

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) <b>American Health Care Association Political Action Committee</b>		APR 23 2 31 PM '98
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1201 L Street, NW</b>	2. FEC IDENTIFICATION NUMBER <b>C-0000-6080</b>	
CITY, STATE and ZIP CODE <b>Washington, DC 20005</b>	3. <input checked="" type="checkbox"/> This committee has qualified as a non-candidate committee. (See FEC FORM 1M)	

## 4. TYPE OF REPORT

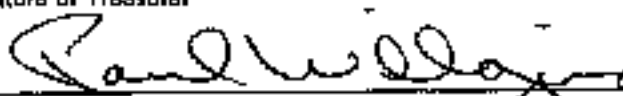
(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

Monthly Report Due On:  
 February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>03/01/98</u> through <u>03/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 103,778.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 114,778.02	
(c) Total Receipts (from line 18)	\$ 19,319.06	\$ 103,858.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 134,097.08	\$ 207,636.46
7. Total Disbursements (from Line 30)	\$ 68,092.32	\$ 141,631.70
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 66,004.76	\$ 66,004.76
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 202-219-3429
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 <b>Paul Willging, PhD</b>		
Signature of Treasurer 		Date <b>4/20/98</b>

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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FEC FORM 3X

(Revised 8/93)

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
American Health Care Association Political Action Committee	FROM: 03/01/98	TO: 03/31/98
	COLUMN A	COLUMN B
	Total THs Period	Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	15,252.20	93,193.70
ii. Unitemized.....	2,768.88	8,785.38
iii. Total.....(add i and ii) >	18,021.08	101,979.08
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) >	18,021.08	101,979.08
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.....	1,000.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	297.98	879.38
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) >	19,319.06	103,858.46
20. Total Federal Receipts.....(subtract line 16 from line 19) >	19,319.06	103,858.46
<b>II. Disbursements</b>		
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.....	342.32	2,006.70
c. Total Operating Expenditures.....(Add a, ii, and b) >	342.32	2,006.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67,750.00	139,625.00
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 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	68,092.32	141,631.70
31. Total Federal Disbursements.....(Subtract line 21 ii from line 30) >	68,092.32	141,631.70
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans)(from line 11d).....	18,021.08	101,979.08
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	18,021.08	101,979.08
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b) >	342.32	2,006.70
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	342.32	2,006.70

**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
<b>Ronald Goux</b> 2045 Hwy 59 PO Box 204 Mandeville, LA 70448	<b>Gulf South Medical Ent</b>	03/02/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>President</b>	Aggregate Year-to-date > \$	500.00
<b>William Mathies</b> 5111 Rogers Avenue, Suite 40A Fort Smith, AR 72919	<b>Beverly Enterprises</b>	03/04/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>President</b>	Aggregate Year-to-date > \$	1,000.00
<b>Paul Dias</b> 4041 Powder Mill Rd #410 Calverton, MD	<b>Global Health Mgmt</b>	03/05/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Sr Vice President/CEO</b>	Aggregate Year-to-date > \$	500.00
<b>Fred Watson</b> 3735 Memorial Dr Decatur, GA 30032	<b>Georgia Nursing Home Assoc.</b>	03/11/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Executive VP</b>	Aggregate Year-to-date > \$	1,000.00
<b>James Judy</b> 9403 Mill Brook Rd Louisville, KY 40223	<b>Kentucky Assn of Hlth Care Pac</b>	03/11/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Executive VP</b>	Aggregate Year-to-date > \$	250.00
<b>Neil Pruitt</b> PO Box 1210 Toccoa, GA 30577	<b>Pruitt &amp; Associates Inc</b>	03/11/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Adminkstrator</b>	Aggregate Year-to-date > \$	250.00
<b>Sandra Higgins-Stinson</b> PO Box 743 Madisonville, KY 42431	<b>Senior Citizens Nursing Homes, Inc.</b>	03/18/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Owner/Administrator</b>	Aggregate Year-to-date > \$	500.00

SUB TOTAL of Receipts This Page (Optional)..... > **4,000.00**

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**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Michael Riley</b> <b>824 S 59th St</b> <b>Belleville, IL 62223</b>	<b>Name of Employer</b> <b>Professional Therapy Services</b>	<b>Date (Month day, Year)</b> <b>03/23/98</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
	<b>Occupation</b> <b>President</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Delta Holloway</b> <b>1475 N Cole Rd</b> <b>Boise, ID 83704</b>	<b>Name of Employer</b> <b>Western Health Care Corp</b>	<b>Date (Month day, Year)</b> <b>03/24/98</b>	<b>Amount of Each Receipt this Period</b>  <b>50.00</b>
	<b>Occupation</b> <b>Owner/Nurse Consult</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>550.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Sandra Higgins-Stinson</b> <b>PO Box 743</b> <b>Madisonville, KY 42431</b>	<b>Name of Employer</b> <b>Senior Citizens Nursing Homes, Inc.</b>	<b>Date (Month day, Year)</b> <b>03/24/98</b>	<b>Amount of Each Receipt this Period</b>  <b>50.00</b>
	<b>Occupation</b> <b>Owner/Administrator</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>550.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Terry Troxell</b> <b>8800 N Gainey Center Dr #245</b> <b>Scottsdale, AZ 85258</b>	<b>Name of Employer</b> <b>Unison Health Care Corp</b>	<b>Date (Month day, Year)</b> <b>03/24/98</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
	<b>Occupation</b> <b>VP Congressional Svc</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Bill Phelan</b> <b>PO Box 1459</b> <b>Tallahassee, FL 32302</b>	<b>Name of Employer</b> <b>Florida Health Care Assn</b>	<b>Date (Month day, Year)</b> <b>03/24/98</b>	<b>Amount of Each Receipt this Period</b>  <b>1,000.00</b>
	<b>Occupation</b> <b>Executive Director</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>1,000.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Linda Sechovec</b> <b>6400 Uptown Blvd NE #520W</b> <b>Albuquerque, NM 87110</b>	<b>Name of Employer</b> <b>New Mexico Health Care Assn</b>	<b>Date (Month day, Year)</b> <b>03/24/98</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
	<b>Occupation</b> <b>Executive Director</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Jennifer Souza</b> <b>1201 L Street NW</b> <b>Washington, DC 20005</b>	<b>Name of Employer</b> <b>AHCA</b>	<b>Date (Month day, Year)</b> <b>03/24/98</b>	<b>Amount of Each Receipt this Period</b>  <b>200.04</b>
	<b>Occupation</b> <b>Senior Director</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>200.04</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....> **2,800.04**

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

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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 <b>Lynn Wagner</b> 1201 L Street NW Washington, DC 20005	Name of Employer <b>AHCA</b>	Date (Month day, Year) <b>03/24/98</b>	Amount of Each Receipt this Period  <b>333.36</b>
	Occupation <b>Director, Industry Communications</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>333.36</b>		
B. Full Name, Mailing Address and Zip Code <b>Paul Willging</b> PAYROLL DEDUCTION Washington, AH 20005	Name of Employer <b>AHCA</b>	Date (Month day, Year) <b>03/24/98</b>	Amount of Each Receipt this Period  <b>1,153.80</b>
	Occupation <b>Exec VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>1,153.80</b>		
C. Full Name, Mailing Address and Zip Code <b>Penny Prue</b> 1201 L Street, NW Washington, AH 20005	Name of Employer <b>AHCA</b>	Date (Month day, Year) <b>03/24/98</b>	Amount of Each Receipt this Period  <b>240.00</b>
	Occupation <b>Vice President, Administration</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>240.00</b>		
D. Full Name, Mailing Address and Zip Code <b>Bruce Yarwood</b> 206 P St #F31 Sacramento, CA 95814	Name of Employer <b>Yarwood and Associates</b>	Date (Month day, Year) <b>03/25/98</b>	Amount of Each Receipt this Period  <b>1,000.00</b>
	Occupation <b>Gov Rel Consultant</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>1,000.00</b>		
E. Full Name, Mailing Address and Zip Code <b>Don King</b> 1000 Park Manor Drive Ft. Worth, TX 76104	Name of Employer <b>Sensitive Care Nursing Centers</b>	Date (Month day, Year) <b>03/26/98</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>President</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>500.00</b>		
F. Full Name, Mailing Address and Zip Code <b>Mike Jeffries</b> 8800 N Gainey Center Dr Suite 245 Scottsdale, AZ 85258	Name of Employer <b>Unison Health Care</b>	Date (Month day, Year) <b>03/27/98</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>CEO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>500.00</b>		
G. Full Name, Mailing Address and Zip Code <b>John Lynch</b> 8800 N Gainey Center Drive Suite 245 Scottsdale, AZ 85258	Name of Employer <b>Unison Health Care</b>	Date (Month day, Year) <b>03/27/98</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>Partner</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>500.00</b>		

SUB TOTAL of Receipts This Page (Optional).....> **4,227.16**

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
	4	5
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 <b>Don King</b> <b>1000 Park Manor Drive</b> <b>Ft. Worth, TX 76104</b>	Name of Employer <b>Sensitive Care Nursing Centers</b>	Date (Month day, Year) <b>03/30/98</b>	Amount of Each Receipt this Period  <b>100.00</b>
	Occupation <b>President</b>	Aggregate Year-to-date > \$ <b>600.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code <b>Floyd Schlossberg</b> <b>4200 Peterson #140</b> <b>Chicago, IL 60645</b>	Name of Employer <b>Alden Management Inc</b>	Date (Month day, Year) <b>03/30/98</b>	Amount of Each Receipt this Period  <b>2,500.00</b>
	Occupation <b>President</b>	Aggregate Year-to-date > \$ <b>2,500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code <b>Delbert Ousley</b> <b>200 S. 2nd St.</b> <b>PO Box 829</b> <b>Richmond, KY 40476</b>	Name of Employer <b>PMD Corporation</b>	Date (Month day, Year) <b>03/30/98</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>President</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code <b>William Biggs</b> <b>4605 Belton Highway</b> <b>Anderson, SC 29621</b>	Name of Employer <b>Richard Campbell Veterans Home</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Receipt this Period  <b>125.00</b>
	Occupation <b>Administrator</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code <b>Mary Ousley</b> <b>6001 Indian School Rd NE #530</b> <b>Albuquerque, NM 87110</b>	Name of Employer <b>Horizon Healthcare Corporation</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Corporate Director</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code <b>Robert Lohr</b> <b>PO Box 10805</b> <b>Pittsburgh, PA 15236</b>	Name of Employer <b>Jefferson Hills Manor</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Executive Director</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code <b>Hugh Franklin</b> <b>14 Northtowne Dr. #202</b> <b>Jackson, MS 39211</b>	Name of Employer <b>Franklin Consulting Co.</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>Owner</b>	Aggregate Year-to-date > \$ <b>1,000.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	<b>3,975.00</b>
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**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Delbert Ousley</b> <b>200 S. 2nd St.</b> <b>PO Box 829</b> <b>Richmond, KY 40476</b>	Name of Employer <b>PMD Corporation</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>President</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>B. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>C. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>D. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>E. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>F. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>G. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	<b>250.00</b>
TOTAL this Period (Last page this line number only).....>	<b>15,252.20</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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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 Grassley CMTE. Box 1000 Des Moines, IA 50306	Name of Employer Grassley Committee Inc	Date (Month day, Year) 03/24/98	Amount of Each Receipt this Period  1,000.00
	Occupation Financial Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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).....>	1,000.00
TOTAL this Period (Last page this line number only).....>	1,000.00



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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		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 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  PO Box 85024 Richmond, VA 23285-5024	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Crestar Bank	03/31/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		54.83
519.35			
B. Full Name, Mailing Address and Zip Code  PO Box 85024 Richmond, VA 23285-5024	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Crestar Bank	03/31/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		191.95
711.30			
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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).....>	246.78
TOTAL this Period (Last page this line number only).....>	246.78

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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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 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	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Crestar Bank 123 dc, DC 20005</b>	<b>VISA/MC FEES</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>03/03/98</b>	<b>8.00</b>
<b>Crestar Bank 123 dc, DC 20005</b>	<b>BANK FEES</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>03/10/98</b>	<b>15.75</b>
<b>Crestar Bank 123 dc, DC 20005</b>	<b>AMEX FEES</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>03/31/98</b>	<b>44.25</b>
<b>Crestar Bank 123 dc, DC 20005</b>	<b>Banking fees</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>03/31/98</b>	<b>274.32</b>
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).....	<b>342.32</b>
TOTAL this Period (Last page this line number only).....	<b>342.32</b>

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

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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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 Cook '98 Reelection Committee , UT</p>	<p>Purpose of Disbursement Merrill Cook, U.S. HOUSE UT</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98</p>	<p>Date (Month day, Year) 03/04/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Friends of Byron Dorgan P O Box 871 Bismarck, ND 58502</p>	<p>Purpose of Disbursement Byron Dorgan, U.S. SENATE ND</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98</p>	<p>Date (Month day, Year) 03/04/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003</p>	<p>Purpose of Disbursement DCCC - Dan Mosca Telluride '98</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 98 Other</p>	<p>Date (Month day, Year) 03/04/98</p>	<p>Amount of Each Disb. this Period 2,500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Hooley for Congress 6545 Falling St W Linn, OR 98068</p>	<p>Purpose of Disbursement Darlene Hooley, U.S. HOUSE OR</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98</p>	<p>Date (Month day, Year) 03/04/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Phelps for Congress 35 Dewey Rd El Dorado, IL 62930</p>	<p>Purpose of Disbursement David Phelps, KY</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98</p>	<p>Date (Month day, Year) 03/04/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Citizens for Kasich 5910 Cleveland Avenue Columbus, OH 43229</p>	<p>Purpose of Disbursement John Kasich, U.S. HOUSE 12th OH</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98</p>	<p>Date (Month day, Year) 03/04/98</p>	<p>Amount of Each Disb. this Period 2,500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Hulshof for Congress 1005 Cherry Street, Suite 203 Columbia, MO 65201</p>	<p>Purpose of Disbursement Voided Check</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98</p>	<p>Date (Month day, Year) 03/04/98</p>	<p>Amount of Each Disb. this Period -500.00</p>
<p>H. Full Name, Mailing Address and Zip Code Thomas Billey for Congress Cant 408 Henri Road Richmond, VA 23226</p>	<p>Purpose of Disbursement Voided Check</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98</p>	<p>Date (Month day, Year) 03/04/98</p>	<p>Amount of Each Disb. this Period -1,500.00</p>
<p>I. Full Name, Mailing Address and Zip Code Thomas Billey for Congress Cant 408 Henri Road Richmond, VA 23226</p>	<p>Purpose of Disbursement Thomas J. Billey, Jr., U.S. HOUSE 7th VA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98</p>	<p>Date (Month day, Year) 03/04/98</p>	<p>Amount of Each Disb. this Period 1,500.00</p>

SUB TOTAL of Disbursements this page (Optional).....> 7,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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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
<b>Halshof for Congress</b> 1005 Cherry Street, Suite 203 Columbia, MO 65201	<b>Kenny Hulshof, MO</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/04/98	500.00
<b>Citizens Committee for Ernest F. Hollings</b> PO Box 135 Charleston, SC 29402	<b>Ernest Fritz Hollings, U.S. SENATE SC</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/04/98	1,000.00
<b>Thomas Billey for Congress Cmt</b> 408 Henri Road Richmond, VA 23226	<b>Thomas J. Billey, Jr., U.S. HOUSE 7th VA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/16/98	2,500.00
<b>Thomas Billey for Congress Cmt</b> 408 Henri Road Richmond, VA 23226	<b>Thomas J. Billey, Jr., U.S. HOUSE 7th VA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/16/98	5,000.00
<b>Citizens for Kasich</b> 5910 Cleveland Avenue Columbus, OH 43229	<b>John Kasich, U.S. HOUSE 12th OH</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/16/98	500.00
<b>Citizens for Kasich</b> 5910 Cleveland Avenue Columbus, OH 43229	<b>John Kasich, U.S. HOUSE 12th OH</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/16/98	5,000.00
<b>John D. Dingell for Congress Committee</b> 5467 Schaefer Road Dearborn, MI 48126	<b>John Dingell, U.S. HOUSE 16th MI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/16/98	1,000.00
<b>Friends of Kent Conrad</b> P.O. Box 812 Bismarck, ND 58502	<b>Kent Conrad, U.S. SENATE ND</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/16/98	1,000.00
<b>Carol Moseley-Braun for US Senate '98</b> 201 N. Wells, Ste. 900 Chicago, IL 60601	<b>Carol Moseley-Braun, U.S. SENATE IL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/16/98	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> **17,500.00**

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
<b>Friends for Harry Reid</b> 116 Princeton Las Vegas, NV 89107	<b>Harry Reid, U.S. SENATE NV</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/16/98	1,000.00
<b>John Breaux Senate Committee</b> 1026 North Avenue Crowley, LA 70526	<b>John Breaux, U.S. SENATE LA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/19/98	4,000.00
<b>John Breaux Senate Committee</b> 1026 North Avenue Crowley, LA 70526	<b>John Breaux, U.S. SENATE LA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/19/98	5,000.00
<b>Ben Cardin for Congress</b> PO Box 65056 Baltimore, MD 21209	<b>Benjamin Cardin, U.S. HOUSE 3rd MD</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/25/98	1,000.00
<b>Ted Strickland for Congress</b> P.O. Box 580 Lucasville, OH 45648	<b>Ted Strickland, OH</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/27/98	500.00
<b>Democratic Senatorial Campaign Committee</b> 450 South Capitol St., SE Washington, DC 20003	<b>DSCC 98 Membership Dues</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/31/98	5,000.00
<b>National Republican Senatorial Committee</b> 425 2nd St., N.E. Washington, DC 20002	<b>NRSC 98 Membership Dues</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/31/98	5,000.00
<b>Mark Baker for Congress</b> 46 Lincoln Hill, SW Quincy, IL 62301	<b>Baker, U.S. HOUSE IL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/31/98	1,000.00
<b>Baldacci for Congress Committee</b> 9 Palm Street Bangor, ME 04401	<b>John Baldacci, U.S. HOUSE 2nd ME</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/31/98	500.00

SUB TOTAL of Disbursements this page (Optional).....>	23,000.00
TOTAL this Period (Last page this line number only).....>	

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

**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
<b>Becerra for Congress</b> P.O. Box 3096 Montebello, CA 90640	<b>Xavier Becerra, U.S. HOUSE 30th CA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	<b>03/31/98</b>	<b>500.00</b>
<b>Texans for Henry Bonilla</b> 315 E. Commerce, Suite 302 San Antonio, TX 78205	<b>Henry Bonilla, U.S. HOUSE 23rd TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	<b>03/31/98</b>	<b>500.00</b>
<b>Blue Dog PAC</b> 1155 21st Street NW #300 Washington, DC 20036	<b>Blue Dog PAC Event - March 31, 1998</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <sup>98</sup> Other	<b>03/31/98</b>	<b>500.00</b>
<b>Peter Deutsch for Congress</b> P.O. Box 26778 Tamarac, FL 33320	<b>Peter Deutsch, U.S. HOUSE 20th FL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	<b>03/31/98</b>	<b>500.00</b>
<b>People for English</b> P.O. Box 1949 Erle, PA 16512	<b>Philip English, U.S. HOUSE 21st PA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	<b>03/31/98</b>	<b>500.00</b>
<b>People for Ganske Committee</b> 5907 Grand Avenue Des Moines, IA 50312	<b>Greg Ganske, U.S. HOUSE 4th IA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	<b>03/31/98</b>	<b>500.00</b>
<b>Congressman Bart Gordon Committee</b> PO Box 2008 Murfreesboro, TN 37133	<b>Bart Gordon, U.S. HOUSE 6th TN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	<b>03/31/98</b>	<b>500.00</b>
<b>Friends of Bob Graham</b> 700 North Adams St Tallahassee, FL 32301	<b>Bob Graham, U.S. SENATE FL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	<b>03/31/98</b>	<b>1,000.00</b>
<b>The Judd Gregg Committee</b> PO Box 1812 Concord, NH 03302-1812	<b>Judd Gregg, U.S. SENATE NH</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	<b>03/31/98</b>	<b>1,000.00</b>

SUB TOTAL of Disbursements this page (Optional).....> **5,500.00**

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
<b>Hoyer for Congress Committee</b> 7905 Malcolm Road, Suite 102 Clinton, MD 20735	<b>Steny Hoyer, U.S. HOUSE 5th MD</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	03/31/98	2,000.00
<b>Friends for Houghton</b> 33 East Third Street Corning, NY 14830	<b>Amo Houghton, U.S. HOUSE 31st NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	03/31/98	500.00
<b>Levin for Congress Cmte</b> 2107 Fourteen Mile Rd Sterling Heights, MI 48310	<b>Sander Levin, U.S. HOUSE 12th MI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	03/31/98	500.00
<b>McKethen for Congress Committee Inc</b> PO Box 83806 Baton Rouge, LA 70884	<b>McKethen, U.S. HOUSE LA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	03/31/98	250.00
<b>Minge for Congress</b> PO Box 71 Granite Falls, MN 56241-0071	<b>David Minge, U.S. HOUSE 2nd MN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	03/31/98	500.00
<b>Moran for Congress</b> PO Box 1151 Hays, KS 67601	<b>Jerry Moran, KS</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	03/31/98	500.00
<b>Campbell Victory Fund</b> PO Box 480166 Denver, CO 80248	<b>Ben Nighthorse Campbell, U.S. SENATE CO</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	03/31/98	1,000.00
<b>Nussle for Congress Committee</b> PO Box 324 Manchester, IA 52057	<b>Jim Nussle, U.S. HOUSE 2nd IA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	03/31/98	500.00
<b>John Oliver for Congress</b> 181 Main Street Northampton, MA 01060	<b>John Oliver, U.S. HOUSE 1st MA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>	03/31/98	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> **6,750.00**

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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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 <b>Earl Pomeroy for Congress</b> PO Box 746 Bismarck, ND 58502	Purpose of Disbursement <b>Earl Pomeroy, U.S. HOUSE AL ND</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Disb. this Period <b>500.00</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>		
B. Full Name, Mailing Address and Zip Code <b>Spratt for Congress</b> PO Box 830 York, SC 29745	Purpose of Disbursement <b>John Spratt, U.S. HOUSE 5th SC</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Disb. this Period <b>500.00</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>		
C. Full Name, Mailing Address and Zip Code <b>Pete Stark Re-Election Com</b> PO Box 121 Hayward, CA 94543	Purpose of Disbursement <b>Pete Stark, U.S. HOUSE 13th CA</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Disb. this Period <b>1,000.00</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>		
D. Full Name, Mailing Address and Zip Code <b>Ellen Tauscher for Congress</b> 5611 Highland Road Pleasanton, CA 94588	Purpose of Disbursement <b>Ellen O. Tauscher, U.S. HOUSE 10th CA</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Disb. this Period <b>500.00</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>		
E. Full Name, Mailing Address and Zip Code <b>Stupak for Congress</b> PO Box 143 Menominee, MI 49858	Purpose of Disbursement <b>Bart Stupak, U.S. HOUSE 1st MI</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Disb. this Period <b>500.00</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>		
F. Full Name, Mailing Address and Zip Code <b>Weller for Congress</b> 1800 N. Division St., Ste. 212 1710 Longworth HOB Morris, IL 60450	Purpose of Disbursement <b>Jerry Weller, U.S. HOUSE 11th IL</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Disb. this Period <b>500.00</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>		
G. Full Name, Mailing Address and Zip Code <b>Friends of Roger Wicker</b> PO Box 874 Tupelo, MS 38802	Purpose of Disbursement <b>Roger Wicker, U.S. HOUSE 1st MS</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Disb. this Period <b>500.00</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>		
H. Full Name, Mailing Address and Zip Code <b>Pallone for Congress</b> Suite 118, 540 Broadway Long Branch, NJ 7740	Purpose of Disbursement <b>Frank Pallone, U.S. HOUSE 6th NJ</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Disb. this Period <b>500.00</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>		
I. Full Name, Mailing Address and Zip Code <b>Nathan Deal for Congress</b> PO Box 2522 Gainesville, GA 30503	Purpose of Disbursement <b>Nathan Deal, U.S. HOUSE 9th GA</b>	Date (Month day, Year) <b>03/31/98</b>	Amount of Each Disb. this Period <b>500.00</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <sup>98</sup>		

SUB TOTAL of Disbursements this page (Optional)..... > **5,000.00**

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF 7  
FOR LINE NUMBER 23

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


A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
John D. Dingell for Congress Committee 5467 Schaefer Road Dearborn, MI 48126	John Dingell, U.S. HOUSE 16th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/31/98	1,000.00
B. Full Name, Mailing Address and Zip Code Boxer for Senate Committee PO Box 4881 SH-112 Hart Senate Ofc Bldg Greenbrae, CA 94904	Barbara Boxer, U.S. SENATE CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/31/98	1,000.00
C. Full Name, Mailing Address and Zip Code Steve Rothman for Congress Inc PO Box 714 Hackensack, NJ 7602	Steve Rothman, NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	03/31/98	500.00
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).....>	2,500.00
TOTAL this Period (Last page this line number only).....>	67,750.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 04/21/98
<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	
 PREPARER	04/23/98 DATE PREPARED