REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 24 A 11: 06.

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 General Election (Type of Election) election on 11/07/00 / / 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 10/01/00 through 10/18/00		
6. (a) Cash on Hand January 1, 2000		$ 106,333.90
(b) Cash on Hand at Beginning of Reporting Period	$ 71,123.01	
(c) Total Receipts (from Line 19)	$ 35,409.97	$ 339,603.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 106,532.98	$ 445,937.29
7. Total Disbursements (from Line 30)	$ 35,477.87	$ 374,882.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 71,055.11	$ 71,055.11
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 202-219-3420

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
Anna Lee

Date
10-24-2000

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 9/98)

4-00173

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 10/01/00 TO: 10/16/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	26,179.00	270,070.16	11(a)(i)
i. Itemized (use Schedule A)	8,728.00	65,892.46	11(a)(ii)
ii. Unitemized	34,907.00	335,962.62	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)	34,907.00	330,962.62	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	502.97	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	0.00	1,137.80	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18. Transfers from Nonfederal Account for Joint Activity	35,409.97	339,603.39	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	35,409.97	339,603.39	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	477.87	6,143.68	21(b)
b. Other Federal Operating Expenditures	477.87	6,143.68	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	35,000.00	368,738.50	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	35,477.87	374,882.18	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	35,477.87	374,882.18	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)	34,907.00	330,962.62	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	34,907.00	330,962.62	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	477.87	6,143.68	35
36. Offsets to Operating Expenditures (from line 15)	502.97	502.97	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-25.10	5,640.71	37

4-00173

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a

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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. V Richard Miller 3670 Commerce Dr. Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MMM Investment Inc Occupation: CEO/CFO Aggregate Year-to-Date > $ 2,400.00	10/02/00	600.00
B. Sally Rapp 5700 Stone Ridge Mall Ste 280 Pleasanton, CA 94588 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SR Management Svcs. Inc. Occupation: CEO Aggregate Year-to-Date > $ 5,000.00	10/02/00	1,250.00
C. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vista Pacifica Enterprises Occupation: Comm. Relations Coordinator Aggregate Year-to-Date > $ 6,000.00	10/02/00	1,250.00
D. Daniel Salmon 35 Beaumont Dr Northbridge, MA 01534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beaumont Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 500.00	10/02/00	125.00
E. Kennon S Shea 75 Court St PO Box U Quincy, CA 95971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: California Convalescent Hosp Occupation: Administrator Aggregate Year-to-Date > $ 300.00	10/02/00	75.00
F. J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Northport Health Services Inc Occupation: President Aggregate Year-to-Date > $ 5,000.00	10/02/00	1,250.00
G. Rebecca Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Northport Health Services Inc. Occupation: Owner Aggregate Year-to-Date > $ 5,000.00	10/02/00	1,250.00

SUBTOTAL of Receipts This Page (optional) 5,700.00

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

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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. Jerry Neal 2205 Broadway Mt Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DSI Healthcare Occupation: President Aggregate Year-to-Date $ 1,039.00	10/02/00	39.00
B. Patrick T Kriner 6228 Merger Drive Holland, OH 43528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Woodside Management Group Occupation: President Aggregate Year-to-Date $ 1,550.00	10/03/00	100.00
C. Paul Hensley 1201 L St NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Comptroller Aggregate Year-to-Date $ 400.00	10/03/00	200.00
D. Bill Phelan 307 Westpark Ave. PO Box 1459 Tallahassee, FL 32301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Florida Health Care Assn Occupation: Executive Director Aggregate Year-to-Date $ 1,100.00	10/03/00	100.00
E. Karen Goldsmith 2180 Park Ave. North #100 Winter Park, FL 32789 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Goldsmith & Grout Occupation: Association Counsel Aggregate Year-to-Date $ 475.00	10/03/00	100.00
F. Robert Rosenthal 6400 SW 44th St Miami, FL 33155 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: 21st Century Health Group Inc. Occupation: President Aggregate Year-to-Date $ 1,100.00	10/03/00	100.00
G. Marlow Baar 17732 Corinthian Drive Encino, CA 91316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Haskin & Baar Occupation: Owner Aggregate Year-to-Date $ 375.00	10/03/00	125.00

SUBTOTAL of Receipts This Page (optional) 764.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a1

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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. Jerry Nicholls 603 Greenwood Drive Iowa City, IA 52246 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Progressive Care CEO Aggregate Year-to-Date $ 1,000.00	10/03/00	1,000.00
B. William Biggs 4605 Belton Highway Anderson, SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richard Campbell Veterans Home Executive Director Aggregate Year-to-Date $ 1,450.00	10/04/00	200.00
C. Peter Van Runkle 55 Green Meadows Dr. S. Westerville, OH 43081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ohio Health Care Assn. President Aggregate Year-to-Date $ 300.00	10/04/00	300.00
D. Michael Cook 1919 Pennsylvania Avenue Suite 600 Washington, DC 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jenkens & Gilchrist Partner/LTC Consult Aggregate Year-to-Date $ 500.00	10/04/00	300.00
E. Herbert Yim PO Box 10 Kapaau, HI 96755 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kohala Hospital Administrator Aggregate Year-to-Date $ 375.00	10/04/00	100.00
F. Mark Emerson Reagan 930 Idyleberry Road San Rafael, CA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Administrator Aggregate Year-to-Date $ 750.00	10/04/00	250.00
G. Jerry Sansby 2319 W 7th St St Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Highland Chateau President Aggregate Year-to-Date $ 1,000.00	10/05/00	250.00

SUBTOTAL of Receipts This Page (optional) 2,400.00

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

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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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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. W. Heywood Fralin P.O. Box 20069 Roanoke, VA 24018-4397 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Med. Facilities of America Inc. CEO Aggregate Year-to-Date $ 5,000.00	10/05/00	1,250.00
B. Barry Crow 9628 Campo Rd #T Spring Valley, CA 91977 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brighton Health Alliance Inc President Aggregate Year-to-Date $ 1,000.00	10/05/00	250.00
C. Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Owner/Administrator Aggregate Year-to-Date $ 2,000.00	10/05/00	500.00
D. G. Michael Leader 1070 W Areba Ave Hershey, PA 17033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Meadows of West Shore President Aggregate Year-to-Date $ 300.00	10/05/00	75.00
E. Robert Moran 2201 K St. PO Box 637004 Sacramento, CA 95853 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CA Assn. of Health Facilities Occupation Aggregate Year-to-Date $ 450.00	10/06/00	250.00
F. R Peter Madel 108 8th St NW Waseca, MN 56093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Shore Inn Nursing Home Administrator Aggregate Year-to-Date $ 500.00	10/06/00	125.00
G. Michael Morton 100-B Garrison Ave Ft Smith, AR 72901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Arkansas Nursing Ctrs Owner Aggregate Year-to-Date $ 5,000.00	10/06/00	1,250.00

SUBTOTAL of Receipts This Page (optional) 3,700.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a

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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. Howard Lipschutz, 1304 Laurel Oak Rd, Voorhees, NJ 08433	HBA Management / Vice President	10/10/00	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 700.00		
B. Barton D. Weisman, 5310 NW 33rd Ave #211, Ft Lauderdale, FL 33309	HBA Corporation / President	10/10/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
C. Rick Carter, 2850 Metro Dr #200, Bloomington, MN 55425	Care Providers of Minnesota /	10/10/00	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,000.00		
D. Michael McBride, 101 Grace Drive, Easley, SC 29640	Health Management Resources / President	10/10/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,000.00		
E. Hugh Franklin, 14 Northtowne Dr. #202, Jackson, MS 39211	Franklin Consulting Co. / Owner	10/10/00	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
F. Terry Mundy NHA, 2633 W Rumble Rd, Modesto, CA 95350	English Oaks Convalescent Hosp / Owner/Administrator	10/10/00	260.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
G. Ronald J. Squillace, 301 Union Street, Hackensack, NJ 07601	Wellington Hall / President	10/10/00	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		

SUBTOTAL of Receipts This Page (optional) 3,325.00

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

4-00175

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 14

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. Robert M Coury Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Anstocrat Berea Occupation: Administrator Aggregate Year-to-Date > $ 1,000.00	10/10/00	250.00
B. Stephen Reissman 4551 Glencoe Ave, 3rd Flr. Marina Del Ray, CA 90292 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Country Villa Health Services Occupation: President/CEO Aggregate Year-to-Date > $ 475.00	10/10/00	125.00
C. Daniel Valoric 3706 Church Road Mt. Laurel, NJ 08054 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Mt. Laurel Nursing and Rehabilitation Center Occupation: Chairman of Board Aggregate Year-to-Date > $ 500.00	10/10/00	125.00
D. Richard Rau 3939 S. 92nd St. Greenfield, WI 53228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Clement Manor Health Center Occupation: CEO Aggregate Year-to-Date > $ 375.00	10/10/00	125.00
E. Raynaldo Lapid 1931 Lakewood Rd Toms River, NJ 08755 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Green Acres Manor Occupation: Owner Aggregate Year-to-Date > $ 500.00	10/11/00	125.00
F. Roch Carter 111 W Michigan St Milwaukee, WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Unicare Health Facilities Occupation: General Counsel Aggregate Year-to-Date > $ 500.00	10/12/00	250.00
G. Lester Robertson 2205 Broadway Mt Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: DSI MGT SVC Occupation: Executive VP Aggregate Year-to-Date > $ 300.00	10/12/00	75.00

SUBTOTAL of Receipts This Page (optional) 1,075.00

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

440179

SCHEDULE A

ITEMIZED RECEIPTS

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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. Joseph Martin 105 Dunning Rd Middletown, NY 10940 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Middletown Park Manor Occupation: Administrator Aggregate Year-to-Date > $ 300.00	10/13/00	75.00
b. Leonard Russ 40 Keogh Lane New Rochelle, NY 10805-1397 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bayberry Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 500.00	10/13/00	125.00
c. Earl Carlson 236 Metro Dr Jefferson City, MO 55109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Missouri Health Care Assn Occupation: Executive Director Aggregate Year-to-Date > $ 350.00	10/16/00	100.00
d. Richard Brockman 815 Euclid Avenue Birmingham, AL 35213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Administrator Aggregate Year-to-Date > $ 1,600.00	10/16/00	100.00
e. Steve Ackerson 5750 Westown Parkway #100 West Des Moines, IA 50266-7726 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Iowa Health Care Assn. Occupation: Executive Vice President Aggregate Year-to-Date > $ 1,100.00	10/16/00	100.00
f. Helen Frampton 1405 7th St S Moorhead, MN 56560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eventide Occupation: President Aggregate Year-to-Date > $ 400.00	10/16/00	100.00
g. Brian Holloway 1001 Center Street Littlelake Harbor, NJ 08087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 300.00	10/16/00	100.00

SUBTOTAL of Receipts This Page (optional) 700.00

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

6-00173

SCHEDULE A ITEMIZED RECEIPTS

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FOR LINE NUMBER 11a1

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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. Howard Lipschutz, 1304 Laurel Oak Rd, Voorhees, NJ 08433	HBA Management / Vice President	10/16/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 800.00		
B. Travis Tomlinson, 513 E Whitaker Mill Rd, Raleigh, NC 27608	Mayview Conv Home Inc / Administrator	10/16/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,200.00		
C. Ray Crowson, 55 N Sussex St, Dover, NJ 07801	Dover Christian Nursing Home / Vice President	10/16/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
D. Jack Vetter, 5020 South 118th St., Omaha, NE 68137	Vetter Health Services / Administrator	10/16/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,100.00		
E. Dick Stebbins, 600 E Whaley, Longview, TX 75601	Stebbins Five Companies / Managing Partner	10/16/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
F. David Beck, 1875 Eye Street, NW, 12th Flr, Washington, DC 20006	DC Health Care Association / Executive Director	10/16/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,541.03		
G. Edward Stafford, 33 Elk Street Ste 300, Albany, NY 12207	NYS Health Facilities Assn / Executive Director	10/16/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 475.00		

SUBTOTAL of Receipts This Page (optional) 700.00

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

FOR LINE NUMBER 11 a 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. Herbert Yim PO Box 10 Kapaau, HI 96755 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kohala Hospital Occupation: Administrator Aggregate Year-to-Date $ 475.00	10/16/00	100.00
B. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Hm Inc Occupation: Administrator Aggregate Year-to-Date $ 1,300.00	10/16/00	100.00
C. Mike Oley 2021 Swamp Fox Rd Midlothian, VA 23112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rehab Management Occupation: Sales Rep. Aggregate Year-to-Date $ 300.00	10/16/00	100.00
D. Mike Oley 2021 Swamp Fox Rd Midlothian, VA 23112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rehab Management Occupation: Sales Rep. Aggregate Year-to-Date $ 400.00	10/16/00	100.00
E. Steven Bandstra 1600 S. Beacon Blvd. #200 Grand Haven, MI 49417-2620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group Occupation: President Aggregate Year-to-Date $ 1,600.00	10/16/00	100.00
F. Gail Clarkson 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Medilodge Group Occupation: Vice President Aggregate Year-to-Date $ 2,850.00	10/16/00	100.00
G. Reginald Carter PO Box 80050 Lansing, MI 48908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Assn. of Michigan Occupation: Executive VP Aggregate Year-to-Date $ 500.00	10/16/00	100.00

SUBTOTAL of Receipts This Page (optional) 700.00

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

4-09173

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 10 OF 14

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. Al Braswell 13600 Diamond Point Dr. Yucapia, CA 92399 Receipt For: Primary / General / Other (specify):	Vista Pacifica Enterprises Occupation: Owner Aggregate Year-to-Date $ 300.00	10/16/00	100.00
B. Al Braswell 13600 Diamond Point Dr. Yucapia, CA 92399 Receipt For: Primary / General / Other (specify):	Vista Pacifica Enterprises Occupation: Owner Aggregate Year-to-Date $ 400.00	10/16/00	100.00
C. Jim Klausman 3715 SW 29th St #200 Topeka, KS 66614 Receipt For: Primary / General / Other (specify):	Midwest Health Services Inc Occupation: President Aggregate Year-to-Date $ 300.00	10/15/00	100.00
D. Ira Alpert 3220 S Higuera St Suite 103A San Luis Obispo, CA 93401 Receipt For: Primary / General / Other (specify):	Wilshire Foundation Inc Occupation: President Aggregate Year-to-Date $ 1,000.00	10/17/00	250.00
E. Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: Primary / General / Other (specify):	Bell Nursing Home Inc Occupation: Administrator Aggregate Year-to-Date $ 500.00	10/17/00	125.00
F. Kenneth Morris 401 Snyder Ave Barberton, OH 44203 Receipt For: Primary / General / Other (specify):	Pleasant View Health Care Occupation: Administrator Aggregate Year-to-Date $ 500.00	10/17/00	125.00
G. Larry Lane 101 E. State St. Kennet Square, PA 19348 Receipt For: Primary / General / Other (specify):	Genesis Occupation: Sr VP, Regulatory Affairs Aggregate Year-to-Date $ 1,000.00	10/18/00	1,000.00

SUBTOTAL of Receipts This Page (optional) 1,800.00

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 a

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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
Terry Kuzman 1157 Enfield St Enfield, CT 06082	Parkway Pavilion Administrator	10/18/00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,125.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Blaine Hendrickson PO Box 7 Rancho Mirage, CA 92270	Legacy Healthcare CEO	10/18/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 3,400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433	HBA Management Vice President	10/18/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 900.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701	Health Facilities Assn of MD	10/18/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,100.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Beverly Herman 420 West Thayer Ave Bismarck, ND 58501	North Dakota LTC Association Education Director	10/18/00	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 225.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steve Ackerson 6750 Westown Parkway #100 West Des Moines, IA 50266-7726	Iowa Health Care Assn. Executive Vice President	10/18/00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Beck 1875 Eye Street, NW, 12th Flr Washington, DC 20006	DC Health Care Association Executive Director	10/18/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,641.03		

SUBTOTAL of Receipts This Page (optional) 1,325.00

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

4-00178

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a 7

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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. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Hm Inc Occupation: Administrator Aggregate Year-to-Date > $ 1,500.00	10/18/00	200.00
B. Michael Scharfenberger 7255 Kenwood Rd #300 Cincinnati, OH 45236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Care Management Occupation: Exec Vice President Aggregate Year-to-Date > $ 600.00	10/18/00	100.00
C. L Bruce Levering 201 N Main Street Mt Vernon, OH 43050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Levering Mgmt. Inc. Occupation: President Aggregate Year-to-Date > $ 700.00	10/18/00	200.00
D. Tom Blakely 300 Sterling Dr. North Baltimore, OH 45872 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blakely Care Center Inc. Occupation: President Aggregate Year-to-Date > $ 225.00	10/18/00	100.00
E. David E Meilier 27 Brand Avenue P.O. Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Occupation: Administrator/Owner Aggregate Year-to-Date > $ 2,300.00	10/18/00	100.00
F. William Levering 4 New Market Dr Delaware, OH 43015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delaware Court Health Care Ctr Occupation: Administrator Aggregate Year-to-Date > $ 1,100.00	10/18/00	100.00
G. Gail Clarkson 54500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Medilodge Group Occupation: Vice President Aggregate Year-to-Date > $ 2,950.00	10/18/00	100.00

SUBTOTAL of Receipts This Page (optional) 900.00

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

4-00/73

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. Lee Morey 2015 Prospect St Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln Lutheran Home Occupation: Administrator Aggregate Year-to-Date > $ 340.00	10/18/00	140.00
B. Patricia Ramsey 12 Riverwood DRive York, ME 03909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Edgewood Center Occupation: Owner/Administrator Aggregate Year-to-Date > $ 300.00	10/18/00	200.00
C. Thomas Reddy 8847 Long PO Box 14884 Lenexa, KS 66285-4884 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vintage Park Inc. Occupation: President Aggregate Year-to-Date > $ 2,400.00	10/18/00	200.00
D. Brad Moorhouse 344 Greenhill Drive Anderson, SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Health Corp. Occupation: Administrator Aggregate Year-to-Date > $ 1,400.00	10/18/00	1,400.00
E. Brad Moorhouse 344 Greenhill Drive Anderson, SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Health Corp. Occupation: Administrator Aggregate Year-to-Date > $ 1,500.00	10/18/00	100.00
F. John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	White Oak Manor Occupation: Executive VP/CFO Aggregate Year-to-Date > $ 2,200.00	10/18/00	200.00
G. Kathy Kloster 415 Sixth St Juneau, AK 99801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Ann's Nursing Center Occupation: Dir of Nursing Aggregate Year-to-Date > $ 326.00	10/18/00	300.00

SUBTOTAL of Receipts This Page (optional) 2,540.00

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

4-90173

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. William Kinschner 4934 Valencia Dr Toledo, OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care & Ret Group VP Bus Planning Aggregate Year-to-Date $ 900.00	10/18/00	100.00
B. Jerry Nicholls 603 Greenwood Drive Iowa City, IA 52246 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Progressive Care CEO Aggregate Year-to-Date $ 1,100.00	10/18/00	100.00
C. Richard Bricker 209 N. Beaver St. York, PA 17405 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilmac Corp VP/Administrator Aggregate Year-to-Date $ 250.00	10/18/00	250.00
D. Michael Maistros 42360 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Administrator Aggregate Year-to-Date $ 600.00	10/18/00	100.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) 550.00

TOTAL This Period (last page this line number only) 26,179.00

4-66173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11U

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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. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 8,425.00	10/16/00	100.00
B. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 8,625.00	10/16/00	100.00
C. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 8,625.00	10/16/00	100.00
D. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 8,725.00	10/16/00	100.00
E. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 8,825.00	10/16/00	100.00
F. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 8,925.00	10/16/00	100.00
G. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 9,025.00	10/16/00	100.00

SUBTOTAL of Receipts This Page (optional) 700.00

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 11d

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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. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 9,125.00	10/16/00	100.00
B. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 9,225.00	10/16/00	100.00
C. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 9,325.00	10/16/00	100.00
D. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 9,375.00	10/16/00	50.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	1,050.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 15

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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. PO Box 85024 Richmond, VA 23255-5024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Crestar Bank Aggregate Year-to-Date > $ 308.08	10/01/00	252.97
B. Joseph Warner 115 W Jefferson, Suite 401 Bloomington, IL 61702-3188 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Heritage Enterprise Occupation: President Aggregate Year-to-Date > $ 1,000.00	10/10/00	250.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) 502.97

TOTAL This Period (last page this line number only) 502.97

1-00173

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
Bank of America Washington, DC 20005	American Express Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/01/00	234.10
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	Service Charges Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/03/00	243.77
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)	477.87
TOTAL This Period (last page this line number only)	477.87

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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. Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Primary [ ] General [X] Other (specify) 2000	10/06/00	500.00
B. People for Ganske Committee 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Primary [ ] General [X] Other (specify) 2000	10/06/00	1,000.00
C. Becerra for Congress 1824 Sunset, Ste. A Los Angeles, CA 90026	Xavier Becerra, U.S. HOUSE 30th CA Primary [ ] General [X] Other (specify) 2000	10/06/00	1,000.00
D. Maloney for Congress 185 Main St. Danbury, CT 06810	James Maloney, U.S. HOUSE CT Primary [ ] General [X] Other (specify) 2000	10/06/00	1,000.00
E. Anne Northup for Congress 4006 Dutchman's Lane Louisville, KY 40207	Anne Meagher Northup, U.S. HOUSE KY Primary [ ] General [X] Other (specify) 2000	10/06/00	1,000.00
F. Nelson for Senate 110-B East Broad Street Falls Church, FL 22046	Nelson , U.S. SENATE FL Primary [ ] General [X] Other (specify) 2000	10/06/00	1,000.00
G. Pallone for Congress 473 Broadway PO Box 3176 Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 6th NJ Primary [ ] General [X] Other (specify) 2000	10/06/00	500.00
H. Friends for Slade Gorton 2366 Eastlake Ave., E., #313 SH-730 Hart Senate Ofc Bldg Seattle, WA 98102	Slade Gorton, U.S. SENATE WA Primary [ ] General [X] Other (specify) 2000	10/06/00	1,000.00
I. Mike Thompson 1700 L Street Sacramento, CA 95814	Mike Thompson, CA Primary [ ] General [X] Other (specify) 2000	10/06/00	500.00

SUBTOTAL of Disbursements This Page (optional) 7,500.00

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

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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	Date (month, day, year)	Amount of Each Disbursement This Period
A. Chris John for Cong Cmt, Inc. 612 S. Irving Kaplan, LA 70548	Chris John, U.S. HOUSE LA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/06/00	1,000.00
B. Nancy Johnson for Congress 5650 N. Eighth St. 343 Cannon House Ofc Bldg Arlington, VA, CT 22205	Nancy Johnson, U.S. HOUSE 6th CT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/06/00	1,500.00
C. Matheson for Congress 677 So. 200 West Suite A Salt Lake City, UT 84101	Matheson , U.S. HOUSE 2nd UT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/06/00	1,000.00
D. Robb for Senate Committee 524 C St. NE, 1st Floor Washington, DC 20002	Charles Robb, U.S. SENATE VA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/06/00	3,000.00
E. Luther for Cong Volunteer Cmt 1399 Geneva Ave., N., #103 1419 Longworth HOB Oakdale, MN 56201	Bill Luther, U.S. HOUSE 6th MN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/06/00	1,000.00
F. Hillary Clinton for Senate 1730 M Street NW Suite 413 Washington, DC 20036	Hillary Clinton, U.S. SENATE NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/09/00	2,500.00
G. Tom Allen for Congress PO Box 17766 Portland, ME 4112	Tom Allen, U.S. HOUSE ME Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/09/00	1,000.00
H. Weygand for Senate Committee PO Box 28405 Providence, RI 02909	Robert Weygand, U.S. SENATE RI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/09/00	1,000.00
I. Mike Ross for Congress PO Box 360 Prescott, AR 71857-0360	Mike Ross, U.S. HOUSE 4th AR Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/09/00	500.00

SUBTOTAL of Disbursements This Page (optional)	12,500.00
TOTAL This Period (last page this line number only)	

4-99179

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. Glacier PAC 203 C St., NE Washington, DC 20002	Max Baucus, MT Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/09/00	1,000.00
B. Tiberi 2000 2021 E. Durbin Granville Rd. Suite 2000 Columbus, OH 43229	Tiberi, U.S. HOUSE 12th OH Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/17/00	2,000.00
C. Grucci for Congress PO Box 790 Medford, NY 11763	Grucci, U.S. HOUSE 1st NY Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/17/00	500.00
D. Lazio 2000 PO Box 5063 Bay Shore, NY 11718	Rick Lazio, U.S. SENATE NY Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/17/00	5,000.00
E. Dan McDonald for Congress 511 Market Street Suite 15 Kirkland, WA 98033	McDonald, U.S. HOUSE 1st WA Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/17/00	1,000.00
F. Brian Baird for Congress P.O. Box 5016 Vancour, WA 98668	Brian Baird, U.S. HOUSE WA Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/17/00	1,000.00
G. Weygand for Senate Committee PO Box 28405 Providence, RI 02908	Robert Weygand, U.S. SENATE RI Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/17/00	1,000.00
H. Burr for Congress P.O. Box 4169 Winston-Salem, NC 27115	Richard Burr, U.S. HOUSE 5th NC Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/17/00	2,500.00
I. Cantor for Congress PO Box 28637 Richmond, VA 23222	Cantor, U.S. HOUSE 7th VA Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/17/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 15,000.00

TOTAL This Period (last page this line number only) 35,000.00

4-00173

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 10/24/00
☐	First Class Mail	POSTMARKED
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☐	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

10/24/00 — DATE PREPARED

(6/2000)