REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 20 A 9:46

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 07/01/00 through 07/31/00		
6. (a) Cash on Hand January 1, 2000		$ 108,333.90
(b) Cash on Hand at Beginning of Reporting Period	$ 54,340.46	
(c) Total Receipts (from Line 19)	$ 34,579.98	$ 225,025.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 88,920.44	$ 331,359.14
7. Total Disbursements (from Line 30)	$ 21,991.39	$ 264,430.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 66,929.05	$ 66,929.05
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

Date
10-19-2000

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 3/99)

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 07/01/00 TO: 07/31/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	25,785.21	182,390.41	11(a)(i)
ii. Unitemized	6,679.66	29,722.31	11(a)(ii)
iii. Total (add i and ii) ➤	32,464.87	212,112.72	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	5,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	32,464.87	217,112.72	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	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	2,000.00	7,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	115.11	912.52	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	34,579.98	225,025.24	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	34,579.98	225,025.24	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	741.39	4,016.59	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	741.39	4,016.59	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	21,250.00	260,413.50	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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	0.00	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 (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	21,991.39	264,430.09	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	21,991.39	264,430.09	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	32,464.87	217,112.72	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	32,464.87	217,112.72	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) ➤	741.39	4,016.59	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	741.39	4,016.59	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 1a1

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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. Warren Wolfson 20707 Chargin Blvd. Suite 100 Shaker Heights, OH 44122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: WLW Management Inc. Occupation: Administrator Aggregate Year-to-Date > $ 225.00	07/03/00	75.00
B. Steven Bandstra 1600 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 > $ 1,500.00	07/03/00	1,500.00
C. William R Abrams 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: COO Aggregate Year-to-Date > $ 850.00	07/03/00	250.00
D. Patti Turenne 7 Clayton Street Suite 1200 Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Turenne & Associates Inc Occupation: Administrator Aggregate Year-to-Date > $ 1,000.00	07/03/00	500.00
E. Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beaumont Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 375.00	07/03/00	125.00
F. Donald E. Fike 115 East South St. Galesburg, IL 61401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: RFMS Inc Occupation: President Aggregate Year-to-Date > $ 1,500.00	07/03/00	1,000.00
G. Stuart Goldberg 134 Great East Neck Rd PO Box 5249 West Babylon, NY 11704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: East Neck Nursing Center Occupation: President Aggregate Year-to-Date > $ 750.00	07/03/00	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**

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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. Gerald Reilly 2120 State St NE #102 Olympia, WA 98506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Health Care Assoc Occupation: Executive Director Aggregate Year-to-Date > $ 475.00	07/03/00	125.00
B. Jack Markovitz P.O. Box 605 Sunset Beach, CA 90742-0605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	JK Health Care Mgmt. Inc. Occupation: President Aggregate Year-to-Date > $ 3,760.00	07/03/00	1,250.00
C. Gerald Romano 7 Creek Ln Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Silver Creek Manor Occupation: Administrator Aggregate Year-to-Date > $ 1,100.00	07/03/00	1,000.00
D. Robert M Coury Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aristocrat Berea Occupation: Administrator Aggregate Year-to-Date > $ 750.00	07/05/00	250.00
E. Ira Alpert 9220 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 > $ 760.00	07/05/00	250.00
F. Tim Blythe 7 Minnesota St Edwardsville, IL 62025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Springwood Associates Occupation: VP, Legislative Affairs Aggregate Year-to-Date > $ 225.00	07/05/00	75.00
G. Stephen Reissman 4551 Glencoe Ave, 3rd Flr. Marina Del Ray, CA 90292 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Villa Health Services Occupation: President/CEO Aggregate Year-to-Date > $ 350.00	07/06/00	125.00

SUBTOTAL of Receipts This Page (optional) ..... > 3,075.00

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 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. Don Angell 6000 Meadowbrook Mall #27 PO Box 1670 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Angell Group Inc Occupation: Owner Aggregate Year-to-Date $ 2,500.00	07/06/00	1,250.00
B. Meg Jamison PO Box 360067 Birmingham, AL 35236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CARECORPs Management Corporation Occupation: Owner Aggregate Year-to-Date $ 3,750.00	07/06/00	1,250.00
C. John W Jamison III PO Box 360067 Birmingham, AL 35236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CARECORPs Management Corporation Occupation: President & CEO Aggregate Year-to-Date $ 3,750.00	07/06/00	1,250.00
D. James Branscum 26031 Lanshire Grosse Isle, MI Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Nexcare Health Systems, LLC Occupation: Owner Aggregate Year-to-Date $ 350.00	07/07/00	100.00
E. Charles L. Harris 1057 Chopmist Hill Road North Scituate, RI 02875 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Harris Manor @ Chopmist Hill Occupation: President Aggregate Year-to-Date $ 375.00	07/07/00	125.00
F. 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 $ 750.00	07/07/00	250.00
G. Paul Roth 620 Sleepy Hollow Rd Briarcliff Manor, NY 10510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brandywine Nursing Home Occupation: Administrator Aggregate Year-to-Date $ 225.00	07/07/00	75.00

SUBTOTAL of Receipts This Page (optional)	4,300.00
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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R Peter Mattel 108 8th St NW Waseca, MN 56093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Shore Inn Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 375.00	07/07/00	125.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patrick T Kriner 5228 Merger Drive Holland, OH 43528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Woodside Management Group Occupation: President Aggregate Year-to-Date > $ 750.00	07/10/00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northport Health Services Inc Occupation: President Aggregate Year-to-Date > $ 3,750.00	07/11/00	1,250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rebecca Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northport Health Services Inc. Occupation: Owner Aggregate Year-to-Date > $ 3,750.00	07/11/00	1,250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Scharfenberger 7266 Kenwood Rd #300 Cincinnati, OH 45236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Care Management Occupation: Exec Vice President Aggregate Year-to-Date > $ 375.00	07/11/00	125.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jim Wahner 111 W. Michigan St. Milwaukee, WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Extendicare Health Services Inc. Occupation: VP Admin & Gov Rel Aggregate Year-to-Date > $ 375.00	07/11/00	125.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ronald J. Squillace 301 Union Street Hackensack, NJ 07601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellington Hall Occupation: President Aggregate Year-to-Date > $ 225.00	07/11/00	75.00

SUBTOTAL of Receipts This Page (optional)	3,200.00
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 a1

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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. Daniel Veloric 3706 Church Road Mt. Laurel, NJ 08054 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mt. Laurel Nursing and Rehabilitation Center Chairman of Board Aggregate Year-to-Date $ 475.00	07/11/00	125.00
B. Kennon S Shea 75 Court St PO Box U Quincy, CA 95971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	California Convalescent Hosp Administrator Aggregate Year-to-Date $ 225.00	07/11/00	75.00
C. Jill Mendlen 3333 Camino del Rio South #200 San Diego, CA 92108-3837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Geriatrix Occupation Aggregate Year-to-Date $ 750.00	07/12/00	250.00
D. David E Meillier 27 Brand Avenue P.O. Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Administrator/Owner Aggregate Year-to-Date $ 1,000.00	07/12/00	500.00
E. Donald Franco 274 Hemingway Ave East Haven, CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Paragon Group Inc. President Aggregate Year-to-Date $ 750.00	07/12/00	500.00
F. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Conv Home Inc Administrator Aggregate Year-to-Date $ 850.00	07/12/00	250.00
G. 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 $ 225.00	07/12/00	75.00

SUBTOTAL of Receipts This Page (optional) 1,775.00

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

PAGE 6 OF 11

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. Michael McBride 101 Grace Drive Easley, SC 29640 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Management Resources President Aggregate Year-to-Date $ 1,500.00	07/13/00	1,000.00
B. Zalga Moriarty 5010 S 118th St Ste 250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vetter Health Services Operations Supervisor Aggregate Year-to-Date $ 225.00	07/13/00	75.00
C. Dave Heimsin 2201 K Street PO Box 537004 Sacramento, CA 95853 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAHF Program Director Aggregate Year-to-Date $ 225.00	07/13/00	75.00
D. Clark Peek 505 N 5th Avenue Rome, GA 30165 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fifth Avenue Healthcare Administrator Aggregate Year-to-Date $ 625.00	07/13/00	250.00
E. Toni Fatona 99 East River Drive 8th Floor East Hartford, CT 06108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CT Assn of RC Facilities Executive Vice President Aggregate Year-to-Date $ 750.00	07/13/00	750.00
F. Terry Mundy NHA 2633 W Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	English Oaks Convalescent Hosp Owner/Administrator Aggregate Year-to-Date $ 750.00	07/13/00	250.00
G. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 1,077.02	07/14/00	76.93

SUBTOTAL of Receipts This Page (optional) 2,478.93

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

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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. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Director, Assisted Living Aggregate Year-to-Date > $ 350.00	07/14/00	25.00
B. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 532.00	07/14/00	38.00
C. John Schaeffer PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 581.00	07/14/00	41.60
D. Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Senior Director Aggregate Year-to-Date > $ 466.76	07/14/00	33.34
E. Paul Willging 10366 Crossbeam Ct Columbia, MD 21044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Consultant Occupation: Aggregate Year-to-Date > $ 2,942.34	07/14/00	192.31
F. David E Melliler 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 > $ 1,500.00	07/14/00	500.00
G. Hugh Franklin 14 Northtowne Dr. #202 Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franklin Consulting Co. Occupation: Owner Aggregate Year-to-Date > $ 375.00	07/14/00	125.00

SUBTOTAL of Receipts This Page (optional) 955.15

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jan Thayer 404 Woodland Dr Grand Island, NE 68801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverside Lodge Occupation: Owner/Administrator Aggregate Year-to-Date > $ 750.00	07/17/00	250.00
B. Philip Caldwell 3830 E. Southport Rd. Ste. 100 Indianapolis, IN 46237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	EagleCare, Inc. Occupation: Aggregate Year-to-Date > $ 2,000.00	07/17/00	2,000.00
C. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Occupation: Gov Rel Consultant Aggregate Year-to-Date > $ 3,000.00	07/17/00	1,000.00
D. Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Occupation: Administrator Aggregate Year-to-Date > $ 376.00	07/17/00	126.00
E. Eugene Bishop PO Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Services Centers, Inc. Occupation: President Aggregate Year-to-Date > $ 750.00	07/18/00	250.00
F. Jerry Sansby 2319 W 7th St St Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highland Chateau Occupation: President Aggregate Year-to-Date > $ 750.00	07/19/00	250.00
G. Mary P. Flynn 40 White Hall Road Rochester, NH 03867 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rochester Manor Occupation: Administrator Aggregate Year-to-Date > $ 375.00	07/20/00	175.00

SUBTOTAL of Receipts This Page (optional) 4,050.00

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

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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. Edward L. Kuntz 880 South Fourth St. One Vencor Place Louisville, KY 40202 Receipt For: Primary General Other (specify):	Vencor Inc. Chairman, CEO & President Aggregate Year-to-Date $ 760.00	07/20/00	250.00
B. Richard G Miller 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: Primary General Other (specify):	Kentucky Health Care Assn. State Executive Aggregate Year-to-Date $ 750.00	07/21/00	250.00
C. Karen Goldsmith 2180 Park Ave. North #100 Winter Park, FL 32789 Receipt For: Primary General Other (specify):	Goldsmith & Grout Association Counsel Aggregate Year-to-Date $ 375.00	07/21/00	375.00
D. Lester Robertson 2206 Broadway Mt Vernon, IL 62864 Receipt For: Primary General Other (specify):	DSI MGT SVC Executive VP Aggregate Year-to-Date $ 225.00	07/25/00	75.00
E. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 1,000.00	07/26/00	-77.02
F. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Director, Assisted Living Aggregate Year-to-Date $ 375.00	07/26/00	25.00
G. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Vice President, Administration Aggregate Year-to-Date $ 570.00	07/26/00	38.00

SUBTOTAL of Receipts This Page (optional) 935.98

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

4-66173

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 622.50	07/25/00	41.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Senior Director Aggregate Year-to-Date $ 600.10	07/25/00	33.34
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul Willging 10366 Crossbeam Ct Columbia, MD 21044 Receipt For: Primary General Other (specify):	Consultant Occupation Aggregate Year-to-Date $ 3,134.65	07/25/00	182.31
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mike McDaniel 1611 West Lakes Pkwy. West Des Moines, IA 50266 Receipt For: Primary General Other (specify):	Care Initiatives Senior Vice President Aggregate Year-to-Date $ 700.00	07/28/00	200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Malatros 42350 National Rd Belmont, OH 43718 Receipt For: Primary General Other (specify):	Bell Nursing Home Inc Administrator Aggregate Year-to-Date $ 375.00	07/28/00	125.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
V Richard Miller 3570 Commerce Dr. Warsaw, IN 46580 Receipt For: Primary General Other (specify):	MMM Investment Inc CEO/CFO Aggregate Year-to-Date $ 1,400.00	07/31/00	400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Martin 105 Dunning Rd Middletown, NY 10940 Receipt For: Primary General Other (specify):	Middletown Park Manor Administrator Aggregate Year-to-Date $ 225.00	07/31/00	75.00

SUBTOTAL of Receipts This Page (optional)	1,067.15
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.1

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Neal 2205 Broadway Mt Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DSI Healthcare President Aggregate Year-to-Date > $ 750.00	07/31/00	250.00
B. 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
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)	250.00
TOTAL This Period (last page this line number only)	25,785.21

440170

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 8

FOR LINE NUMBER 11C

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
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 240.00	07/10/00	120.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 360.00	07/10/00	120.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 440.00	07/10/00	80.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 600.00	07/10/00	160.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 735.00	07/10/00	135.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 895.00	07/10/00	160.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 1,055.00	07/10/00	160.00

SUBTOTAL of Receipts This Page (optional) 935.00

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 11C

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,215.00	07/10/00	160.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,375.00	07/10/00	160.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,535.00	07/10/00	160.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,695.00	07/10/00	160.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,855.00	07/10/00	160.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,900.00	07/10/00	45.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,925.00	07/10/00	25.00

SUBTOTAL of Receipts This Page (optional) 870.00

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

4-001T3

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11U

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
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,005.00	07/10/00	80.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,085.00	07/10/00	80.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,165.00	07/10/00	80.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,205.00	07/10/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,245.00	07/10/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,285.00	07/10/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,325.00	07/10/00	40.00

SUBTOTAL of Receipts This Page (optional) 400.00

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 110

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
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 2,365.00	07/10/00	40.00
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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 2,405.00	07/10/00	40.00
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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 2,445.00	07/10/00	40.00
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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 2,485.00	07/10/00	40.00
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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 2,525.00	07/10/00	40.00
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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 2,565.00	07/10/00	40.00
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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 2,605.00	07/10/00	40.00

SUBTOTAL of Receipts This Page (optional)	280.00
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 110

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,645.00	07/10/00	40.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,685.00	07/10/00	40.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,725.00	07/10/00	40.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,765.00	07/10/00	40.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,805.00	07/10/00	40.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,845.00	07/10/00	40.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,885.00	07/10/00	40.00

SUBTOTAL of Receipts This Page (optional)	280.00
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 110

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
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 2,925.00	07/10/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 2,985.00	07/10/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 3,005.00	07/10/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 3,045.00	07/10/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 3,085.00	07/10/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 3,125.00	07/10/00	40.00
Dollars Received from Multi-Individuals DC Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 3,165.00	07/10/00	40.00

SUBTOTAL of Receipts This Page (optional)	280.00
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 11C

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. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,205.00	07/10/00	40.00
B. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,245.00	07/10/00	40.00
C. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,285.00	07/10/00	40.00
D. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,325.00	07/10/00	40.00
E. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,365.00	07/10/00	40.00
F. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,405.00	07/10/00	40.00
G. Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,445.00	07/10/00	40.00

SUBTOTAL of Receipts This Page (optional) 280.00

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

PAGE 8 OF 8

FOR LINE NUMBER 11d

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 3,485.00	07/10/00	40.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
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)	40.00
TOTAL This Period (last page this line number only)	3,365.00

4-08175

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 15

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
McCrery for Congress 333 Texas Street Suite 1900 Shreveport, LA 71101	Occupation	07/10/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent Conrad P.O. Box 1914 Bismarck, ND 58502	Occupation Friends of Kent Conrad	07/19/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

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

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):	Rushmore Aggregate Year-to-Date $ 424.20	07/31/00	67.23
730 15th Street 2nd Floor Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 450.67	07/31/00	44.99
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)	112.22
TOTAL This Period (last page this line number only)	112.22

4-00170

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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. Crestar Bank 123 dc, DC 20005	Account Analysis & Maintenance Fee	07/31/00	256.00
B. Bank of America Washington, DC 20005	Account Analysis Charge	07/31/00	252.17
C. Bank of America Washington, DC 20005	Bank Fees	07/31/00	167.24
D. Bank of America Washington, DC 20005	Amex Fees	07/31/00	65.98
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) 741.39

TOTAL This Period (last page this line number only) 741.39

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/17/00	-1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thurman for Congress PO Box 5058 Inverness, FL 34450	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/17/00	-1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom DeLay for Congress PO Box 101 407 Cannon House Ofc Bldg Sugar Land, TX 77487	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/17/00	-1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rangel for Congress Committee 74 West 132nd St 2252 Rayburn House Ofc Bldg New York, NY 10037	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/17/00	-500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cannon for Congress 1610 Woodbine Street Alexandria, VA 22302	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/17/00	-500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Zimmer for Congress 3131 Princeton Pike 228 Cannon House Ofc Bldg Lawrenceville, NJ 08648	Richard Zimmer, U.S. HOUSE 12th NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/18/00	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Zimmer for Congress 3131 Princeton Pike 228 Cannon House Ofc Bldg Lawrenceville, NJ 08648	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/18/00	-500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Zimmer 2000 199 Nassau Street Princeton, NJ 08540	Zimmer, U.S. HOUSE 12th NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/18/00	500.00
I. 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 1605 Longworth HOB Providence, RI 02901	Patrick Kennedy, U.S. HOUSE 1st RI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) ..... -2,500.00

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

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Bart Gordon Committee PO Box 2008 Murfreesboro, TN 37133	Bart Gordon, U.S. HOUSE 6th TN Disbursement for: Primary [X] General [ ] Other (specify) 2000	07/26/00	500.00
B. Full Name, Mailing Address and ZIP Code John Shimkus PO Box 5458 Springfield, IL 62705	Purpose of Disbursement John Shimkus, U.S. HOUSE IL Disbursement for: Primary [X] General [ ] Other (specify) 2000	07/26/00	500.00
C. Full Name, Mailing Address and ZIP Code Ashcroft for Senate P.O. Box 15577 706 Hart SOB Clayton, MO 63105	Purpose of Disbursement John Ashcroft, U.S. SENATE MO Disbursement for: Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Stupak for Congress PO Box 143 Menominee, MI 49858	Purpose of Disbursement Bart Stupak, U.S. HOUSE 1st MI Disbursement for: Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Purpose of Disbursement Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: Primary [X] General [ ] Other (specify) 2000	07/26/00	500.00
F. Full Name, Mailing Address and ZIP Code Dianne Feinstein for U.S. Sen. 909 Montgomery St., Ste. 404 SH-331 Hart Senate Ofc Bldg San Francisco, CA 94133	Purpose of Disbursement Dianne Feinstein, U.S. SENATE CA Disbursement for: Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Becerra for Congress 1824 Sunset, Ste. A Los Angeles, CA 90026	Purpose of Disbursement Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Dan Miller 1111 3rd Ave., West, Ste. 100 510 Cannon House Ofc Bldg Bradenton, FL 34205-7801	Purpose of Disbursement Dan Miller, U.S. HOUSE 13th FL Disbursement for: Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Nebraskan for Nelson 2912 South 84th Street Suite B Omaha, NE 68124	Purpose of Disbursement Ben Nelson, NE Disbursement for: Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)	7,500.00
TOTAL This Period (last page this line number only)	

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-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. 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	07/26/00	1,000.00
B. Blue Dog PAC P.O. Box 7668 Washington, DC 20044	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	07/26/00	1,000.00
C. Bonior for Congress Suite 305, 59 No. Walnut 2207 Rayburn House Ofc Bldg Mount Clemens, MI 48043	Purpose of Disbursement David Bonior, U.S. HOUSE 10th MI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00
D. Doyle for Congress P.O. Box 17426 1218 Longworth HOB Pittsburgh, PA 15235	Purpose of Disbursement Mike Doyle, U.S. HOUSE 18th PA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00
E. Rangel for Congress Committee 74 West 132nd St 2252 Rayburn House Ofc Bldg New York, NY 10037	Purpose of Disbursement Charles Rangel, U.S. HOUSE 15th NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00
F. Jim Ramstad Volunteer Cmte. 8120 Penn Ave., S., # 156-A 322 Cannon House Ofc Bldg Bloomington, MN 55431	Purpose of Disbursement Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00
G. Hall For Congress Committee Post Office Box 711 Rockwall, TX 75087	Purpose of Disbursement Ralph Hall, U.S. HOUSE 4th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00
H. Langervin for Congress 76 Dorrance Street Providence, RI 02903	Purpose of Disbursement Langervin , U.S. HOUSE RI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/26/00	250.00
I. Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Purpose of Disbursement Sander Levin, U.S. HOUSE 12th MI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/26/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 8,250.00

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

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. Future Leaders PAC CA	Jerry Lewis Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 2000	07/26/00	5,000.00
B. Schiff for Congress 38 Ivy Street SE Washington, DC 20003	Schiff, U.S. HOUSE 27th CA Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	07/26/00	1,000.00
C. Franks for Senate 219 South St. New Providence, NJ 7974	Bob Franks, U.S. SENATE NJ Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	07/26/00	1,000.00
D. Pallone for Congress 473 Broadway PO Box 3176 Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	07/26/00	1,000.00
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) 8,000.00

TOTAL This Period (last page this line number only) 21,250.00

4-00179

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.

[X]	Hand Delivered	Date of Receipt 10/20/00
[ ]	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

10/20/00
DATE PREPARED

(6/2000)