REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 JAN 23 A 11:25

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
201 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 11/26/00 through 12/31/00		
6. (a) Cash on Hand January 1, 2000		$ 106,333.90
(b) Cash on Hand at Beginning of Reporting Period	$ 81,146.15	
(c) Total Receipts (from Line 19)	$ 13,170.78	$ 407,841.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 94,316.93	$ 514,175.18
7. Total Disbursements (from Line 30)	$ 4,402.87	$ 424,261.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 89,914.06	$ 89,914.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Type or Print Name of Treasurer
Anna Lee, PAC Director & Assistant Treasurer

Signature of Treasurer

Date
1-22-2001

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

FEC FORM 3X
(revised 9/93)

4-90370

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 11/28/00 TO: 12/31/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	9,626.52	336,204.13	11(a)(i)
i. Itemized (use Schedule A)	3,452.36	57,848.31	11(a)(ii)
ii. Unitemized	13,080.88	394,052.44	11(a)(iii)
iii. Total (add i and ii) ➤	0.00	0.00	11(b)
b. Political Party Committees	0.00	5,000.00	11(c)
c. Other Political Committees (such as PACs)	13,080.88	399,052.44	11(d)
d. Total Contributions (add a iii, b and c) ➤	0.00	0.00	12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13. All Loans Received	0.00	0.00	14
14. Loan Repayments Received	0.00	502.97	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	7,000.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	89.90	1,285.87	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18. Transfers from Nonfederal Account for Joint Activity	13,170.78	407,841.28	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	13,170.78	407,841.28	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	21(a)(i)
i. Federal Share	0.00	0.00	21(a)(ii)
ii. Non-Federal Share	402.87	7,522.62	21(b)
b. Other Federal Operating Expenditures	402.87	7,522.62	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	22
22. Transfers to Affiliated/Other Party Committees	4,000.00	416,738.50	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24. Independent Expenditures (use Schedule E)	0.00	0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26. Loan Repayments Made	0.00	0.00	27
27. Loans Made			
28. Refunds of Contributions To:	0.00	0.00	28(a)
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(b)
b. Political Party Committees	0.00	0.00	28(c)
c. Other Political Committees (such as PACs)	0.00	0.00	28(d)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	29
29. Other Disbursements	4,402.87	424,261.12	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,402.87	424,261.12	31
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	13,080.88	399,052.44	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,080.88	399,052.44	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	402.87	7,522.62	35
36. Offsets to Operating Expenditures (from line 15)	0.00	502.97	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	402.87	7,019.65	37

4-08173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mark Wheat 703 17th St NW Aliceville, AL 35442 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aliceville Manor Nursing Home President Aggregate Year-to-Date $ 1,000.00	12/01/00	1,000.00
B. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Comptroller Aggregate Year-to-Date $ 440.00	12/11/00	10.00
C. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Director, Assisted Living Aggregate Year-to-Date $ 600.00	12/11/00	25.00
D. Chip Roadman 1201 L Street NW Payroll Deduction Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA President & CEO Aggregate Year-to-Date $ 550.00	12/11/00	50.00
E. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 996.00	12/11/00	41.50
F. Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Senior Director Aggregate Year-to-Date $ 800.16	12/11/00	33.34
G. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date $ 1,012.00	12/11/00	38.00

SUBTOTAL of Receipts This Page (optional) 1,197.84

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

4-09178

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 B 1

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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
Dollars Received from Multi-Individuals DC	Occupation	12/13/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 9,675.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	12/13/00	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,075.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	12/13/00	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,475.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	12/13/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,575.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	12/13/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,675.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	12/13/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,775.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	12/13/00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,975.00		

SUBTOTAL of Receipts This Page (optional)	1,400.00
TOTAL This Period (last page this line number only)	

4-80176

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kevin Mac Kay 16785 Martha Dr. Brookfield, WI 53005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HCAM Occupation: Administrator Aggregate Year-to-Date > $ 400.00	12/13/00	400.00
B. Joseph Shaha 3180 Branch Ct Wixon, MI 48393 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HCAM Occupation: Administrator Aggregate Year-to-Date > $ 300.00	12/13/00	300.00
C. Reginald Carter PO Box 80050 Lansing, MI 48908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Care Assn. of Michigan Occupation: Executive VP Aggregate Year-to-Date > $ 600.00	12/13/00	100.00
D. Frank Wronski 34800 Van Dyke Washington, MI 48095-2576 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Medilodge Group Occupation: President Aggregate Year-to-Date > $ 2,100.00	12/13/00	100.00
E. Richard Mika 105 E Iona Bay City, MI Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HCAM Occupation: Administrator Aggregate Year-to-Date > $ 400.00	12/13/00	400.00
F. Steven Bandstra 1800 S. Beacon Blvd. #200 Grand Haven, MI 49417-2620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Community Centre Group Occupation: President Aggregate Year-to-Date > $ 1,736.00	12/13/00	135.00
G. John Kiefhaber 221 SW 33rd Topeka, KS 66611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Kansas Health Care Association Occupation: Executive VP Aggregate Year-to-Date > $ 250.00	12/14/00	125.00

SUBTOTAL of Receipts This Page (optional) > 1,560.00

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

4-00173

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11-31

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John Wallace 611 W Market St Athens, AL 35611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Athens Nursing Home Inc Owner/Administrator Aggregate Year-to-Date $ 650.00	12/15/00	650.00
B. Edward Stafford 33 Elk Street Ste 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NYS Health Facilities Assn Executive Director Aggregate Year-to-Date $ 600.00	12/18/00	125.00
C. Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	RETIRED Occupation Aggregate Year-to-Date $ 300.00	12/22/00	75.00
D. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Comptroller Aggregate Year-to-Date $ 450.00	12/22/00	10.00
E. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Director, Assisted Living Aggregate Year-to-Date $ 625.00	12/22/00	25.00
F. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Vice President, Administration Aggregate Year-to-Date $ 1,050.00	12/22/00	38.00
G. Chip Roadman 1201 L Street NW Payroll Deduction Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA President & CEO Aggregate Year-to-Date $ 600.00	12/22/00	60.00

SUBTOTAL of Receipts This Page (optional) 973.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a I

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John Schaeffer PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 1,037.50	12/22/00	41.50
B. Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Senior Director Aggregate Year-to-Date > $ 833.50	12/22/00	33.34
C. John Sims PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness CH Occupation: Administrator Aggregate Year-to-Date > $ 5,000.00	12/27/00	3,500.00
D. J Craig Souza 5109 Bur Oak Cir Raleigh, NC 27612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Carolina Health Care Fac Occupation: Aggregate Year-to-Date > $ 600.00	12/29/00	500.00
E. Richard Rau 3939 S. 52nd St. Greenfield, WI 53228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clement Manor Health Center Occupation: CEO Aggregate Year-to-Date > $ 500.00	12/31/00	125.00
F. Frederick Miles 1430 Larimer Square #400 Denver, CO 80202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Miles & Epstein Occupation: Manager Aggregate Year-to-Date > $ 650.00	12/31/00	100.00
G. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Comptroller Aggregate Year-to-Date > $ 460.00	12/31/00	10.00

SUBTOTAL of Receipts This Page (optional)	4,309.84
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 6

FOR LINE NUMBER 11 a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David Kyllo 1201 L Street NW Washington, AH 20005	AHCA Director, Assisted Living	12/31/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 650.00		
B. Penny Prue 1201 L Street, NW Washington, AH 20005	AHCA Vice President, Administration	12/31/00	38.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,088.00		
C. Chip Roadman 1201 L Street NW Payroll Deduction Washington, AH 20005	AHCA President & CEO	12/31/00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 650.00		
D. Jennifer Souza 1201 L Street NW Washington, AH 20005	AHCA Senior Director	12/31/00	33.34
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 866.84		
E. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005	AHCA Lobbyist	12/31/00	41.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,079.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	187.84
TOTAL This Period (last page this line number only)	9,628.52

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
730 15th Street 2nd Floor Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 557.43	11/30/00	44.16
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
730 15th Street 2nd Floor Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 698.80	12/31/00	41.37
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
4922 Fairmont Ave Bethesda, MD 20814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rustmore Aggregate Year-to-Date > $ 541.77	12/31/00	0.62
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	86.14
TOTAL This Period (last page this line number only)	86.14

4-06/79

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bank of America Washington, DC 20005	Bank Service Charge	12/22/00	254.01
B. Bank of America Washington, DC 20005	Service Charge by Bank	12/31/00	41.93
C. Bank of America Washington, DC 20005	AMEX Fee	12/31/00	101.93
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	397.87
TOTAL This Period (last page this line number only)	397.87

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Brian Kerns for Congress PO Box 87 Prairieton, IN 47870	Kerns , U.S. HOUSE 7th IN Debt Retirement Disbursement for: Primary [X] General [ ] Other (specify) 2000 Debt Retirement	12/04/00	1,000.00
B. Friends of Jane Harman 2250 E. Imperial Hwy., #320 525 Cannon House Ofc Bldg El Segundo, CA 90245	Jane Harman, U.S. HOUSE 36th CA Debt Disbursement for: Primary [X] General [ ] Other (specify) 2000 Debt Retirement	12/04/00	1,000.00
C. Santorum 2000 P O Box 1049 Pittsburgh, PA 15234	Rick Santorum, U.S. SENATE PA Debt Disbursement for: Primary [X] General [ ] Other (specify) 2000 Debt Retirement	12/04/00	1,000.00
D. Reed Committee 200 Midway Rd, Ste 168 Cranston, RI 02920	Jack Reed, U.S. SENATE RI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	12/04/00	1,000.00
E. Citizens for Harkin 3213 South West 9th St SH-531 Hart Senate Ofc Bldg Des Moines, IA 50315	Tom Harkin, U.S. SENATE IA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	12/04/00	1,000.00
F. Tim Johnson for Senate 420 C Street NE Lower Level Washington, DC 20002	Tim Johnson, U.S. SENATE SD Disbursement for: Primary [X] General [ ] Other (specify) 2002	12/04/00	1,000.00
G. Friends of Max Baucus PO Box 216 SH-511 Hart Senate Ofc Bldg Helena, MT 59624	Max Baucus, U.S. SENATE MT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	12/04/00	1,000.00
H. Tim Johnson for Senate 420 C Street NE Lower Level Washington, DC 20002	Re-Designated funds for trans. dated Disbursement for: Primary [X] General [ ] Other (specify) 2002	12/04/00	1,000.00 (Memo Entry)
I. Pickering for Congress 661 Highway 51 North Suite 2C Ridgeland, MS 39157	Voided Check Disbursement for: Primary [X] General [ ] Other (specify) 2000	12/18/00	-1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,000.00

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

4-80178

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Mike Rossi P.O. Box 374 Prescott, AR 71857	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	12/18/00	-1,000.00
B. Peter Deutsch for Congress P.O. Box 26778 Tamarac, FL 33320	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	12/18/00	-1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	-2,000.00
TOTAL This Period (last page this line number only)	4,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☒	Hand Delivered	Date of Receipt 1/23/01
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CR — PREPARER

1/23/01 — DATE PREPARED

(6/2000)