REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION

MAR 20 11 53 AM '98

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

2. FEC IDENTIFICATION NUMBER
C-0000-6080

CITY, STATE and ZIP CODE
Washington, DC 20005

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

4. TYPE OF REPORT

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

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
[X] 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 [X] NO

SUMMARY

5. Covering Period 02/01/98 through 02/28/98

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1998		$ 103,778.00
(b) Cash on Hand at Beginning of Reporting Period	$ 150,101.56	
(c) Total Receipts (from line 19)	$ 10,899.93	$ 84,539.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 161,001.49	$ 188,317.40
7. Total Disbursements (from Line 30)	$ 46,223.47	$ 73,539.38
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 114,778.02	$ 114,778.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

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

Type or Print Name Of Treasurer
Paul Willging, Phd PAUL WILLGING

Signature of Treasurer

Date 3/20/98

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

FEC FORM 3X

(Revised 9/98)

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: 02/01/98 TO: 02/28/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	13,175.00	77,941.50
ii. Unitemized	-2,561.00	6,016.50
iii. Total (add i and ii) >	10,614.00	83,958.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add iii,b and c) >	10,614.00	83,958.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	285.93	581.40
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	10,899.93	84,539.40
20. Total Federal Receipts (subtract line 18 from line 19) >	10,899.93	84,539.40
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	848.47	1,664.38
c. Total Operating Expenditures (Add ai,aii, and b) >	848.47	1,664.38
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	45,375.00	71,875.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	46,223.47	73,539.38
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	46,223.47	73,539.38
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	10,614.00	83,958.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	10,614.00	83,958.00
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	848.47	1,664.38
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	848.47	1,664.38

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 3
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
W. Heywood Fralin PO Box 20069 Roanoke, VA 24018	Virginia Health Care Assn Occupation: Nrsg Home Owner	02/02/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Richard & Jill Mendlen 1333 E Madison #206 El Cajon, CA 92021	Kennon S Shea & Assoc Occupation: Dir Operations	02/02/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Steve Briscoe 5401 West 10th St. Greeley, CO 80634	Continuum Health Partnerships Occupation: Area VP	02/05/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309	HBA Corporation Occupation: Administrator	02/05/98	375.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
J Craig Souza 5109 Bur Oak Cir Raleigh, NC 27612	North Carolina Health Care Fac Occupation: Executive Director	02/09/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Troy Athon PO Box 497 Conyers, GA 30207	Geriatric Health Svcs. Occupation: VP Development	02/10/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Richard Brockman 815 Euclid Avenue Birmingham, AL 35213	Occupation: Administrator	02/10/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	3,875.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 3
	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
Terry Muntly 2633 W Rumble Rd Modesto, CA 95350	English Oaks Convalescent Hosp Occupation: Owner/Administrator	02/10/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Kensett Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284	Moyles Health Care Inc Occupation: President	02/12/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
F Leonard Herberth 4447 Stoneridge Drive Pleasanton, CA 94588	Herberth & Nettleton Occupation: Partner	02/12/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Stuart Goldberg 134 Great East Neck Rd PO Box 5249 West Babylon, NY 11704	East Neck Nursing Center Occupation: President	02/13/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Lohr PO Box 10805 Pittsburgh, PA 15236	Jefferson Hills Manor Occupation: Executive Director	02/13/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Harold & Debra Stewart PO Box 974 Apalachicola, FL 32329	Senior Care Properties Occupation: President	02/17/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Eugene Clarke 5111 Rogers Ave Ste 40A Ft Smith, AR 72919	Beverly Enterprises Occupation: VP Quality Assurance	02/20/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	2,850.00
TOTAL this Period (Last page this line number only) ..... >	

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

SCHEDULE A ITEMIZED RECEIPTS

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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
John Sims PO Box 1129 Turlock, CA 95381	Elness Convalescent Hospital Occupation: Administrator	02/23/98	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Alan Solomont 300 Brickstone Square Andover, MA 01810	ADS Management Inc Occupation: President	02/24/98	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,000.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701	Health Facilities Assn of MD Occupation: Executive Director	02/24/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Sharon Flippen 4107 Spicewood Road #216 Austin, TX 78759		02/24/98	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Thomas Gault PO Box 11327 Cincinnati, OH 45211	Harrison House Occupation: Executive Director	02/25/98	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	6,450.00
TOTAL this Period (Last page this line number only) >	13,175.00

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

SCHEDULE A ITEMIZED RECEIPTS

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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
PO Box 85024 Richmond, VA 23285-5024	Occupation: Crestar Bank	02/27/98	43.68
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 268.27		

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	02/27/98	196.25
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 464.52		

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 > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	239.93
TOTAL this Period (Last page this line number only) ..... >	239.93

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement bank fees Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 02/10/98	Amount of Each Disb. this Period 350.00
B. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement VISA/MC fees Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 02/27/98	Amount of Each Disb. this Period 422.14
C. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement AMEX fees Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 02/28/98	Amount of Each Disb. this Period 76.33
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ---------->	848.47
TOTAL this Period (Last page this line number only) ---------->	848.47

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 4
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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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 Disb. this Period
A. The Freedom Project 7908 Cincinnati-Dayton Rd West Chester, OH 45069	Freedom Project - John Boehner Primary [ ] General [ ] Other (Specify) [X] 98 Other	02/03/98	5,000.00
B. Democratic National Committee 1625 Massachusetts Ave, NW Washington, DC 20036	DNC 1998 Membership Dues Primary [ ] General [ ] Other (Specify) 1998	02/17/98	15,000.00
C. Friends of Jack Kingston Suite 102, Enterprise Bldg 1229 Longworth House Ofc Bldg Savannah, GA	Jack Kingston, U.S. HOUSE 1st GA Primary [X] General [ ] Other (Specify) 98	02/17/98	500.00
D. Frelinghuysen for Congress P.O. Box 712 514 Cannon HOB Morristown, NJ 07963	Rodney Frelinghuysen, U.S. HOUSE 11th NJ Primary [X] General [ ] Other (Specify) 98	02/26/98	375.00
E. Frelinghuysen for Congress P.O. Box 712 514 Cannon HOB Morristown, NJ 07963	Voided Check Primary [X] General [ ] Other (Specify) 98	02/26/98	-375.00
F. Frelinghuysen for Congress P.O. Box 712 514 Cannon HOB Morristown, NJ 07963	Rodney Frelinghuysen, U.S. HOUSE 11th NJ Primary [X] General [ ] Other (Specify) 98	02/26/98	375.00
G. Hulshof for Congress 1005 Cherry Street, Suite 203 Columbia, MO 65201	Kenny Hulshof, MO Primary [X] General [ ] Other (Specify) 98	02/26/98	500.00
H. Thomas Bliley for Congress Cmt 408 Henri Road Richmond, VA 23226	Thomas J. Bliley, Jr., U.S. HOUSE 7th VA Primary [X] General [ ] Other (Specify) 98	02/26/98	1,500.00
I. Stenholm for Congress P.O. Box 1032 Stamford, TX 79553	Charles Stenholm, U.S. HOUSE 17th TX Primary [X] General [ ] Other (Specify) 98	02/26/98	1,000.00

SUB TOTAL of Disbursements this page (Optional) ---->	23,875.00
TOTAL this Period (Last page this line number only) ---->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 4
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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 Jennifer Dunn for Congress P.O. Box 40110 Bellevue, WA 98004	Purpose of Disbursement Jennifer Dunn, U.S. HOUSE 8th WA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code Weygand for Congress Committee PO Box 28405 Providence, RI 02908	Purpose of Disbursement Robert Weygand, RI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 500.00
C. Full Name, Mailing Address and Zip Code Bob Matsui for Congress 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	Purpose of Disbursement Robert Matsui, U.S. HOUSE 5th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Bob Graham Campaign Fund 700 North Adams St SH-524 Hart Senate Ofc Bldg Tallahassee, FL 32301	Purpose of Disbursement Bob Graham, U.S. SENATE FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Bonilla for Congress 315 E. Commerce, Suite 302 San Antonio, TX 78205	Purpose of Disbursement Henry Bonilla, U.S. HOUSE 23rd TX Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 500.00
F. Full Name, Mailing Address and Zip Code Missourians for Kit Bond 1243 W 59th St Kansas City, MO 64113	Purpose of Disbursement Christopher Bond, U.S. SENATE MO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 1,500.00
G. Full Name, Mailing Address and Zip Code Mary Bono for Congress 1842 Mesa Dr Palm Springs, CA 92264	Purpose of Disbursement Mary Bono, U.S. HOUSE CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 500.00
H. Full Name, Mailing Address and Zip Code Congressman Phil Crane Committee 1450 So. New Wilke, Suite 101 Arlington Heights, IL 60005	Purpose of Disbursement Philip Crane, U.S. HOUSE 8th IL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 1,000.00
I. Full Name, Mailing Address and Zip Code People for Ganske Committee 5907 Grand Avenue Des Moines, IA 50312	Purpose of Disbursement Greg Ganske, U.S. HOUSE 4th IA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 500.00

SUB TOTAL of Disbursements this page (Optional) ..... >	7,000.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 4
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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 The Judd Gregg Committee PO Box 1812 Concord, NH 03302-1812	Purpose of Disbursement Judd Gregg, U.S. SENATE NH Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 02/26/98	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Bob Etheridge for Congress Cmt PO Drawer 1059 Lillington, NC 27546	Purpose of Disbursement Bob Etheridge, NC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 02/26/98	Amount of Each Disb. this Period 500.00
C. Full Name, Mailing Address and Zip Code John Spratt PO Box 830 (233 Kings Mtn St) 1536 Longworth House Ofc Bldg York, SC 29745	Purpose of Disbursement John Spratt, U.S. HOUSE 5th SC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 02/26/98	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Maloney for Congress 185 Main St. Danbury, CT 06810	Purpose of Disbursement James Maloney, CT Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 02/26/98	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Martin Frost Campaign Cmte. P.O. Box 4219 2459 Rayburn House Ofc Bldg Dallas, TX 75208	Purpose of Disbursement Martin Frost, U.S. HOUSE 24th TX Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 02/26/98	Amount of Each Disb. this Period 500.00
F. Full Name, Mailing Address and Zip Code Diana DeGette 770 Grant St #218 Denver, CO 80203	Purpose of Disbursement Diane DeGette, U.S. HOUSE 1st CO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 02/26/98	Amount of Each Disb. this Period 500.00
G. Full Name, Mailing Address and Zip Code National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	Purpose of Disbursement NRSC 98 Membership Dues Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 02/26/98	Amount of Each Disb. this Period 5,000.00
H. Full Name, Mailing Address and Zip Code Hoyer for Congress 7905 Malcolm Rd., Ste. 102 1705 Longworth House Ofc Bldg Clinton, MD 20735	Purpose of Disbursement Steny Hoyer, U.S. HOUSE 5th MD Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 02/26/98	Amount of Each Disb. this Period 500.00
I. Full Name, Mailing Address and Zip Code Radanovich for Congress 2377 W. Shaw, Ste. 204 313 Cannon HOB Fresno, CA 93711	Purpose of Disbursement George Radanovich, U.S. HOUSE 19th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 02/26/98	Amount of Each Disb. this Period 500.00

SUB TOTAL of Disbursements this page (Optional) ---------->	9,500.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 4
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and Zip Code Pete Stark Re-Election Cmt PO Box 121 Hayward, CA 94543	Purpose of Disbursement Pete Stark, U.S. HOUSE 13th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Nathan Deal for Congress P.O. Box 2522 1406 Longworth House Ofc Bldg Gainesville, GA 30503	Purpose of Disbursement Nathan Deal, U.S. HOUSE 9th GA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 500.00
C. Full Name, Mailing Address and Zip Code Crapo for Congress 1177 W. State St. 437 Cannon House Ofc Bldg Boise, ID 83402	Purpose of Disbursement Mike Crapo, U.S. HOUSE 2nd ID Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Nancy Johnson for Congress 5650 N. Eighth St. 343 Cannon House Ofc Bldg Arlington, VA, CT 22205	Purpose of Disbursement Nancy Johnson, U.S. HOUSE 6th CT Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Lindsey Graham for Congress PO Box 1155 Seneca, SC 29679	Purpose of Disbursement Lindsey Graham, U.S. HOUSE 3rd SC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 500.00
F. Full Name, Mailing Address and Zip Code J.D. Hayworth 1023 Longworth HOB , AZ	Purpose of Disbursement J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day, Year) 02/26/98	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	5,000.00
TOTAL this Period (Last page this line number only) ..... >	45,375.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 3/20/98
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☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

J.A.Q. — PREPARER

3/26/98 — DATE PREPARED

(7/97)