

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 13 1 23 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
American Health Care Association Political Action Committee

ADDRESS (number and street) Check if different than previously reported
1201 L Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

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

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

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

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

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	04/01/99 through 04/30/99		
6. (a) Cash on Hand January 1, 19 99			\$ 84,248.97
(b) Cash on Hand at Beginning of Reporting Period		\$ 49,387.04	
(c) Total Receipts (from Line 19)		\$ 69,408.83	\$ 150,488.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 118,803.87	\$ 234,716.27
7. Total Disbursements (from Line 30)		\$ 64,939.28	\$ 180,850.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 53,864.61	\$ 53,864.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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 Wülfing, Phd. Anna Lee PAC Director			
Signature of Treasurer <i>Anna Lee</i>			Date 5-13-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: American Health Care Association Political Action Committee		REPORT COVERING PERIOD	
		FROM	TO
		04/01/99	04/30/99
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	60,703.68	126,978.68	11(a)(i)
ii. Unitemized	6,048.39	19,263.39	11(a)(ii)
iii. Total	66,752.07	146,242.07	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	2,500.00	2,500.00	11(c)
d. Total Contributions	69,252.07	148,742.07	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,125.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	164.76	699.23	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts	69,408.83	150,466.30	19
20. Total Federal Receipts	69,408.83	150,466.30	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	774.93	2,561.33	21(b)
c. Total Operating Expenditures	774.93	2,561.33	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	20,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	64,164.33	161,664.33	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F) ..	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	1,625.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds	0.00	1,625.00	28(d)
29. Other Disbursements	0.00	5,000.00	29
30. Total Disbursements	64,939.26	180,850.66	30
31. Total Federal Disbursements	64,939.26	180,850.66	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	69,252.07	148,742.07	32
33. Total Contribution Refunds (from line 28d)	0.00	1,625.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	69,252.07	147,117.07	34
35. Total Federal Operating Expenditures	774.93	2,561.33	35
36. Offsets to Operating Expenditures (from line 15)	0.00	1,125.00	36
37. Net Operating Expenditures	774.93	1,436.33	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 E

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

<p>A. Full Name, Mailing Address and ZIP Code Vencor PAC 3300 Providian 400 West Market Louisville, KY 40202</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 2,500.00</p>	<p>Date (month, day, year) 04/19/99</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>2,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>2,500.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **15**
FOR LINE NUMBER **11 11**

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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
Hugh Franklin 14 Northtowne Dr. #202 Jackson, MS 39211	Franklin Consulting Co. Occupation Owner	04/02/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
William Biggs 4605 Belton Highway Anderson, SC 29621	Richard Campbell Veterane Home Occupation Administrator	04/02/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
Robert Lohr PO Box 10805 Pittsburgh, PA 15236	Jefferson Hill Manor Occupation Executive Director	04/02/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
Linda DeRuvo Keegan PAYROLL DEDUCTION Washington, DC 20005	AHCA Occupation VP PR & Prof Svcs	04/02/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
David E Mellier 27 Brand Avenue P.O. Box 446 Faribault, MN 55021	Pleasant Manor Inc Occupation Administrator	04/02/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
Jerry Sansby 2319 W 7th St St Paul, MN 55116	Highland Chateau Occupation President	04/02/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Robert Moran 315 N. 2nd St. Harrisburg, PA 17101-1305	Pennsylvania Health Care Assoc Occupation Executive VP	04/02/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) **3,250.00**

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

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

A. Full Name, Mailing Address and ZIP Code Rick L Holloway 1475 N Cole Road Boise, ID 83704	Name of Employer Western Health Care Corp Occupation VP, Systems Design	Date (month, day, year) 04/02/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 750.00	
B. Full Name, Mailing Address and ZIP Code James Judy 9403 Mill Brook Rd Louisville, KY 40223	Name of Employer Kentucky Assn of Health Care Facilities Occupation	Date (month, day, year) 04/02/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
C. 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 Occupation President	Date (month, day, year) 04/06/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Robert Rosenthal 6400 SW 44th St Miami, FL 33155	Name of Employer 21st Century Health Group Inc. Occupation President	Date (month, day, year) 04/08/99	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	
E. Full Name, Mailing Address and ZIP Code Daniel Veloric 6706 Church Road Mt. Laurel, NJ 08054	Name of Employer Mt. Laurel Nursing and Rehabilitation Center Occupation Chairman of Board	Date (month, day, year) 04/08/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062	Name of Employer Weirton Convalescent Home Occupation Owner/Administrator	Date (month, day, year) 04/08/99	Amount of Each Receipt this Period 500.00
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 Don Wessell 417 S Main St Oberlin, OH 44074	Name of Employer Welcome Nursing Home Inc Occupation President	Date (month, day, year) 04/08/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 2,750.00

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 3 OF 15
FOR LINE NUMBER 1121

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

A. Full Name, Mailing Address and ZIP Code Craig Souza 5109 Bur Oak Cir Raleigh, NC 27812	Name of Employer North Carolina Health Care Fac Occupation	Date (month, day, year) 04/08/99	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	
B. Full Name, Mailing Address and ZIP Code Jack Vetter 5020 South 118th St. Omaha, NE 68137	Name of Employer Vetter Health Services Occupation Administrator	Date (month, day, year) 04/08/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Craig Laman PO Box 717 Bells, TN 38006-0717	Name of Employer Bells Nursing Home Occupation	Date (month, day, year) 04/09/99	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 > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code Craig Laman PO Box 717 Bells, TN 38006-0717	Name of Employer Bells Nursing Home Occupation	Date (month, day, year) 04/09/99	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 > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code Craig Laman PO Box 717 Bells, TN 38006-0717	Name of Employer Bells Nursing Home Occupation	Date (month, day, year) 04/09/99	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 > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Douglas Pendergras 11608 Scott Simpson Drive El Paso, TX 79938	Name of Employer Pebble Creek Occupation Owner	Date (month, day, year) 04/08/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Walter Ledig PO Box 892 Minden, LA 71058	Name of Employer Town & Country Nrsg Home Occupation Administrator	Date (month, day, year) 04/09/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 750.00	

SUBTOTAL of Receipts This Page (optional) 2,800.00

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 4 OF 15
FOR LINE NUMBER 11 81

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

A. Full Name, Mailing Address and ZIP Code Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220	Name of Employer Ivy Hill Geriatric Ctr Occupation President	Date (month, day, year) 04/09/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,500.00	
B. Full Name, Mailing Address and ZIP Code Larry Bradley 587 Rio Lindo Ave. Chico, CA 95926	Name of Employer Chico Creek Health Care Occupation Administrator	Date (month, day, year) 04/09/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code James Westbury 892 McDonough Rd Jackson, GA 30233	Name of Employer Westbury Medical Care Home Inc Occupation President	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008	Name of Employer Health Dimensione Occupation Nrsng Home Admin	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Michael Maistro 12350 National Rd Balmont, OH 43718	Name of Employer Bell Nursing Home Inc Occupation Administrator	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code David Duncan 507 State St Box 208 Mound City, MO 64470	Name of Employer Tiffany Care Centers Occupation President	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code Thomas Grissom 400 W Market Street Louisville, KY 40202	Name of Employer Vencor Inc Occupation VP, Government Relations	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 2,650.00

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 **15**

FOR LINE NUMBER **11 11**

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

A. Full Name, Mailing Address and ZIP Code Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534	Name of Employer Beaumont Nursing Home Occupation Administrator	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Steven Reisman 4551 Glencoe Ave, Sta 300 Marina Del Ray, CA 90292	Name of Employer Country Villa Health Services Occupation Administrator	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code James Parker 5401 W. 10th St. Suite 100B Greeley, CO 80634	Name of Employer Continuum Health Partnerships Inc Occupation Chief Finance Officer	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Mike McDaniel 8915 Vista Drive West Des Moines, IA 50266	Name of Employer Care Initiatives Occupation Senior Vice President	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Robert Chur 7 Limestone Drive Williamsville, NY 14221-7899	Name of Employer Elderwood Affiliates Inc Occupation President	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period 2,600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,600.00	
F. Full Name, Mailing Address and ZIP Code David Duncan 507 State St Box 208 Mound City, MO 64470	Name of Employer Tiffany Care Centers Occupation President	Date (month, day, year) 04/13/99	Amount of Each Receipt this Period 1,600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,900.00	
G. Full Name, Mailing Address and ZIP Code Thomas Reddy PO Box 14884 Lenexa, KS 66286	Name of Employer Vintage Park Inc. Occupation	Date (month, day, year) 04/13/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 6,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **5** OF **15**
FOR LINE NUMBER **1131**

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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
Theodore Lee 700 Hanover St Manchester, NH 03104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hanover Hill Health Care Owner/Administrator Aggregate Year-to-Date > \$ 1,000.00	04/13/99	1,000.00
Larry Juli 104 Glen Oaks Dr Box 31 New London, MN 56273 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Glen Oaks Care Center Administrator Aggregate Year-to-Date > \$ 500.00	04/13/99	250.00
Jack MacDonald 620 Herndon Parkway Ste 200 Herndon, VA 22070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Wilmac Inc President Aggregate Year-to-Date > \$ 250.00	04/13/99	250.00
Mary Ousley One Marriott Drive Dept. 51/831.75 Washington, DC 20068 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Senior Living Services Occupation Aggregate Year-to-Date > \$ 1,000.00	04/13/99	500.00
Jack MacDonald 620 Herndon Parkway Ste 200 Herndon, VA 22070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Wilmac Inc President Aggregate Year-to-Date > \$ 500.00	04/13/99	250.00
Jennifer Souza 1201 L Street NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AHCA Senior Director Aggregate Year-to-Date > \$ 233.38	04/13/99	233.38
John Schaeffler PAYROLL DEDUCTION Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AHCA Lobbyist Aggregate Year-to-Date > \$ 253.00	04/13/99	253.00

SUBTOTAL of Receipts This Page (optional) **2,736.38**

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 **7** OF **15**
FOR LINE NUMBER **1131**

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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
Paul Willging 1201 L St. NW Washington, DC 20005	AHCA Occupation EXEC VP	04/13/99	1,346.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,346.15		
Penny Prue 1201 L Street, NW Washington, DC 20005	AHCA Occupation Vice President, Administration	04/13/99	266.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 266.00		
Berry Crow 9628 Campo Rd #T. Spring Valley, CA 91977	Brighton Health Alliance Inc Occupation Administrator	04/13/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Alan Solomon 400 Centre Street Newton, MA 22458	Solomon/Balls Ventures LLC Occupation President	04/13/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
Michael Morton 100-B Garrison Ave Ft Smith, AR 72901	Central Arkansas Nursing Ctrs Occupation Owner	04/13/99	3,750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6,000.00		
Cheryl Rapp 1070 Via Traquila Santa Barbara, CA 93110	GARREI Occupation President	04/13/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
Richard Rau 938 S. 92nd St. Greenfield, WI 53228	Clement Manor Health Center Occupation Administrator	04/14/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) **8,237.15**

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

<p>A. Full Name, Mailing Address and ZIP Code Roch Garter 111 W Michigan St Milwaukee, WI 53203</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Unicare Health Facilities</p> <p>Occupation General Counsel</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/14/99</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>B. Full Name, Mailing Address and ZIP Code William Kempiners 1029 S 4th St Springfield, IL 62703</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Illinois Health Care Assn</p> <p>Occupation Executive Director</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year) 04/14/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Steven Brant 101 S Belt W Belleville, IL 62220</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Four Fountains Conv Ctr</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/14/99</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Wendy Lantis 80 S. Rodney Helena, MT 59601</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Rocky Mount Care Center</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 04/14/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Don Bedell PO Box 1210 Sikeston, MO 63801</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Health Facilities Mgmt Corp</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 2,500.00</p>	<p>Date (month, day, year) 04/15/99</p>	<p>Amount of Each Receipt this Period 1,500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code W. Heywood Fralin 2917 Penn Forest Blvd. #300 Roanoke, VA 24018-4397</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Med. Facilities of America Inc.</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,500.00</p>	<p>Date (month, day, year) 04/15/99</p>	<p>Amount of Each Receipt this Period 1,250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Jana Hazelbaker 1486 Old Henderson Rd Columbus, OH 43221</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Aegis Consulting Services</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 04/16/99</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) 4,750.00

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 15
FOR LINE NUMBER 1181

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

A. Full Name, Mailing Address and ZIP Code Patti Turenne 7 Clayton Street Suite 1200 Montgomery, AL 36104	Name of Employer Turenne & Associates Inc Occupation Administrator	Date (month, day, year) 04/15/99	Amount of Each Receipt this Period 500.00
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 Steve Briscoe 5401 West 10th St Greeley, CO 80634	Name of Employer Continuum Health Partnerships Occupation Area VP	Date (month, day, year) 04/16/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 750.00	
C. Full Name, Mailing Address and ZIP Code Joy Moy 2000 Domanik Dr Racine, WI 53404	Name of Employer Lincoln Lutheran - Racine Occupation Administrator	Date (month, day, year) 04/16/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Janice Harshman 35880 Wish-I-Ah Rd. Auberry, CA 93802	Name of Employer Wish-I-Ah Care Ctr. Occupation	Date (month, day, year) 04/16/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Delta Holloway 1476 N Cole Rd Boise, ID 83704	Name of Employer Western Health Care Corp Occupation Owner/Nurse Consult	Date (month, day, year) 04/16/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,500.00	
F. Full Name, Mailing Address and ZIP Code Sally Rapp 6700 Stone Ridge Mall Ste 280 Pleasanton, CA 94588	Name of Employer SR Management Svcs. Inc. Occupation Administrator	Date (month, day, year) 04/16/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,500.00	
G. Full Name, Mailing Address and ZIP Code Richard Miller PO Box 488 Plymouth, IN 45663	Name of Employer MMM Investment Inc Occupation CEO/CFO	Date (month, day, year) 04/16/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 4,625.00

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 **10** OF **15**
FOR LINE NUMBER **1131**

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

A. Full Name, Mailing Address and ZIP Code Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087	Name of Employer Quality Care Health Center Occupation Administrator	Date (month, day, year) 04/16/99	Amount of Each Receipt this Period 2,475.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 6 2,500.00	
B. Full Name, Mailing Address and ZIP Code Stan Jones 3107 Westhill Dr Wausau, WI 54401	Name of Employer Wausau Manor Occupation Administrator	Date (month, day, year) 04/19/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 1 250.00	
C. Full Name, Mailing Address and ZIP Code Steven Wolf 2620 West Blvd. Belleville, IL 62221-7208	Name of Employer Eldercare Inc Occupation President	Date (month, day, year) 04/19/99	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 1,500.00	
D. Full Name, Mailing Address and ZIP Code Clark Peak 505 N 5th Avenue Rome, GA 30165	Name of Employer Fifth Avenue Healthcare Occupation Owner/Administrator	Date (month, day, year) 04/19/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 1 375.00	
E. Full Name, Mailing Address and ZIP Code J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406	Name of Employer Northport Health Services Inc Occupation President	Date (month, day, year) 04/19/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 1 2,500.00	
F. Full Name, Mailing Address and ZIP Code Rebecca Estes 931 Fairfax Park Tuscaloosa, AL 35406	Name of Employer Northport Health Services Inc. Occupation Owner	Date (month, day, year) 04/19/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 1 2,500.00	
G. Full Name, Mailing Address and ZIP Code Sandra Higgins-Stinson PO Box 743 Madisonville, KY 42431	Name of Employer Senior Citizens Nursing Homes, Inc. Occupation Owner/Administrator	Date (month, day, year) 04/19/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 1 250.00	

SUBTOTAL of Receipts This Page (optional)

6,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **11** OF **15**

FOR LINE NUMBER **11 11**

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

A. Full Name, Mailing Address and ZIP Code Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mayview Conv Home Inc Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/19/99	Amount of Each Receipt this Period 125.00
B. Full Name, Mailing Address and ZIP Code Gail Clarkson 34500 Van Dyke Washington, MI 48095 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Medillage Group Occupation Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/19/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Gerald Rellly 2120 State St NE #102 Olympia, WA 98506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Washington Health Care Assoc Occupation Executive Director Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/19/99	Amount of Each Receipt this Period 125.00
D. Full Name, Mailing Address and ZIP Code Meg Jamison PO Box 360067 Birmingham, AL 35236 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CARECORPS Management Corporation Occupation Owner Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 04/20/99	Amount of Each Receipt this Period 2,500.00
E. Full Name, Mailing Address and ZIP Code William Mathies 5111 Rogers Avenue, Suite 40A Fort Smith, AR 72919 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Beverly Enterprises Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/20/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hillside Manor Occupation Executive Director Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 04/20/99	Amount of Each Receipt this Period 1,250.00
G. Full Name, Mailing Address and ZIP Code Robert Murtha 680 North Fourth St #620 Columbus, OH 43215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Macintosh Company Occupation President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 04/20/99	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) **5,000.00**

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 12 OF 15
FOR LINE NUMBER 11 31

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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
Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432	Hillside Manor Rehab Ctr	04/20/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 2,500.00	
Robert Deane PAYROLL DEDUCTION Washington, DC 20005	AHCA	04/20/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Economist	Aggregate Year-to-Date > \$ 534.51	
Dennis Christiano 526 Beahan Rd Rochester, NY 14524	Westgate Nursing Home	04/21/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Proprietor	Aggregate Year-to-Date > \$ 500.00	
R Peter Madel 108 8th St NW Waseca, MN 56093	Lake Shore Inn Nursing Home	04/21/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 250.00	
Richard Miller PO Box 498 Plymouth, IN 46563	MMM Investment Inc	04/22/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO/CFO	Aggregate Year-to-Date > \$ 1,500.00	
Jennifer Souza 1201 L Street NW Washington, DC 20005	AHCA	04/22/99	33.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Director	Aggregate Year-to-Date > \$ 256.72	
John Schaeffler PAYROLL DEDUCTION Washington, DC 20005	AHCA	04/22/99	41.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist	Aggregate Year-to-Date > \$ 284.50	

SUBTOTAL of Receipts This Page (optional) 2,599.84

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 **13** OF **15**
FOR LINE NUMBER **11 11**

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

A. Full Name, Mailing Address and ZIP Code Paul Willging 1201 L St. NW Washington, DC 20005	Name of Employer AHCA Occupation Exec VP	Date (month, day, year) 04/22/99	Amount of Each Receipt this Period 192.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,538.48	
B. Full Name, Mailing Address and ZIP Code Penny Prue 1201 L Street, NW Washington, DC 20005	Name of Employer AHCA Occupation Vice President, Administration	Date (month, day, year) 04/22/99	Amount of Each Receipt this Period 38.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 304.00	
C. Full Name, Mailing Address and ZIP Code Pearl Barnes 7900 Willows Rd NE Redmond, WA 98052	Name of Employer Cascade Vista Conv Ctr Occupation Administrator	Date (month, day, year) 04/22/99	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	
D. Full Name, Mailing Address and ZIP Code Stephen Spaugh 11572 Fall Creek Rd. Indianapolis, IN 46256	Name of Employer Spaugh & Co Occupation Owner	Date (month, day, year) 04/22/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Linda Sachovec 8400 Uptown Blvd NE #520W Albuquerque, NM 87110	Name of Employer New Mexico Health Care Assn Occupation Executive Director	Date (month, day, year) 04/23/99	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Coy Williamson 185 Winston Drive Athens, GA 30607	Name of Employer Grandview Care Center Occupation President/Owner	Date (month, day, year) 04/23/99	Amount of Each Receipt this Period 250.00
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 Eugene Bishop PO Box 397 Roswell, GA 30077	Name of Employer Health Services Centers Occupation President	Date (month, day, year) 04/23/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 2,355.31

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

A. Full Name, Mailing Address and ZIP Code David Banks PO Box 3324 Ft Smith, AR 72913 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Beverly Enterprises Occupation Chairman/President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/23/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Patrick T Kriner 3228 Marger Drive Holland, OH 43528 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Woodside Management Group Occupation Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/23/99	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Joseph Warner 115 W Jefferson, Suite 401 Bloomington, IL 61702-3183 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Heritage Enterprise Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/23/99	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Richard & Jill Mendlen 8333 Camino del Rio South #200 San Diego, CA 92108-3837 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Subacute Care of America, Inc Occupation Dir Operations Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/23/99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Lynette Goux PO Box 338 Mandeville, LA 70470 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pontchartrain Health Care Ctr Occupation Owner/Administrator Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/26/99	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Bernard Dana 5010 S 118th St Ste 250 Omaha, NE 68137 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Vetter Health Services Occupation Executive VP Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/26/99	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Thomas Mabry PO Box 7 Gainesboro, TN 38562 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mabry Health Care Occupation Administrator Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 04/27/99	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	2,250.00
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 15 OF 15
FOR LINE NUMBER 11 11

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

A. Full Name, Mailing Address and ZIP Code Marc Silver 1417 Brace Road Cherry Hill, NJ 08034	Name of Employer Silver Care Center Occupation Administrator	Date (month, day, year) 04/28/99	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code Richard Bricker 209 N. Beaver St. York, PA 17405	Name of Employer Wilmac Corp Occupation VP Administrator	Date (month, day, year) 04/29/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Jack Markovitz P.O. Box 605 Sunset Beach, CA 90742-0605	Name of Employer JK Health Care Mgmt. Inc. Occupation President	Date (month, day, year) 04/29/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,500.00	
D. Full Name, Mailing Address and ZIP Code Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448	Name of Employer Gulf South Medical Enterprises Occupation President	Date (month, day, year) 04/30/99	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	
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 > \$	

SUBTOTAL of Receipts This Page (optional) 4,500.00

TOTAL This Period (last page this line number only) 60,703.68

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 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, 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Crestal Bank Aggregate Year-to-Date > \$ 390.71	04/30/99	104.86
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional) 104.86

TOTAL This Period (last page this line number only) 104.86

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11

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
PO Box 85024 Richmond, VA 23285-5024	Crestar Bank	04/30/99	104.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \rightarrow \$ 390.71	
B. 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 \rightarrow \$	
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 \rightarrow \$	
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 \rightarrow \$	
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 \rightarrow \$	
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 \rightarrow \$	
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 \rightarrow \$	

SUBTOTAL of Receipts This Page (optional) **104.86**

TOTAL This Period (last page into line number only) **104.86**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **21B**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 123 dc, DC 20005	Bank charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/30/99	221.68
B. Full Name, Mailing Address and ZIP Code Crestar Bank 123 dc, DC 20005	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/30/99	253.01
C. Full Name, Mailing Address and ZIP Code Crestar Bank 123 dc, DC 20005	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/30/99	300.34
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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	774.93
TOTAL This Period (last page this line number only)	774.93

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF 11
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302	William Thomas, U.S. HOUSE 21st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	5,000.00
Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302	William Thomas, U.S. HOUSE 21st CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	5,000.00
Leadership PAC 2000 615 King Street Suite 420 Alexandria, VA 22314	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	2,000.00
Gerald C. Jerry Waller for Congress PO Box 37 Joliet, IL 60434	Purpose of Disbursement Jerry Waller, U.S. HOUSE 11th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
Jeffords for Vermont Cmte. 617 2nd St., N.E. SH-513 Hart Senate Ofc Bldg Washington, DC, VT	Purpose of Disbursement James Jeffords, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
Fred Upton for All of Us Committee P.O. Box 490 St Joseph, MI 49085	Purpose of Disbursement Fred Upton, U.S. HOUSE 8th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	Purpose of Disbursement McCrery, U.S. HOUSE LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	2,000.00
Congressman Phil Crane Committee 1450 So. New Wilka, Suite 101 Arlington Heights, IL 60005	Purpose of Disbursement Philip Crane, U.S. HOUSE 8th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
Friends of Frank Wolf 1651 Old Meadow Rd., Ste. 115 McLean, VA 22102	Purpose of Disbursement Frank Wolf, U.S. HOUSE 10th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)	13,500.00
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 **2** OF **11**
FOR LINE NUMBER **23**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mark Foley P.O. Box 19536 506 Cannon House Office Bldg West Palm Beach, FL 33416	Mark Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	Membership 1999 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/14/99	5,000.00
Chris John for Cong Cmt, Inc. PO Box 971 Crowley, LA 70527	Chris John, LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Billy Tauzin Committee PO Box 1407 Thibodaux, LA 70302	Billy Tauzin, U.S. HOUSE 3rd LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
Hoyer for Congress Committee 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Stany Hoyer, U.S. HOUSE 5th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
John D. Dingell for Congress Committee 5487 Schaefer Road Dearborn, MI 48128	John Dingell, U.S. HOUSE 16th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Friends of Sherrod Brown 11 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Pickering for Congress 661 Highway 51 North Suite 2C Ridgeland, MS 39157	Chip Pickering, MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
People for Ganske Committee 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00

SUBTOTAL of Disbursements This Page (optional)

10,500.00

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 3 OF 11
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Patrick Kennedy P.O. Box 1356 1505 Longworth HOB Providence, RI 02801	Patrick Kennedy, U.S. HOUSE 1st RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Reynolds for Congress PO Box 478 Victor, NY 14564	Tom Reynolds, U.S. HOUSE NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
Norwood for Congress PO Box 499 Evans, GA 30808	Charles Norwood, U.S. HOUSE 10th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Jim Davis for Congress Cmt 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) 2000	04/14/98	500.00
Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
McCarthy for Congress PO Box 5063 Mineola, NY 11718	Carolyn McCarthy, NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Citizens for David Obey 332 Ross Avenue Wausau, WI 54401	David Obey, U.S. HOUSE 7th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
Hall For Congress Committee Post Office Box 711 Rockwall, TX 75087	Ralph Hall, U.S. HOUSE 4th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Barbara Cubin 1114 Longworth HOB WY	Barbara Cubin, U.S. HOUSE AL WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00

SUBTOTAL of Disbursements This Page (optional)

6,000.00

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 **4** OF **11**
FOR LINE NUMBER **23**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pete Stark Re-Election Committee PO Box 121 Hayward, CA 94543	Pete Stark, U.S. HOUSE 13th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
Nathan Deal for Congress PO Box 2522 Gainesville, GA 30603	Nathan Deal, U.S. HOUSE 9th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Albert Wynn for Congress 3700 Central Ave., Ste. 306 Landover, MD	Albert Wynn, U.S. HOUSE 4th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
Walsh for Congress Committee P.O. Box 1974 1330 Longworth House Ofc Bldg Syracuse, NY 13201	James Walsh, U.S. HOUSE 25th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
The Burns Committee 2900 First Ave., North SD-183 Dirksen Senate Ofc Bldg Billings, MT 59101	Conrad Burns, U.S. SENATE MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
Jim Ruelle for Congress Committee PO Box 324 Manchester, IA 52057	Jim Ruelle, U.S. HOUSE 2nd IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
Filner for Congress P.O. Box 127868 604 Cannon House Ofc Bldg San Diego, CA 92101	Bob Filner, U.S. HOUSE 50th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Transfer to Admin Account for payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Other	04/15/99	100.00
Friends of Mark Foley P.O. Box 18536 506 Cannon House Office Bldg West Palm Beach, FL 33416	Mark Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

6,600.00

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 5 OF 11
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hutchinson for Senate P.O. Box 933 1541 Longworth House Ofc Bldg Benonville, AR 72712	Tim Hutchinson, U.S. SENATE AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	04/21/99	500.00
The Hotel George 15 E Street NW Washington, DC 20001	In kind Contribution for Rick Santorum Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/27/99	377.33
ARCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Transfer to Admin Accl from TripleC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Other	04/27/99	37.00
ARCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Transfer to Admin Acct from Lantis Enter. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Other	04/27/99	50.00
Joe Scarborough 1523 Longworth HOB FL	Joe Scarborough, U.S. HOUSE 1st FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
Goode for Congress 112 N Main Street Rocky Mount, VA 24151	Virgil Goode, VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
Friends of Lois Capps 38 Ivy Street SE Washington, DC 20003	Capps, U.S. HOUSE CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
Democratic Congressional Campaign Committee 130 South Capitol St Washington, DC 20003	Membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/28/99	1,000.00
Democratic Congressional Campaign Committee 130 South Capitol St Washington, DC 20003	membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/28/99	2,500.00

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>8,964.33</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 11
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Simpson for Congress 131 North Oak Street Blacksford, ID	Mike Simpson, U.S. HOUSE ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Radanovich for Congress 2377 W. Shaw, Sta. 204 313 Cannon HOB Fresno, CA 93711	George Radanovich, U.S. HOUSE 19th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
C. Full Name, Mailing Address and ZIP Code Liederman 2000 SH-316 Hart Senate Ofc Bldg CT	Joseph Lieberman, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
D. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	Golf Tournament Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/28/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Roger Wicker PO Box 874 Tupelo, MS 38802	Roger Wicker, U.S. HOUSE 1st MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
F. Full Name, Mailing Address and ZIP Code Ehrlich for Congress Cmt 1627 York Road Ste 705 Lutherville, MD 21093	Robert (Jr.) Ehrlich, U.S. HOUSE 2nd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
G. Full Name, Mailing Address and ZIP Code Mike Billrakis for Congress P O Box 1077 2240 Rayburn House Ofc Bldg Tarpen Springs, FL 34888-1077	Michael Billrakis, U.S. HOUSE 9th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
H. Full Name, Mailing Address and ZIP Code John D. Dingell for Congress Committee 6467 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) 2000	04/28/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Cannon for Congress 1610 Woodbine Street Alexandria, VA 22302	Chris Cannon, U.S. HOUSE UT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00

SUBTOTAL of Disbursements This Page (optional) 7,000.00

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 11
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eshoo for Congress 555 Bryant, Box 336 1505 Longworth House Ofc Bldg Palo Alto, CA 94301	Anna Eshoo, U.S. HOUSE 14th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
Whitfield for Congress PO Box 391 Hopkinsville, KY 42241	Ed Whitfield, U.S. HOUSE 1st KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
Gerard C. Jerry Weller for Congress PO Box 37 Joliet, IL 60434	Jerry Weller, U.S. HOUSE 11th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
Rick Santorum 2000 PO Box 1049 Pittsburgh, PA 15234	Rick Santorum, U.S. SENATE PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,600.00
Christopher Cox Congressional Committee PO Box 8088-C Newport Beach, CA 92658	Christopher Cox, U.S. HOUSE 47th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	5,000.00
Joe Scarborough 1523 Longworth HOB FL	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-1,000.00
Friends of Lois Cappe 38 Ivy Street SE Washington, DC 20003	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-1,000.00
Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/28/99	-1,000.00
Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/28/99	-2,500.00

SUBTOTAL of Disbursements This Page (optional)

3,800.00

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 **8** OF **11**
FOR LINE NUMBER **23**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Simpson for Congress 131 North Oak Street Blacksford, ID	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-1,000.00
B. Full Name, Mailing Address and ZIP Code Radanovich for Congress 2377 W. Shaw, Ste. 204 313 Cannon HOB Fresno, CA 93711	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-500.00
C. Full Name, Mailing Address and ZIP Code Lieberman 2000 BH-316 Hart Senate Ofc Bldg CT	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-1,000.00
D. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/28/98	-1,000.00
E. Full Name, Mailing Address and ZIP Code Enrich for Congress Cmt 1527 York Road Ste 705 Lutherville, MD 21083	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-500.00
F. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress P O Box 1077 2240 Rayburn House Ofc Bldg Tarpen Springs, FL 34688-1077	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-1,000.00
G. Full Name, Mailing Address and ZIP Code John D. Dingell for Congress Committee 6467 Schaefer Road Dearborn, Mi 48126	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-1,000.00
H. Full Name, Mailing Address and ZIP Code Cannon for Congress 1510 Woodbine Street Alexandria, VA 22302	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-500.00
I. Full Name, Mailing Address and ZIP Code Eshoo for Congress 555 Bryant, Box 335 1506 Longworth House Ofc Bldg Palo Alto, CA 94301	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-1,000.00

SUBTOTAL 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 9 OF 11
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Whitfield for Congress PO Box 391 Hopkinsville, KY 42241	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-1,000.00
B. Full Name, Mailing Address and ZIP Code Gerald C. Jerry Weller for Congress PO Box 37 Joliet, IL 60434	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-500.00
C. Full Name, Mailing Address and ZIP Code Santorum 2000 P O Box 1049 Pittsburgh, PA 15234	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-1,500.00
D. Full Name, Mailing Address and ZIP Code Christopher Cox Congressional Committee PO Box 8088-C Newport Beach, CA 92658	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-5,000.00
E. Full Name, Mailing Address and ZIP Code Ehrlich for Congress Cmte 1627 York Road Ste 706 Lutherville, MD 21093	Purpose of Disbursement Robert (Jr.) Ehrlich, U.S. HOUSE 2nd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	600.00
F. Full Name, Mailing Address and ZIP Code Joe Scarborough 1523 Longworth HOB FL	Purpose of Disbursement Joe Scarborough, U.S. HOUSE 1st FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Goode for Congress 112 N Main Street Rocky Mount, VA 24161	Purpose of Disbursement Virgil Goode, VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
H. Full Name, Mailing Address and ZIP Code Friends of Lois Capps 38 Ivy Street SE Washington, DC 20003	Purpose of Disbursement Capps, U.S. HOUSE CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003	Purpose of Disbursement Membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/28/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)	-4,100.00
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 **10** OF **11**
FOR LINE NUMBER **23**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003	Membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1898	04/28/99	2,500.00
Mike Simpson for Congress 431 North Oak Street Blacksford, ID	Purpose of Disbursement Mike Simpson, U.S. HOUSE ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
George Radanovich for Congress 2377 W. Shaw, Ste. 204 313 Cannon HOB Fresno, CA 93711	Purpose of Disbursement George Radanovich, U.S. HOUSE 19th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
Joseph Lieberman 2000 5H-316 Hart Senate Ofc Bldg CT	Purpose of Disbursement Joseph Lieberman, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
Friends of Roger Wicker PO Box 874 Tupelo, MS 38802	Purpose of Disbursement Roger Wicker, U.S. HOUSE 1st MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
Mike Bilirakis for Congress P O Box 1077 2240 Rayburn House Ofc Bldg Tarpen Springs, FL 34688-1077	Purpose of Disbursement Michael Bilirakis, U.S. HOUSE 9th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
John D. Dingell for Congress Committee 5467 Schaefer Road Dearborn, MI 48128	Purpose of Disbursement John Dingell, U.S. HOUSE 16th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
Chris Cannon for Congress 1510 Woodbine Street Alexandria, VA 22302	Purpose of Disbursement Chris Cannon, U.S. HOUSE UT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
Anna Eshoo for Congress 655 Bryant, Box 335 1505 Longworth House Ofc Bldg Palo Alto, CA 94301	Purpose of Disbursement Anna Eshoo, U.S. HOUSE 14th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Whitfield for Congress PO Box 391 Hopkinsville, KY 42241	Ed Whitfield, U.S. HOUSE 1st KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Gerald C. Jerry Weller for Congress PO Box 37 Joliet, IL 60434	Jerry Weller, U.S. HOUSE 11th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	500.00
C. Full Name, Mailing Address and ZIP Code Santorini 2000 PO Box 1049 Pittsburgh, PA 15234	Rick Santorum, U.S. SENATE PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,600.00
D. Full Name, Mailing Address and ZIP Code Christopher Cox Congressional Committee PO Box 8088-C Newport Beach, CA 92658	Christopher Cox, U.S. HOUSE 47th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	5,000.00
E. Full Name, Mailing Address and ZIP Code Gerald C. Jerry Weller for Congress PO Box 37 Joliet, IL 60434	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	-500.00
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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	7,600.00
TOTAL This Period (last page this line number only)	64,164.33

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 5-13-99
<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	
 PREPARER	5-13-99 DATE PREPARED