02/15/2002 14 : 55

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼ 1201 L Street, NW

Check if different than previously reported. (ACC)

Washington | DC | 20005 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00006080

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT X NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

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

Termination Report (TER)

(b) Monthly Report Due On: X

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 01 01 2002 through 01 31 2002

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 Electronically Filed by Anna Lee, PAC Director Date 02 15 2002

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

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
American Health Care Association Political Action Committee

Report Covering the Period: From: 01 01 2002 To: 01 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		173409.92
(b) Cash on Hand at Begining of Reporting Period	173409.92	
(c) Total Receipts (from Line 19)	12026.22	12026.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	185436.14	185436.14
7. Total Disbursements (from Line 30)	6573.65	6573.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	178862.49	178862.49
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	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 01 01 2002 To: 01 31 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10917.30	
(ii) Unitemized	936.92	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	11854.22	11854.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	11854.22	11854.22
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.) (Carry Totals to Line 36, page 4)	114.00	114.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	58.00	58.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	12026.22	12026.22
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	12026.22	12026.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	323.65	323.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	323.65	323.65
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	6250.00	6250.00
24. Independent Expenditure (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 Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	6573.65	6573.65
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	6573.65	6573.65
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	11854.22	11854.22
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	11854.22	11854.22
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	323.65	323.65
36. Offsets to Operating Expenditures (from Line 15, page 3)	114.00	114.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	209.65	209.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 11

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Mr Delbert Ousley
Mailing Address: 300 Provider Court
City: Richmond State: KY Zip Code: 40475
FEC ID number of contributing federal political committee.
Name of Employer: PMD Corporation
Occupation: President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 14 2002
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000004105700002

B.
Full Name (Last, First, Middle Initial): Mr. Bruce Thevenot
Mailing Address: 4156 Carmichael Rd
City: Montgomery State: AL Zip Code: 36106
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Nursing Home Assn.
Occupation: State Executive
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 22 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000004110000003

C.
Full Name (Last, First, Middle Initial): Ms. Beverly Miller Marshall
Mailing Address: 3590 Commerce Drive
City: Warsaw State: IN Zip Code: 46580
FEC ID number of contributing federal political committee.
Name of Employer: MMM Invest Inc.
Occupation: Treasurer Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 25 2002
Amount of Each Receipt this Period: 1000.00
Transaction ID: 10000004105000004

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 11

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Mr R James Miller
Mailing Address: 922 S Buffalo St
City: Warsaw State: IN Zip Code: 46580
FEC ID number of contributing federal political committee.
Name of Employer: MMM Investment Inc
Occupation: Partner
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 25 2002
Amount of Each Receipt this Period: 1000.00
Transaction ID: 10000004105100005

B.
Full Name (Last, First, Middle Initial): Mr Michael W Massey
Mailing Address: 313 Memorial Drive
City: Greer State: SC Zip Code: 29650
FEC ID number of contributing federal political committee.
Name of Employer: Roger Huntington Nursing Center
Occupation: Administrator
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 01 25 2002
Amount of Each Receipt this Period: 5000.00
Transaction ID: 10000004105200008

C.
Full Name (Last, First, Middle Initial): Ms. Barbara Miller
Mailing Address: 3570 Commerce Drive
City: Warsaw State: IN Zip Code: 46580
FEC ID number of contributing federal political committee.
Name of Employer: MMM Invest Inc
Occupation: Assistant Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 25 2002
Amount of Each Receipt this Period: 1000.00
Transaction ID: 10000004105300007

SUBTOTAL of Receipts This Page (optional) ..... ▶ **7000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 11

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Ms. Nancy Hubler
Mailing Address: 1313 St. Anthony Place 5E
City: Louisville State: KY Zip Code: 40204
FEC ID number of contributing federal political committee.
Name of Employer: Kindred HealthCare
Occupation: Regional Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 25 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000004105400008

B.
Full Name (Last, First, Middle Initial): Ms Sandra Higgins-Stinson
Mailing Address: 170 Buckner Ridge
City: Madisonville State: KY Zip Code: 42431
FEC ID number of contributing federal political committee.
Name of Employer: The Thomas Group
Occupation: President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 25 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000004105500009

C.
Full Name (Last, First, Middle Initial): Mr John Kleffner
Mailing Address: 221 SW 33rd
City: Topeka State: KS Zip Code: 66611
FEC ID number of contributing federal political committee.
Name of Employer: Kansas Health Care Association
Occupation: Executive VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 25 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000004110100010

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 11

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Mr Farooq Khan
Mailing Address: 163 Quinnipiac Ave
City: North Haven State: CT Zip Code: 06473
FEC ID number of contributing federal political committee.
Name of Employer: Montower Health Care Ctr
Occupation: President
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00
Date of Receipt: 01 28 2002
Amount of Each Receipt this Period: 475.00
Transaction ID: 10000004110300011

B.
Full Name (Last, First, Middle Initial): Mr. Chip Roadman
Mailing Address: 1201 L Street NW
Payroll Deduction
City: Washington State: DC Zip Code: 20005
FEC ID number of contributing federal political committee.
Name of Employer: AHCA
Occupation: President & CEO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 384.60
Date of Receipt: 01 28 2002
Amount of Each Receipt this Period: 192.30
Transaction ID: 10000004109800012

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **667.30**

TOTAL This Period (last page this line number only) ..... ▶ **10917.30**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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

A. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address
730 15th Street N.W. 2 nd Floor
City: Washington State: DC Zip Code: 20005

Purpose of Disbursement
January Service Charge

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 01 / 31 / 2002

Amount of Each Disbursement this Period: 282.49

Transaction ID: 10000004117400002

B. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address
730 15th Street N.W. 2 nd Floor
City: Washington State: DC Zip Code: 20005

Purpose of Disbursement
January Credit Card Charge

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 01 / 31 / 2002

Amount of Each Disbursement this Period: 15.03

Transaction ID: 10000004117600003

C. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address
730 15th Street N.W. 2 nd Floor
City: Washington State: DC Zip Code: 20005

Purpose of Disbursement
January Visa/MC Charge

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 01 / 31 / 2002

Amount of Each Disbursement this Period: 26.13

Transaction ID: 10000004117700004

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **323.65**

TOTAL This Period (last page this line number only) ..... ▶ **323.65**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A. Full Name (Last, First, Middle Initial)
Committee for the Preservation of Capitalism

Mailing Address
PO Box 22614
City: Alexandria State: VA Zip Code: 22304

Purpose of Disbursement
YTD:$3000.00 Jim McCrery's PAC

Candidate Name

24K Category/Type

Office Sought: X House / Senate / President
State: District:

Disbursement For: 2002 Primary General / X Other (specify)

Date of Disbursement: 01 / 22 / 2002

Amount of Each Disbursement this Period: 3000.00

Transaction ID: 10000003984500005

B. Full Name (Last, First, Middle Initial)
Dan Stevens' Congressional Exploratory Cmte.

Mailing Address
1849 Collin St.
City: Mora State: MN Zip Code: 55051

Purpose of Disbursement
YTD:$250.00 Dan Stevens. MN

Candidate Name
Dan Stevens

24K Category/Type

Office Sought: House / Senate / President
State: MN District:

Disbursement For: 2002 X Primary General / Other (specify)

Date of Disbursement: 01 / 23 / 2002

Amount of Each Disbursement this Period: 250.00

Transaction ID: 10000004103100006

C. Full Name (Last, First, Middle Initial)
Dennis Moore for Congress

Mailing Address
PO Box 14631
City: Shawnee Mission State: KS Zip Code: 66285

Purpose of Disbursement
YTD:$1000.00 Dennis Moore. U.S. HOUSE 3r

Candidate Name
Dennis Moore

24K Category/Type

Office Sought: House / Senate / President
State: KS District: 3

Disbursement For: 2002 X Primary General / Other (specify)

Date of Disbursement: 01 / 23 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 10000004103200007

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4250.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
Bob Etheridge for Congress Cmt

Mailing Address
P.O. Box 28001
City: Raleigh, State: NC Zip Code: 27611

Purpose of Disbursement
YTD:$1000.00 Bob Etheridge, U.S. HOUSE 2

Candidate Name
Mr. Bob Etheridge

24K
Category/ Type

Office Sought: House / Senate / President
State: NC District: 2

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
01 28 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: 1000D0041D5800D08

B.
Full Name (Last, First, Middle Initial)
The Freedom Project

Mailing Address
7808 Cincinnati-Dayton Rd
City: West Chester State: OH Zip Code: 45069

Purpose of Disbursement
YTD:$1000.00 John Boehner PAC

Candidate Name

24K
Category/ Type

Office Sought: House / Senate / President
State: OH District:

Disbursement For: 2002
Primary / General / X Other (specify)

Date of Disbursement
01 28 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: 1000D0041D5800D09

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**2000.00**
TOTAL This Period (last page this line number only) ..... ▶	**6250.00**