill Brook Rd. Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Kentucky Assn of Health Care Facilities Occupation: Aggregate Year-to-Date > $ 1,000.00	06/11/99	500.00
D. James Branscum 15750 Jay Road Detroit, MI 48228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Fairlane Nursing Center Occupation: Owner Aggregate Year-to-Date > $ 250.00	06/11/99	125.00
E. David Beck 1875 Eye Street, NW, 12th Flr Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DC Health Care Association Occupation: Executive Director Aggregate Year-to-Date > $ 775.00	06/15/99	400.00
F. Thomas Moore 121 S Pinckney St #500 Madison, WI 53703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wisconsin Health Care Assoc Occupation: Executive Director Aggregate Year-to-Date > $ 269.24	06/15/99	250.00
G. LaDonna Ross 124 S Elm Pl Broken Arrow, OK 74012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Park Boulevard Inc Occupation: Nursing Home Consult Aggregate Year-to-Date > $ 1,000.00	06/15/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,413.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Davis King PO Box 1110 Albany, GA 31701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Palmyra Nursing Home Occupation: Aggregate Year-to-Date > $ 1,000.00	06/15/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Anderson 4800 W. 57th St. PO Box 5038 Sioux Falls, SD 57117-5038 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Evangelical Lutheran Good Samaritan Society Occupation: VP Finance Aggregate Year-to-Date > $ 500.00	06/15/99	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date > $ 500.00	06/16/99	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jana Hazelbaker 1495 Old Henderson Rd Columbus, OH 43221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Aegis Consulting Services Occupation: President Aggregate Year-to-Date > $ 600.00	06/16/99	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Neal 2205 Broadway Mt Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DSI Healthcare Occupation: President Aggregate Year-to-Date > $ 600.00	06/16/99	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Don Chenevold 4080 1st Ave NE #103 PO Box 5428 Cedar Rapids, IA 52402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Care of Iowa Inc Occupation: Vice President Aggregate Year-to-Date > $ 400.00	06/16/99	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mike McDaniels 1611 West Lakes Pkwy. West Des Moines, IA 50266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Care Initiatives Occupation: Senior Vice President Aggregate Year-to-Date > $ 600.00	06/16/99	100.00

SUBTOTAL of Receipts This Page (optional) 2,150.00

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

4-00173

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 B1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gerald Schroer Jr. 7222 Day Ave. SW Navarre, OH 44662 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Schroer Group Executive Vice President Aggregate Year-to-Date $ 900.00	06/16/99	400.00
B. Michael McBride 2905 White Horse Road Greenville, SC 29611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Management Resources President Aggregate Year-to-Date $ 2,600.00	06/16/99	1,600.00
C. James A Carlson 15895 SW 72nd Ave #250 Portland, OR 97224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oregon Health Care Assn Executive Director Aggregate Year-to-Date $ 500.00	06/16/99	500.00
D. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Administrator Aggregate Year-to-Date $ 2,600.00	06/16/99	100.00
E. Mary Baker 108 Starr Ave. PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bel-Air Lodge Administrator Aggregate Year-to-Date $ 2,600.00	06/16/99	100.00
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 $ 350.00	06/16/99	100.00
G. Sharon Flippen 4107 Spicewood Road #216 Austin, TX 78759 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 350.00	06/16/99	100.00

SUBTOTAL of Receipts This Page (optional) 2,900.00

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. Mary Flynn 40 White Hall Road Rochester, NH 03867 Receipt For: Primary General Other (specify):	Rochester Manor Occupation: Administrator Aggregate Year-to-Date $ 250.00	06/16/99	100.00
B. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: Chief Economist Aggregate Year-to-Date $ 611.53	06/16/99	19.23
C. David Kylio 1201 L Street NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: Director, Assisted Living Aggregate Year-to-Date $ 300.00	06/15/99	25.00
D. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date $ 460.50	06/16/99	41.50
E. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: Exec VP Aggregate Year-to-Date $ 2,307.70	06/16/99	192.31
F. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: VP Regulatory Aggregate Year-to-Date $ 211.64	06/16/99	18.24
G. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date $ 455.00	06/16/99	38.00

SUBTOTAL of Receipts This Page (optional) 435.28

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 11 a 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Morris 401 Snyder Ave Barberton, OH 44203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant View Health Care Occupation: Administrator Aggregate Year-to-Date > $ 375.00	06/17/99	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jana Hazelbaker 1496 Old Henderson Rd Columbus, OH 43221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aegis Consulting Services Occupation: President Aggregate Year-to-Date > $ 1,100.00	06/17/99	600.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date > $ 600.00	06/17/99	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alfred Santos 57 Kilvert Street Suite 200 Warwick, RI 02886 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rhode Island Healthcare Assn Occupation: Executive Director Aggregate Year-to-Date > $ 250.00	06/17/99	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Romano 7 Creek Ln Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Silver Creek Manor Occupation: Administrator Aggregate Year-to-Date > $ 1,100.00	06/17/99	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rose Hughes 36 S Last Chance Gulch, #A Helena, MT 59601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Montana Health Care Assoc Occupation: Executive Director Aggregate Year-to-Date > $ 250.00	06/18/99	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group Occupation: President Aggregate Year-to-Date > $ 1,000.00	06/22/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,300.00

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. Steve Ackerson 950 12th St. Des Moines, IA 50309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Iowa Health Care Assn. Occupation: Executive Vice President Aggregate Year-to-Date > $ 1,100.00	06/22/99	1,000.00
B. Gerry Baker 192 W Vienna Rd Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beecher Manor Inc Occupation: Administrator Aggregate Year-to-Date > $ 5,000.00	06/24/99	5,000.00
C. Don Angell 8000 Meadowbrook Mall #27 PO Box 1670 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Angell Group Inc Occupation: Owner Aggregate Year-to-Date > $ 5,000.00	06/29/99	2,500.00
D. Vera Angell PO Box 1670 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Meadowbrook Management Occupation: Owner Aggregate Year-to-Date > $ 2,500.00	06/29/99	2,500.00
E. Charles Harris 333 Broadway East Providence, RI 02914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Harris Health Center Occupation: Owner/Administrator Aggregate Year-to-Date > $ 375.00	06/30/99	125.00
F. Robert Lohr PO Box 10805 Pittsburgh, PA 15235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Jefferson Hills Manor Occupation: Executive Director Aggregate Year-to-Date > $ 3,750.00	06/30/99	1,250.00
G. Alfred Santos 57 Kilvert Street Suite 200 Warwick, RI 02886 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rhode Island Healthcare Assn Occupation: Executive Director Aggregate Year-to-Date > $ 325.00	06/30/99	75.00

SUBTOTAL of Receipts This Page (optional) 12,450.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Biggs 4605 Belton Highway Anderson, SC 29621 Receipt For: Primary General Other (specify):	Richard Campbell Veterans Home Occupation: Administrator Aggregate Year-to-Date $ 750.00	06/30/99	250.00
B. 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 $ 500.00	06/30/99	500.00
C. Mary Ousley One Marriott Drive Dept. 51/631.75 Washington, DC 20058 Receipt For: Primary General Other (specify):	Senior Living Services Occupation: Aggregate Year-to-Date $ 1,500.00	06/30/99	500.00
D. Hugh Franklin 14 Northtowne Dr. #202 Jackson, MS 39211 Receipt For: Primary General Other (specify):	Franklin Consulting Co. Occupation: Owner Aggregate Year-to-Date $ 1,500.00	06/30/99	500.00
E. Joan White 932 Ward Avenue Ste 430 Honolulu, HI 96814 Receipt For: Primary General Other (specify):	Healthcare Assoc of Hawaii Occupation: Vice President Aggregate Year-to-Date $ 300.00	06/30/99	100.00
F. Linda DeRuvo Keegan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: VP PR & Prof Svcs Aggregate Year-to-Date $ 750.00	06/30/99	250.00
G. David E Melliar 27 Brand Avenue P.O. Box 446 Faribault, MN 55021 Receipt For: Primary General Other (specify):	Pleasant Manor Inc Occupation: Administrator Aggregate Year-to-Date $ 1,600.00	06/30/99	600.00

SUBTOTAL of Receipts This Page (optional) 2,600.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Moran 315 N. 2nd St. Harrisburg, PA 17101-1306 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Health Care Assoc Occupation: Executive VP Aggregate Year-to-Date $ 750.00	06/30/99	250.00
B. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Administrator Aggregate Year-to-Date $ 3,850.00	06/30/99	1,250.00
C. Jack MacDonald 320 Herndon Parkway Ste 200 Herndon, VA 22070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilmac Inc Occupation: President Aggregate Year-to-Date $ 750.00	06/30/99	250.00
D. William Kempiners 1029 S 4th St Springfield, IL 62703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Health Care Assn Occupation: Executive Director Aggregate Year-to-Date $ 750.00	06/30/99	250.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	37,426.32

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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		06/30/99	44.17
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Rushmore		
	Aggregate Year-to-Date $ 262.48		

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		06/30/99	93.59
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Crestar Bank		
	Aggregate Year-to-Date $ 594.43		

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional)	137.76
TOTAL This Period (last page this line number only)	137.76

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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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Crestar Bank 123 Hc, DC 20005	Bank Fee	06/30/99	187.91
B. Crestar Bank 123 Hc, DC 20005	AMEX Fee	06/30/99	140.65
C. Crestar Bank 123 Hc, DC 20005	Bank Charges	06/30/99	282.19
D.			
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional)	610.75
TOTAL This Period (last page this line number only)	610.75

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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 Ronnie Shows PO Box 3862 Jackson, MS 39207	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98	06/01/99	-1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Buyer for Congress Committee 103 W. Broadway 1419 Longworth House Ofc Bldg Monticello, IN 47960	Steve Buyer, U.S. HOUSE 5th IN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Becerra for Congress P.O. Box 3096 Montebello, CA 90640	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Porter for Congress Committee PO Box 7126 Deerfield, IL 60015	John Porter, U.S. HOUSE 10th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Thompson 1700 L Street Sacramento, CA 95814	Mike Thompson, CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Ed Towns to Congress 321 Stuyvesant Avenue Brooklyn, NY 11233	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Joseph Lieberman, U.S. SENATE CT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ewing for Congress 101 N. Mill St. 1317 Longworth House Ofc Bldg Pontiac, IL 61764	Thomas Ewing, U.S. HOUSE 15th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Calvert for Congress Cmt P.O. Box 1414 Riverside, CA 92502	Ken Calvert, U.S. HOUSE 43rd CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	500.00

SUBTOTAL of Disbursements This Page (optional) 5,500.00

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. Friends of Craig Thomas P.O. ?Box s1580 302 Hart SOB Casper, WY 82602	Craig Thomas, U.S. SENATE WY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	1,000.00
B. Dave Camp for Congress 135 Ashman Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	500.00
C. McCarthy for Congress PO Box 5063 Mineola, NY 11718	Carolyn McCarthy, NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	500.00
D. John Shimkus PO Box 5458 Springfield, IL 62705	John Shimkus, IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	1,000.00
E. Moran for Congress PO Box 1151 Hays, KS 67601	Jerry Moran, KS Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	500.00
F. Jeff Bingaman for US Senate PO Box 5775 SH-110 Hart Senate Ofc Bldg Santa Fe, NM 87502	Jeff Bingaman, U.S. SENATE NM Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	1,000.00
G. Doyle for Congress P.O. Box 117426 1218 Longworth HOB Pittsburgh, PA 15235	Mike Doyle, U.S. HOUSE 18th PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	500.00
H. Friends of Lois Capps 38 Ivy Street SE Washington, DC 20003	Capps , U.S. HOUSE CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	500.00
I. Maloney for Congress 185 Main St. Danbury, CT 06810	James Maloney, U.S. HOUSE CT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	500.00

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
Ehrlich for Congress Cmte. P.O. /Box 932 Hunt Valley, MD 21030	Robert Ehrlich, MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/03/99	4,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	McCrery, U.S. HOUSE LA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/11/99	3,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Patrick Kennedy P.O. Box 1356 1505 Longworth HOB Providence, RI 02901	Patrick Kennedy, U.S. HOUSE 1st RI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/11/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lindsey Graham for Congress PO Box 1155 Seneca, SC 29679	Lindsey Graham, U.S. HOUSE 3rd SC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/11/99	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Weygand for Congress Committee PO Box 28405 Providence, RI 02908	Robert Weygand, RI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/11/99	4,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy Johnson for Congress 5650 N. Eighth St. 343 Cannon House Ofc Bldg Arlington, VA, CT 22205	Nancy Johnson, U.S. HOUSE 6th CT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/14/99	4,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gutierrez for Congress 2300 West Wabansia Suite 334 Chicago, IL 60647	Gutierrez, U.S. HOUSE IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/15/99	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jerry Kleczka 3268 South 9th Street Milwaukee, WI 53215	Gerald Kleczka, U.S. HOUSE 4th WI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/16/99	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Baker 9132 Highland Garden Road 434 Cannon House Ofc Bldg Baton Rouge, LA 70811	Richard Baker, U.S. HOUSE 6th LA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/17/99	500.00

SUBTOTAL of Disbursements This Page (optional) 19,500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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
Everett for Congress 316 S. Main St. 208 Cannon House Ofc Bldg Enterprise, AL 36330	Terry Everett, U.S. HOUSE 2nd AL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dan Miller 1111 3rd Ave., West, Ste. 100 510 Cannon House Ofc Bldg Bradenton, FL 34205-7801	Dan Miller, U.S. HOUSE 13th FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hobson for Congress 32 W. Columbia St. 1507 Longworth House Ofc Bldg Springfield, OH 45502	Dave Hobson, U.S. HOUSE 7th OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roy Blunt 2740-B East Sunshine Street Springfield, MO 65804	Roy Blunt, MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vito Fossella for Congress 1501 Lee Highway Suite 201 Arlington, VA 22209	Fossella, U.S. HOUSE NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hulshof for Congress 1005 Cherry Street, Suite 203 Columbia, MO 65201	Kenny Hulshof, MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mark Foley P.O. Box 19536 506 Cannon House Office Bldg West Palm Beach, FL 33416	Mark Foley, U.S. HOUSE 16th FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Doug Ose for Congress 4013 Park Road Sacramento, CA 95841	Doug Ose, U.S. HOUSE CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Costello for Congress 1363 Niedringhaus Ave. 119 Cannon House Ofc Bldg Granite City, IL 62040	Jerry Costello, U.S. HOUSE 12th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	500.00

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

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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	Date (month, day, year)	Amount of Each Disbursement This Period
A. Licht 2000 Committee PO Box 9066 Providence, RI 02940	Licht, U.S. SENATE MA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	500.00
B. Adam Putnam For Congress Campaign Committee Post Office Box 2426 Bartow, FL 33831	Putnam, U.S. HOUSE FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	500.00
C. Licht 2000 Committee PO Box 9066 Providence, RI 02940	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	-500.00
D. Licht 2000 Committee PO Box 9066 Providence, RI 02940	Licht, U.S. SENATE RI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/18/99	500.00
E. Nancy Johnson for Congress 5650 N. Eighth St. 343 Cannon House Ofc Bldg Arlington, VA, CT 22205	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	06/18/99	-1,000.00
F. Committee to Re-Elect Ed Towns to Congress 321 Stuyvesant Avenue Brooklyn, NY 11233	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	06/18/99	-500.00
G. Spratt for Congress PO Box 830 York, SC 29745	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	06/18/99	-1,000.00
H. Fair for Congress 44 Pine Knoll Drive Suite I Greenville, SC 29609	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98	06/18/99	-500.00
I. Hayes for Congress Campaign 102 Church Street North Concord, NC 28025	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98	06/18/99	-500.00

SUBTOTAL of Disbursements This Page (optional) ..... -2,500.00

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	Date (month, day, year)	Amount of Each Disbursement This Period
A. Rosa DeLauro for Congress 49 Huntington St. 327 Cannon House Ofc Bldg New Haven, CT 06511	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	06/18/99	-500.00
B. Coburn for Congress P.O. Box 604 511 Cannon HOB Muskogee, OK 74402	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 98	06/18/99	-500.00
C. Hobson for Congress 32 W. Columbia St. 1507 Longworth House Ofc Bldg Springfield, OH 45502	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98	06/18/99	-500.00
D. People for Patty Murray 225 S Washington Seattle, WA 98104	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98	06/18/99	-1,000.00
E. Becerra for Congress P.O. Box 3096 Montebello, CA 90640	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98	06/18/99	-500.00
F. McCain for Senate 921 E Lamplighter Lane Tempe, AZ 85382	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98	06/18/99	-1,000.00
G. Norwood for Congress PO Box 499 Evans, GA 30809	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98	06/18/99	-500.00
H. Arlen Specter for US Sen Comm 417 Warden Drive SH-530 Hart Senate Ofc Bldg Philadelphia, PA 19129	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98	06/18/99	-1,000.00
I. The Tom Sawyer Committee 311 Wolf Ledges Pkwy, Ste. 400 1414 Longworth House Ofc Bldg Akron, OH 44311	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 98	06/18/99	-500.00

SUBTOTAL of Disbursements This Page (optional)	-6,000.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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. Bacerra for Congress P.O. Box 3096 Montebello, CA 90640	Voided Check Primary [ ] General [X] Other (specify) 98	06/18/99	-500.00
B. Bill McCollum 1010 Cathy Drive 2265 Rayburn House Ofc Bldg Altamonte Spring, FL 32714	Voided Check Primary [ ] General [X] Other (specify) 98	06/18/99	-1,000.00
C. Friends of Roy Blunt 2740-B East Sunshine Street Springfield, MO 65804	Voided Check Primary [ ] General [X] Other (specify) 98	06/18/99	-500.00
D. Christopher Shays 1034 Longworth House Ofc Bldg CT	Voided Check Primary [ ] General [X] Other (specify) 98	06/18/99	-1,500.00
E. Friends of Patrick Kennedy P.O. Box 1356 1505 Longworth HOB Providence, RI 02901	Voided Check Primary [X] General [ ] Other (specify) 2000	06/18/99	-500.00
F. Light 2000 Committee PO Box 9086 Providence, RI 02940	Voided Check Primary [X] General [ ] Other (specify) 2000	06/21/99	-500.00
G. Friends of George Allen PO Box 573 Richmond, VA 23218	Allen , U.S. SENATE VA Primary [X] General [ ] Other (specify) 2000	06/22/99	1,000.00
H. Watts for Congress PO Box 6545 Norman, OK 73070	JC Watts, U.S. HOUSE 4th OK Primary [X] General [ ] Other (specify) 2000	06/22/99	1,000.00
I. Doug Ose for Congress 4013 Park Road Sacramento, CA 95841	Doug Ose, U.S. HOUSE CA Primary [X] General [ ] Other (specify) 2000	06/22/99	1,500.00

SUBTOTAL of Disbursements This Page (optional) ..... -1,000.00

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

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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. Minge for Congress PO Box 71 Granite Falls, MN 56241-0071	David Minge, U.S. HOUSE 2nd MN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/24/99	4,500.00
B. Re-Elect McGovern Committee PO Box 60405 Worcester, MA 01606-0405	Jim McGovern, U.S. HOUSE 3rd MA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/24/99	500.00
C. Berman for Congress 8555 Wilshire Blvd, Ste 220 Beverly Hills, CA 90211	Howard Berman, U.S. HOUSE 26th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/29/99	1,000.00
D. Mikulski for Congress PO Box 13147 SH-709 Hart Senate Ofc Bldg Baltimore, MD 21203	Barbara Mikulski, U.S. SENATE MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/29/99	500.00
E. Committee to Re-Elect Ed Towns to Congress 321 Stuyvesant Avenue Brooklyn, NY 11233	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/29/99	500.00
F. Committee to Re-Elect Ed Towns to Congress 321 Stuyvesant Avenue Brooklyn, NY 11233	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/29/99	-500.00
G. Committee to Re-Elect Ed Towns to Congress 321 Stuyvesant Avenue Brooklyn, NY 11233	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/29/99	500.00
H. Wally Herger for Congress Cmte 3661 Senator Way 2433 Rayburn House Ofc Bldg Chico, CA 95928	Wally Herger, U.S. HOUSE 2nd CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/29/99	1,000.00
I. Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/29/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)	9,000.00
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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Diana DeGette 770 Grant St #210 Denver, CO 80203	Diana DeGette, U.S. HOUSE 1st CO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/29/99	500.00
B. Lazio for Congress '98 PO Box 5063 314 Cannon House Ofc Bldg Bay Shore, NY 11715	Rick Lazio, U.S. HOUSE 2nd NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/30/99	1,000.00
C. 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	06/30/99	1,000.00
D. Ken Lucas for Congress	Ken Lucas, KY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/30/99	500.00
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) 3,000.00

TOTAL This Period (last page this line number only) 39,500.00

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 7-14-99
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☐	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	

JMH
PREPARER

7-14-99
DATE PREPARED

(4/98)