

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 18 9 30 AM '98

1. NAME OF COMMITTEE (in full) American Health Care Association Political Action Committee		2. FEC IDENTIFICATION NUMBER C-0000-6080
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1201 L Street, NW		
CITY, STATE and ZIP CODE Washington, DC 20005		
		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 100)

4. TYPE OF REPORT

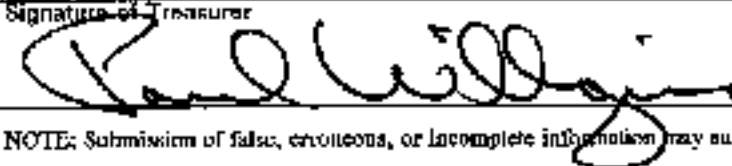
(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

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 <u>08/01/98</u> through <u>08/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 103,778.00
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 110,208.53	
(c) Total Receipts (from line 18).....	\$ 19,566.04	\$ 316,220.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 129,774.57	\$ 419,998.22
7. Total Disbursements (from Line 30).....	\$ 18,384.14	\$ 308,607.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 111,390.43	\$ 111,390.43
9. Debts and Obligations Owed TO 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
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	\$ 0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		
Type or Print Name of Treasurer Paul Willging, PhD		
Signature of Treasurer 		Date 9/15/98

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

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DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/1/91

NAME OF COMMITTEE American Health Care Association Political Action Committee	REPORT COVERING PERIOD	
	FROM: 08/01/98	TO: 08/31/98
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	16,603.24	265,581.18
ii. Unitemized	2,678.88	41,157.58
iii. Total (add i and ii) >	19,282.12	306,738.76
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	5,400.00
d. Total Contributions (add aiii, b and c) >	19,282.12	311,738.76
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	750.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	283.92	2,231.46
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) >	19,566.04	316,220.22
20. Total Federal Receipts (subtract line 18 from line 19) >	19,566.04	316,220.22
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	929.14	5,075.74
c. Total Operating Expenditures (Add aii, aii, and b) >	929.14	5,075.74
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,250.00	295,740.05
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. Individual/Persons Other Than Political Committees	75.00	6,162.00
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) >	75.00	6,162.00
29. Other Disbursements	130.00	1,630.00
30. Total Disbursements (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	18,384.14	308,607.79
31. Total Federal Disbursements (subtract line 21 cii from line 30) >	18,384.14	308,607.79
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d)	19,282.12	311,738.76
33. Total Contribution Refunds (from line 28d)	75.00	6,162.00
34. Net Contributions (Other than loans) (subtract line 33 from 32)	19,207.12	305,576.76
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	929.14	5,075.74
36. Offsets to Operating Expenditures (from line 15)	0.00	750.00
37. Net Operating Expenditures (subtract line 36 from 35) >	929.14	4,325.74

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 John Jarrett PO Box 909 New Paltz, NY 12561	Name of Employer New Paltz Nursing Home	Date (Month day, Year) 08/03/98	Amount of Each Receipt this Period 250.00
	Occupation Administrator	Aggregate Year-to-date > \$ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Michael Meillier 27 Brand Ave PO Box 446 Faribault, MN 55021	Name of Employer Pleasant Manor Inc	Date (Month day, Year) 08/04/98	Amount of Each Receipt this Period 75.00
	Occupation Social Services Dir	Aggregate Year-to-date > \$ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Mary Flynn 40 White Hall Road Rochester, NH 03867	Name of Employer Rochester Manor	Date (Month day, Year) 08/04/98	Amount of Each Receipt this Period 25.00
	Occupation Administrator	Aggregate Year-to-date > \$ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Robert M Coury Two Berea Commons #1 Berea, OH 44017	Name of Employer Aristocrat Berea	Date (Month day, Year) 08/04/98	Amount of Each Receipt this Period 250.00
	Occupation Administrator	Aggregate Year-to-date > \$ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Jerry Neal 4239 W. War Mem'l Dr. #302 Peoria, IL 61614	Name of Employer Developmental Services of IL	Date (Month day, Year) 08/04/98	Amount of Each Receipt this Period 250.00
	Occupation President	Aggregate Year-to-date > \$ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Barbra McClung 3710 W Mineral King Avenue Visalia, CA 93291	Name of Employer Moyles Central Valley HC	Date (Month day, Year) 08/05/98	Amount of Each Receipt this Period 500.00
	Occupation Vice President	Aggregate Year-to-date > \$ 1,500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Eileen Khan 163 Quinm plac Ave North Haven, CT 06473	Name of Employer Montower Health Care Ctr	Date (Month day, Year) 08/05/98	Amount of Each Receipt this Period 75.00
	Occupation VP Nursing	Aggregate Year-to-date > \$ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	1,425.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 9
FOR LINE NUMBER 11a1

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

<p>A. Full Name, Mailing Address and Zip Code Sandra Higgins-Stinson PO Box 743 Madisonville, KY 42431</p>	<p>Name of Employer Senior Citizens Nursing Homes, Inc.</p> <p>Occupation Owner/Administrator</p>	<p>Date (Month day, Year) 08/06/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 925.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Reynaldo Lapid 1931 Lakewood Rd Toms River, NJ 08755</p>	<p>Name of Employer Green Acres Manor</p> <p>Occupation Owner</p>	<p>Date (Month day, Year) 08/06/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 375.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Mark Cook 513 Pineview Avenue Glencoe, AL 35905</p>	<p>Name of Employer Coosa Valley Health Care</p> <p>Occupation Administrator</p>	<p>Date (Month day, Year) 08/06/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 750.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Daniel Veloric 3706 Church Road Mt. Laurel, NJ 08054</p>	<p>Name of Employer Mt. Laurel Nursing and Rehabilitation Center</p> <p>Occupation Chairman of Board</p>	<p>Date (Month day, Year) 08/06/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 375.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Steven Brant 101 S Belt W Belleville, IL 62220</p>	<p>Name of Employer Four Fountains Conv Ctr</p> <p>Occupation Administrator</p>	<p>Date (Month day, Year) 08/06/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 375.00</p>		
<p>F. Full Name, Mailing Address and Zip Code James Judy 9403 Mill Brook Rd Louisville, KY 40223</p>	<p>Name of Employer Kentucky Assn of Hth Care Fac</p> <p>Occupation Executive VP</p>	<p>Date (Month day, Year) 08/07/98</p>	<p>Amount of Each Receipt this Period 325.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 825.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Kenneth Morris 401 Snyder Ave Barberton, OH 44203</p>	<p>Name of Employer Pleasant View Health Care</p> <p>Occupation Administrator</p>	<p>Date (Month day, Year) 08/07/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 375.00</p>		

SUB TOTAL of Receipts This Page (Optional) > **1,325.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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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 R Peter Madel 108 8th St NW Waseca, MN 56093	Name of Employer Lake Shore Inn Nursing Home	Date (Month day, Year) 08/07/98	Amount of Each Receipt this Period 125.00
	Occupation Administrator	Aggregate Year-to-date > \$ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Coy Williamson 165 Winston Drive Athens, GA 30607	Name of Employer Grandview Care Center	Date (Month day, Year) 08/07/98	Amount of Each Receipt this Period 125.00
	Occupation President/Owner	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code David Duncan 507 State St Box 208 Mound City, MO 64470	Name of Employer Tiffany Care Centers	Date (Month day, Year) 08/07/98	Amount of Each Receipt this Period 300.00
	Occupation President	Aggregate Year-to-date > \$ 475.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Lori Wright PO Box 3667 Tupelo, MS 38803	Name of Employer Right Care Inc	Date (Month day, Year) 08/07/98	Amount of Each Receipt this Period 1,250.00
	Occupation	Aggregate Year-to-date > \$ 3,750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Douglas M Wright PO Box 3667 Tupelo, MS 38803	Name of Employer Right Care, Inc.	Date (Month day, Year) 08/07/98	Amount of Each Receipt this Period 1,250.00
	Occupation President/CEO	Aggregate Year-to-date > \$ 3,750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Terry Mundy 2633 W Rumble Rd Modesto, CA 95350	Name of Employer English Oaks Convalescent Hosp	Date (Month day, Year) 08/10/98	Amount of Each Receipt this Period 150.00
	Occupation Owner/Administrator	Aggregate Year-to-date > \$ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Warren Wolfson 23200 Chagrin Blvd #BL4-500 Cleveland, OH 44122	Name of Employer Care Services Associates	Date (Month day, Year) 08/10/98	Amount of Each Receipt this Period 75.00
	Occupation Administrator	Aggregate Year-to-date > \$ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional)	3,375.00
TOTAL this Period (Last page this line number only)	

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
John Poirier 125 Airport Rd Concord, NH 03301	New Hampshire Health Care Assn	08/10/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Exec VP	Aggregate Year-to-date > \$ 1,000.00	
Robert Deane PAYROLL DEDUCTION Washington, AH 20005	AHCA	08/12/98	38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Chief Economist	Aggregate Year-to-date > \$ 488.45	
Robert Asztalos PAYROLL DEDUCTION Washington, AH 20005	AHCA	08/12/98	39.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Lobbyist	Aggregate Year-to-date > \$ 285.10	
Paul Willging 1201 L St. NW Washington, AH 20005	AHCA	08/12/98	384.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Exec VP	Aggregate Year-to-date > \$ 2,884.50	
David Seckman PAYROLL DEDUCTION Washington, AH 20005	AHCA	08/12/98	38.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP Regulatory	Aggregate Year-to-date > \$ 288.60	
Penny Frue 1201 L Street, NW Washington, AH 20005	AHCA	08/12/98	76.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President, Administration	Aggregate Year-to-date > \$ 582.00	
Theodore Lee 700 Hanover St Manchester, NH 03104	Hanover Hill Health Care	08/12/98	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Owner/Administrator	Aggregate Year-to-date > \$ 1,150.00	

SUB TOTAL of Receipts This Page (Optional) > **2,326.62**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 9
FOR LINE NUMBER 11 a i

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

<p>A. Full Name, Mailing Address and Zip Code J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406</p>	<p>Name of Employer Northport Health Services Inc</p> <p>Occupation President</p>	<p>Date (Month day, Year) 08/17/98</p>	<p>Amount of Each Receipt this Period 1,250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 2,625.00</p>	
<p>B. Full Name, Mailing Address and Zip Code Gail Clarkson 64509 Van Dyke Washington, MI 48095</p>	<p>Name of Employer The Medilodge Group</p> <p>Occupation Vice President</p>	<p>Date (Month day, Year) 08/17/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 850.00</p>	
<p>C. Full Name, Mailing Address and Zip Code Leonard Wiggins PO Box 676 Judsonia, AR 72081</p>	<p>Name of Employer Oakdale Nursing Home</p> <p>Occupation Owner/Administrator</p>	<p>Date (Month day, Year) 08/17/98</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 225.00</p>	
<p>D. Full Name, Mailing Address and Zip Code Lester Robertson 2205 Broadway Mt Vernon, IL 62864</p>	<p>Name of Employer DSI MGT SVC</p> <p>Occupation Executive VP</p>	<p>Date (Month day, Year) 08/17/98</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 225.00</p>	
<p>E. Full Name, Mailing Address and Zip Code Earl Carlson 236 Metro Dr Jefferson City, MO 65109</p>	<p>Name of Employer Missouri Health Care Assn</p> <p>Occupation Executive Director</p>	<p>Date (Month day, Year) 08/20/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 375.00</p>	
<p>F. Full Name, Mailing Address and Zip Code Tim Blythe 7 Minnesota St Edwardsville, IL 62025</p>	<p>Name of Employer Springwood Associates</p> <p>Occupation VP, Legislative Affairs</p>	<p>Date (Month day, Year) 08/24/98</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 225.00</p>	
<p>G. Full Name, Mailing Address and Zip Code Zaiga Moriarty 5010 S 118th St Ste 250 Omaha, NE 68137</p>	<p>Name of Employer Vetter Health Services</p> <p>Occupation Operations Supervisor</p>	<p>Date (Month day, Year) 08/24/98</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 225.00</p>	

SUB TOTAL of Receipts This Page (Optional).....> **2,050.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **9**
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 Robert Asztalos PAYROLL DEDUCTION Washington, AH 20005	Name of Employer AHCA Occupation Lobbyist	Date (Month day, Year) 08/27/98	Amount of Each Receipt this Period 39.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 324.18		
B. Full Name, Mailing Address and Zip Code Paul Willging 1201 L St. NW Washington, AH 20005	Name of Employer AHCA Occupation Exec VP	Date (Month day, Year) 08/27/98	Amount of Each Receipt this Period 384.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 3,269.10		
C. Full Name, Mailing Address and Zip Code David Seckman PAYROLL DEDUCTION Washington, AH 20005	Name of Employer AHCA Occupation VP Regulatory	Date (Month day, Year) 08/27/98	Amount of Each Receipt this Period 38.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 327.08		
D. Full Name, Mailing Address and Zip Code Penny Proe 1201 L Street, NW Washington, AH 20005	Name of Employer AHCA Occupation Vice President, Administration	Date (Month day, Year) 08/27/98	Amount of Each Receipt this Period 76.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 658.00		
E. Full Name, Mailing Address and Zip Code Robert Deane PAYROLL DEDUCTION Washington, AH 20005	Name of Employer AHCA Occupation Chief Economist	Date (Month day, Year) 08/27/98	Amount of Each Receipt this Period 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 526.91		
F. Full Name, Mailing Address and Zip Code Steve Ackerson 950 12th St. Des Moines, IA 50309	Name of Employer Iowa Health Care Assn. Occupation	Date (Month day, Year) 08/28/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
G. Full Name, Mailing Address and Zip Code Michael Cook 701 Pennsylvania Ave., NW Ste. 900 Washington, DC 20004	Name of Employer Mintz, Levin, Cohn, Ferris, Glovsky & Popeo, P.C. Occupation Partner/LTC Consult	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 225.00		

SUB TOTAL of Receipts This Page (Optional).....> **1,801.62**

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

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 William Kinschner 4934 Valencia Dr Toledo, OH 43623	Name of Employer Health Care & Ret Group	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 100.00
	Occupation VP Bus Planning	Aggregate Year-to-date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Thomas Gault PO Box 11327 Cincinnati, OH 45211	Name of Employer Harrison House	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 100.00
	Occupation Executive Director	Aggregate Year-to-date > \$ 2,600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code John Jarrett PO Box 909 New Paltz, NY 12561	Name of Employer New Paltz Nursing Home	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 200.00
	Occupation Administrator	Aggregate Year-to-date > \$ 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code James Adkins 119 W High Street Woodberry, TN 37190	Name of Employer Woodberry Health Care	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 400.00
	Occupation Administrator	Aggregate Year-to-date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Don Bedell PO Box 1210 Stkeston, MO 63801	Name of Employer Health Facilities Mgmt Corp	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 800.00
	Occupation President	Aggregate Year-to-date > \$ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Delbert Ousley 200 S. 2nd St. PO Box 829 Richmond, KY 40476	Name of Employer PMD Corporation	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 200.00
	Occupation President	Aggregate Year-to-date > \$ 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Michael McBride 2905 White Horse Road Greenville, SC 29611	Name of Employer Health Management Resources	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 800.00
	Occupation President	Aggregate Year-to-date > \$ 1,800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....> **2,600.00**

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

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 David Duncan 507 State St Box 208 Mound City, MO 64470	Name of Employer Tiffany Care Centers	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 200.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 675.00		
B. Full Name, Mailing Address and Zip Code Joseph Warner 115 W Jefferson, Suite 401 Bloomington, IL 61702-3188	Name of Employer Heritage Enterprise	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 200.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 950.00		
C. Full Name, Mailing Address and Zip Code Richie Alba 705 Clearview Dr. Vinton, VA 24179	Name of Employer The Berkshire Health Care Center	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
D. Full Name, Mailing Address and Zip Code William Levering 4 New Market Dr Delaware, OH 43015	Name of Employer Delaware Court Health Care Ctr	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 100.00
	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 400.00		
E. Full Name, Mailing Address and Zip Code James Branscum 15750 Jay Road Detroit, MI 48228	Name of Employer Fairlane Nursing Center	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 200.00
	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 450.00		
F. Full Name, Mailing Address and Zip Code Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236	Name of Employer Nursing Care Management	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 100.00
	Occupation Exec Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
G. Full Name, Mailing Address and Zip Code Don Wessell 417 S Main St Oberlin, OH 44074	Name of Employer Welcome Nursing Home Inc	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 100.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 475.00		

SUB TOTAL of Receipts This Page (Optional).....>	1,400.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 9
FOR LINE NUMBER 11 a i

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 or 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 Gail Clarkson 64500 Van Dyke Washington, MI 48095	Name of Employer The Medilodge Group Occupation Vice President	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 950.00		
B. Full Name, Mailing Address and Zip Code L Bruce Levering 201 N Main Street Mt Vernon, OH 43050	Name of Employer Country Court Limited Occupation Administrator	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 600.00		
C. Full Name, Mailing Address and Zip Code William Dunn 195 Executive Dr Marion, OH 43302	Name of Employer Marion Manor Nursing Hm Inc Occupation Administrator	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 850.00		
D. Full Name, Mailing Address and Zip Code 	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	300.00
TOTAL this Period (Last page this line number only).....>	16,603.24

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
4922 Fairmont Ave Bethesda, MD 20814		08/31/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Rushmore		51.17
	Aggregate Year-to-date > †		399.52
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		08/31/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Crestar Bank		183.54
	Aggregate Year-to-date > †		1,653.78
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
	Aggregate Year-to-date > †		

SUB TOTAL of Receipts This Page (Optional).....>	234.71
TOTAL this Period (Last page this line number only).....>	234.71

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement AMEX fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 08/31/98	Amount of Each Disb. this Period 287.11
B. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement VISA/MC fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 08/31/98	Amount of Each Disb. this Period 263.16
C. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Bank fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 08/31/98	Amount of Each Disb. this Period 16.50
D. Full Name, Mailing Address and Zip Code Crestar Bank 123 dc, DC 20005	Purpose of Disbursement Lockbox fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 08/31/98	Amount of Each Disb. this Period 362.37
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	929.14
TOTAL this Period (Last page this line number only).....>	929.14

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Patricia Schroeder for Congress 2210 Gaylord Street Denver, CO 80205	Patricia Schroeder, U.S. HOUSE 1st CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	08/03/98	1,000.00
Bill Schroeder Campaign 4420 South Bram Court Morrison, CO 80465	Bill Schroeder, U.S. HOUSE CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	08/03/98	1,000.00
Patricia Schroeder for Congress 2210 Gaylord Street Denver, CO 80205	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	08/03/98	-1,000.00
National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	NRSC 98 Membership Dues Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/06/98	5,000.00
Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003	DCCC 98 Membership Dues - Adele Wilzack Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/06/98	1,500.00
Vic Snyder for Congress Committee 100 Morgan Kegan Drive Suite 410 Little Rock, AR 72202	Vic Snyder, U.S. HOUSE 2nd AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	08/06/98	2,000.00
Friends of Blanche Lincoln 1616 W Third Street Little Rock, AR 72201	Blanche Lincoln, U.S. HOUSE AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	08/06/98	3,000.00
Jim Davis for Congress Com 3716 West Swann Tampa, FL 33609	Jim Davis, FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	08/06/98	500.00
People for Ganske Committee 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	08/24/98	4,000.00

SUB TOTAL of Disbursements this page (Optional).....> 17,000.00

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

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 Disb. this Period
Sherman for Congress 5152 Sepulveda Blvd #1996 Sherman Oaks, CA 91403	Brad Sherman, CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	08/25/98	250.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	250.00
TOTAL this Period (Last page this line number only).....>	17,250.00

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	REFUND: Senior Care Inc/Leonard Wiggins Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) '98 Other	08/27/98	75.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	75.00
TOTAL this Period (Last page this line number only).....>	75.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 9-18-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

[Signature]
PREPARER

9-18-98
DATE PREPARED