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
201 L Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

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

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☒ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ [Type of Election]
election on _____ in the State of _____

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

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 06/01/00 through 06/30/00		
6. (a) Cash on Hand January 1, 2000		$ 106,333.90
(b) Cash on Hand at Beginning of Reporting Period	$ 63,993.22	
(c) Total Receipts (from Line 19)	$ 28,004.33	$ 190,445.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 91,997.55	$ 296,779.16
7. Total Disbursements (from Line 30)	$ 37,657.09	$ 242,438.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 54,340.46	$ 54,340.46
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 9/93)

6-00173

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: 06/01/00 TO: 06/30/00

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	24,546.24	156,605.20	11(a)(i)
ii. Unitemized	3,239.49	23,042.65	11(a)(ii)
iii. Total (add i and ii) ➤	27,885.73	179,647.85	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) ➤	27,885.73	184,647.85	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	0.00	5,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	118.60	797.41	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) ➤	28,004.33	190,445.26	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	28,004.33	190,445.26	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	657.09	3,275.20	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	657.09	3,275.20	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	37,000.00	239,163.50	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) ➤	37,657.09	242,438.70	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	37,657.09	242,438.70	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	27,885.73	184,647.85	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	27,885.73	184,647.85	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	657.09	3,275.20	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	657.09	3,275.20	37

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 10

FOR LINE NUMBER 11 31

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. Thomas Reddy 8847 Long PO Box 14884 Lenexa, KS 66285-4884 Receipt For: Primary General Other (specify):	Vintage Park Inc. President Aggregate Year-to-Date $ 1,000.00	06/05/00	1,000.00
B. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Director, Assisted Living Aggregate Year-to-Date $ 275.00	06/05/00	25.00
C. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 846.23	06/05/00	76.93
D. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Vice President, Administration Aggregate Year-to-Date $ 418.00	06/05/00	38.00
E. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 456.50	06/05/00	41.50
F. Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Senior Director Aggregate Year-to-Date $ 366.74	06/05/00	33.34
G. Paul Willging 10366 Crossbeam Ct Columbia, MD 21044 Receipt For: Primary General Other (specify):	Consultant Occupation Aggregate Year-to-Date $ 2,115.41	06/05/00	192.31

SUBTOTAL of Receipts This Page (optional) 1,407.08

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 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. Richard Rau 3939 S. 92nd St. Greenfield, WI 53228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clement Manor Health Center CEO Aggregate Year-to-Date $ 250.00	06/06/00	125.00
B. Roch Carter 111 W Michigan St Milwaukee, WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unicare Health Facilities General Counsel Aggregate Year-to-Date $ 250.00	06/06/00	125.00
C. Patrick T Kriner 5228 Merger Drive Holland, OH 43528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Woodside Management Group President Aggregate Year-to-Date $ 500.00	05/07/00	250.00
D. Mark Emerson Reagan 930 Idyleberry Road San Rafael, CA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Administrator Aggregate Year-to-Date $ 350.00	06/09/00	100.00
E. Stephen Reissman 4551 Glencoe Ave, 3rd Flr. Marina Del Ray, CA 90292 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Villa Health Services President/CEO Aggregate Year-to-Date $ 225.00	06/09/00	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 $ 500.00	06/09/00	150.00
G. Mary Baker 108 Starr Ave. PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Bel-Air Lodge Occupation Administrator Aggregate Year-to-Date $ 2,500.00	06/09/00	100.00

SUBTOTAL of Receipts This Page (optional) 950.00

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

4-00179

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. Peggy Goldstein 2201 K Street Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CA Assn. of Health Facilities Occupation: Vice President Aggregate Year-to-Date > $ 300.00	06/09/00	100.00
B. Earl Carlson 236 Metro Dr Jefferson City, MO 65109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Missouri Health Care Assn Occupation: Executive Director Aggregate Year-to-Date > $ 250.00	06/13/00	250.00
C. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Marion Manor Nursing Hm Inc Occupation: Administrator Aggregate Year-to-Date > $ 500.00	06/14/00	250.00
D. Floyd Schlossberg 4200 Peterson #140 Chicago, IL 60645 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Alden Management Inc Occupation: President Aggregate Year-to-Date > $ 2,500.00	06/16/00	1,250.00
E. Daniel Mosca 4221 Highway 150 East PO Box 415 Browns Summit, NC 27214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AdvoCare Companies Occupation: President & CEO Aggregate Year-to-Date > $ 3,000.00	06/19/00	3,000.00
F. 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 > $ 600.00	06/20/00	100.00
G. Kenneth Burgess 630 Grand View Avenue #304 San Francisco, CA 94114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Long Term Care Attorney Occupation: Attorney Aggregate Year-to-Date > $ 325.00	06/20/00	75.00

SUBTOTAL of Receipts This Page (optional) 5,025.00

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

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 a

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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. Paul Willging 10366 Crossbeam Ct Columbia, MD 21044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Consultant Occupation Aggregate Year-to-Date $ 2,365.41	06/20/00	250.00
B. Robert Lohr 311 Castle Shannon Blvd Pittsburgh, PA 15234 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pendot Enterprises, Inc. President Aggregate Year-to-Date $ 3,750.00	06/20/00	1,250.00
C. Thomas Reddy 8847 Long PO Box 14884 Lenexa, KS 66285-4884 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vintage Park Inc. President Aggregate Year-to-Date $ 1,500.00	06/20/00	500.00
D. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 923.16	06/22/00	76.93
E. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Vice President, Administration Aggregate Year-to-Date $ 456.00	06/22/00	38.00
F. John Schaeffler PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date $ 498.00	06/22/00	41.50
G. Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Senior Director Aggregate Year-to-Date $ 400.08	06/22/00	33.34

SUBTOTAL of Receipts This Page (optional) 2,189.77

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

4-00178

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Paul Willging 10366 Crossbeam Ct Columbia, MD 21044 Receipt For: Primary General Other (specify):	Consultant Occupation: Aggregate Year-to-Date > $ 2,557.72	06/22/00	192.31
B. David Kyllo 1201 L Street NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: Director, Assisted Living Aggregate Year-to-Date > $ 300.00	06/22/00	25.00
C. Alfred Santos 57 Kilvert Street Suite 200 Warwick, RI 02886 Receipt For: Primary General Other (specify):	Rhode Island Healthcare Assn Occupation: Executive Director Aggregate Year-to-Date > $ 225.00	06/26/00	150.00
D. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: Primary General Other (specify):	Vista Pacifica Enterprises Occupation: Comm. Relations Coordinator Aggregate Year-to-Date > $ 3,750.00	06/26/00	1,250.00
E. Jack Friedman 142-27 Franklin Avenue Flushing, NY 11355 Receipt For: Primary General Other (specify):	Franklin Nursing Home Occupation: Aggregate Year-to-Date > $ 750.00	06/26/00	250.00
F. James R. Westbury 922 McDonough Rd Jackson, GA 30233 Receipt For: Primary General Other (specify):	Westbury Medical Care Home Inc Occupation: Administrator Aggregate Year-to-Date > $ 1,600.00	06/26/00	500.00
G. 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 > $ 375.00	06/26/00	125.00

SUBTOTAL of Receipts This Page (optional) 2,492.31

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

4-00173

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. Gregory Chambery 100 Daniel Dr Webster, NY 14580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maplewood Nursing Home Inc Occupation: Administrator Aggregate Year-to-Date > $ 225.00	06/26/00	75.00
B. Melvin Harris 426 N Washington Marksville, LA 71351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Manor Occupation: Owner Aggregate Year-to-Date > $ 225.00	06/26/00	75.00
C. Martha Carole White 114 Marketridge Dr Ridgeland, MS 39157 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Health Care Assn Occupation: Executive Director Aggregate Year-to-Date > $ 375.00	06/26/00	125.00
D. Robert M. Chur 7 Limestone Drive Williamsville, NY 14221-7699 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elderwood Affiliates Inc Occupation: President Aggregate Year-to-Date > $ 3,750.00	06/26/00	1,250.00
E. Alice Kim Lew 58-130 Kam Hwy Haleiwa, HI 96712 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crawford's Convalescent Home Occupation: Administrator Aggregate Year-to-Date > $ 1,100.00	06/27/00	100.00
F. Terry Mace 609 Highline Dr East Wenatchee, WA 98802 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highline Conv Center Occupation: Administrator Aggregate Year-to-Date > $ 1,000.00	06/27/00	1,000.00
G. Michael Morton 100-B Garrison Ave Ft Smith, AR 72901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Arkansas Nursing Ctre Occupation: Owner Aggregate Year-to-Date > $ 3,750.00	06/27/00	1,250.00

SUBTOTAL of Receipts This Page (optional) 3,875.00

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 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. Steven Brant 101 S Belt W Belleville, IL 62220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Four Fountains Conv Ctr Occupation: Administrator Aggregate Year-to-Date > $ 250.00	06/27/00	125.00
B. Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Rehab Ctr Occupation: Executive Director Aggregate Year-to-Date > $ 3,750.00	06/27/00	1,250.00
C. Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Occupation: Executive Director Aggregate Year-to-Date > $ 3,750.00	06/27/00	1,250.00
D. 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 > $ 400.00	06/28/00	100.00
E. Thomas G Rau 28349 Joy Road Westland, MI 48116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Four Chaplains Conv Center Occupation: Owner Aggregate Year-to-Date > $ 226.00	06/28/00	100.00
F. William Kempiners 1029 S 4th St Springfield, IL 62703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Health Care Assn Occupation: Executive Director Aggregate Year-to-Date > $ 750.00	06/28/00	250.00
G. Delbert Ousley 300 Provider Court Richmond, KY 40475 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PMD Corporation Occupation: President Aggregate Year-to-Date > $ 250.00	06/28/00	250.00

SUBTOTAL of Receipts This Page (optional) 3,325.00

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

4-80178

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 & 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. W. Haywood 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 $ 3,750.00	06/28/00	1,250.00
B. Louis Serra 2526 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Weirton Convalescent Home Owner/Administrator Aggregate Year-to-Date $ 1,500.00	06/28/00	500.00
C. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	AHCA Lobbyist Aggregate Year-to-Date $ 1,000.09	06/29/00	76.93
D. David Kylio 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	AHCA Director, Assisted Living Aggregate Year-to-Date $ 325.00	06/29/00	25.00
E. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	AHCA Vice President, Administration Aggregate Year-to-Date $ 494.00	06/29/00	38.00
F. John Schaeffer PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	AHCA Lobbyist Aggregate Year-to-Date $ 539.50	06/29/00	41.50
G. Jennifer Souza 1201 L Street NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	AHCA Senior Director Aggregate Year-to-Date $ 433.42	06/29/00	33.34

SUBTOTAL of Receipts This Page (optional) 1,964.77

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. Paul Willging 10366 Crossbeam Ct Columbia, MD 21044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Consultant Aggregate Year-to-Date > $ 2,750.03	06/29/00	192.31
B. Steven Wolf 2620 West Blvd. Belleville, IL 62221-7208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare Inc President Aggregate Year-to-Date > $ 1,500.00	06/29/00	500.00
C. Robert Scherdel 70 North Country Road Port Jefferson, NY 11777 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sunrast Health Facilities Inc. Administrator Aggregate Year-to-Date > $ 225.00	06/29/00	75.00
D. Darrell R. Cammack 1300 Windlass Dr Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ivy Hall Geriatric Ctr Owner, CEO Aggregate Year-to-Date > $ 3,750.00	06/30/00	1,250.00
E. Joan White 932 Ward Avenue Ste 430 Honolulu, HI 96814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Assoc of Hawaii Vice President Aggregate Year-to-Date > $ 300.00	06/30/00	100.00
F. Reynaldo Lapid 1931 Lakewood Rd Toms River, NJ 08755 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Green Acres Manor Owner Aggregate Year-to-Date > $ 375.00	06/30/00	125.00
G. Stephen L. Spaugh 11572 Fall Creek Rd. Indianapolis, IN 46256 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spaugh & Co President Aggregate Year-to-Date > $ 375.00	06/30/00	125.00

SUBTOTAL of Receipts This Page (optional) ..... > 2,367.31

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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. Gail Clarkson 84500 Van Dyke Washington, MI 48095 Receipt For: Primary General Other (specify):	The Medlodge Group Occupation: Vice President Aggregate Year-to-Date $ 750.00	06/30/00	250.00
B. Tamela L. Supchak 2856 East Cheyenne Ave. North Las Vegas, NV 89030 Receipt For: Primary General Other (specify):	Cheyenne Care Center Occupation: Administrator Aggregate Year-to-Date $ 300.00	06/30/00	300.00
C. Mike McDaniel 1611 West Lakes Pkwy. West Des Moines, IA 50266 Receipt For: Primary General Other (specify):	Care Initiatives Occupation: Senior Vice President Aggregate Year-to-Date $ 500.00	06/30/00	500.00
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)	1,050.00
TOTAL This Period (last page this line number only)	24,646.24

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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 17

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
4922 Fairmont Ave Bethesda, MD 20814	Occupation Rushmore	06/30/00	63.98
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 356.97		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
730 15th Street 2nd Floor Washington, DC 20005	Occupation	06/30/00	53.06
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 405.68		

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)	117.03
TOTAL This Period (last page this line number only)	117.03

4-001T3

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 / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington, DC 20005	Bank fees	06/22/00	264.67
B. 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
Bank of America Washington, DC 20005	Service fees	06/30/00	84.88
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
Bank of America Washington, DC 20005	AMEX Fees	06/30/00	53.73
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
Crestar Bank 123 dc, DC 20005	Bank Fees	06/30/00	258.80
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)	657.08
TOTAL This Period (last page this line number only)	657.09

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

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
Next Century Fund P.O. Box 2898 Washington, DC 20004	Voided Check Disbursement for: [ ] Primary [ ] General [X] Other (specify) 2000 Other	06/01/00	-5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Next Century Fund P.O. Box 2898 Washington, DC 20004	Burr, U.S. HOUSE NC Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/01/00	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marsh Folsom for Congress 401 Main Avenue NW Cullman, AL 35055	Folsom, U.S. HOUSE 4th AL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/05/00	2,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Patrick Kennedy P.O. Box 1356 1505 Longworth HOB Providence, RI 02901	Patrick Kennedy, U.S. HOUSE 1st RI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/09/00	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Ed Towns to Congress 821 Stuyvesant Avenue Brooklyn, NY 11233	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/09/00	-500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vic Snyder for Congress Committee 100 Morgan Kegan Drive Suite 410 Little Rock, AR 72202	Vic Snyder, U.S. HOUSE 2nd AR Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/09/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Ross P.O. Box 374 Prescott, AR 71857	Ross, U.S. HOUSE AR Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/09/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roy Blunt 2740-B East Sunshine Street Springfield, MO 65804	Roy Blunt, U.S. HOUSE 7th MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/14/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Ed Towns to Congress 821 Stuyvesant Avenue Brooklyn, NY 11233	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/15/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,500.00

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Rogers for Congress 1321 E. Michigan Avenue Lansing, MI 48912	Rogers , U.S. HOUSE 8th MI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Byrum for Congress PO Box 26191 Lansing, MI 48909	Byrum , U.S. HOUSE 8th MI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
People with Hart P.O. Box 1940 Erie, PA 16507	Hart , U.S. HOUSE PA 04 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Cmte. to Reelect Chris Smith 217 Hancock Ave. 2353 Rayburn House Ofc Bldg Bridgewater, NJ 08807	Christopher Smith, U.S. HOUSE 4th NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
John Shimkus PO Box 5458 Springfield, IL 62705	John Shimkus, U.S. HOUSE IL 20 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Walter Jones 102 Gregg Street 214 Cannon House Office Bldg Farmville, NC 27828	Walter Jones, U.S. HOUSE 3rd NC Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Mikulski for Senate PO Box 13147 SH-709 Hart Senate Ofc Bldg Baltimore, MD 21203	Barbara Mikulski, U.S. SENATE MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2004	06/20/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff Bingaman for US Senate PO 2048 SH-110 Hart Senate Ofc Bldg Albuquerque, NM 87103	Jeff Bingaman, U.S. SENATE NM Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Pickering for Congress 661 Highway 51 North Suite 2C Ridgeland, MS 39157	Chip Pickering, U.S. HOUSE MS 03 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 8,500.00

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 / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Sander Levin, U.S. HOUSE 12th MI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	1,000.00
B. Tim Johnson for Senate 420 C Street NE Lower Level Washington, DC 20002	Tim Johnson, U.S. HOUSE AL SD Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	1,000.00
C. Doug Ose for Congress 4013 Park Road Sacramento, CA 95841	Doug Ose, U.S. HOUSE CA 03 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	1,000.00
D. Christopher Cox Congressional Committee PO Box 8088-C Newport Beach, CA 92658	Christopher Cox, U.S. HOUSE 47th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	1,000.00
E. Peter Deutsch for Congress P.O. Box 26778 Tamarac, FL 33320	Peter Deutsch, U.S. HOUSE 20th FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	1,000.00
F. Nelson for Senate 110-B East Broad Street Falls Church, FL 22046	Nelson , U.S. SENATE FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	1,000.00
G. Reynolds for Congress PO Box 479 Victor, NY 14564	Tom Reynolds, U.S. HOUSE 27th NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	1,000.00
H. Vito Fossella for Congress 1501 Lee Highway Suite 201 Arlington, VA 22209	Fossella , U.S. HOUSE NY 13 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/20/00	1,000.00
I. Democratic National Committee 1625 Massachusetts Ave, NW Washington, DC 20036	2000 Payment Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	06/20/00	5,000.00

SUBTOTAL of Disbursements This Page (optional) 13,000.00

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
Martin Frost Campaign Cmte. P.O. Box 4219 2459 Rayburn House Ofc Bldg Dallas, TX 75208	Re-Designated funds for trans. dated Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/26/00	1,000.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Hoyer for Congress Committee 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Purpose of Disbursement Steny Hoyer, U.S. HOUSE 5th MD Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 06/26/00	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Ashcroft for Senate P.O. Box 15677 705 Hart SOB Clayton, MO 63105	Purpose of Disbursement Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 06/28/00	Amount of Each Disbursement This Period -1,000.00
D. Full Name, Mailing Address and ZIP Code Ashcroft for Senate P.O. Box 15577 705 Hart SOB Clayton, MO 63105	Purpose of Disbursement John Ashcroft, U.S. SENATE MO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 06/28/00	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Tim Johnson for Senate 420 C Street NE Lower Level Washington, DC 20002	Purpose of Disbursement Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 06/29/00	Amount of Each Disbursement This Period -1,000.00
F. Full Name, Mailing Address and ZIP Code Tim Johnson for Senate 420 C Street NE Lower Level Washington, DC 20002	Purpose of Disbursement Tim Johnson, U.S. SENATE SD Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 06/29/00	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Searchlight Leadership Fund 203 C Street NE Washington, DC 20002	Purpose of Disbursement Jack Reid PAC Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/30/00	Amount of Each Disbursement This Period 5,000.00
H. Full Name, Mailing Address and ZIP Code Nelson for Senate 110-B East Broad Street Falls Church, FL 22046	Purpose of Disbursement Nelson , U.S. SENATE FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 06/30/00	Amount of Each Disbursement This Period 2,000.00
I. Full Name, Mailing Address and ZIP Code Stabenow for Senate PO Box 4945 East Lansing, MI 48826	Purpose of Disbursement Debbie Stabenow, U.S. SENATE MI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 06/30/00	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional) 9,000.00

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

4-09175

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
Jeff Bingaman for US Senate PO 2048 SH-110 Hart Senate Ofc Bldg Albuquerque, NM 87103	Jeff Bingaman, U.S. SENATE NM Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	08/30/00	2,000.00
B. 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
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	37,000.00

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 10/20/00
☐	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)