REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 19 2 33 PM '97

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-000-6080

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

4. TYPE OF REPORT

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

Monthly Report Due On:

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11-01-1997 through 11-30-1997		
6. (a) Cash on Hand January 1, 19 97		$ 73,064.62
(b) Cash on Hand at Beginning of Reporting Period	$ 90,085.10	
(c) Total Receipts (from Line 19)	$ 60,639.90	$ 378,736.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 150,725.00	$ 451,801.19
7. Total Disbursements (from Line 30)	$ 16,855.18	$ 317,931.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 133,869.82	$ 133,869.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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 PAUL WILLSING

Signature of Treasurer [signature]

Date 12-19-97

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)

FE6AN135

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE - AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 11-1-97 TO: 11-30-97

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A)	53,911.00	312,489.70	11(a)(ii)
ii. Unitemized	6392.50	63,964.26	11(a)(iii)
iii. Total (add i and ii) ➤	60,303.50	376,453.96	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a iii, b and c) ➤	60,303.50	376,453.96	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)	336.40	2282.61	18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	60,639.90	378,736.57	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤	60,639.90	378,736.57	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share	1355.18	6283.37	21(b)
b. Other Federal Operating Expenditures	1355.18	6283.37	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees	15,500.00	311,648.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	16.		26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤			29
29. Other Disbursements	16,855.18	317,931.37	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16,855.18	317,931.37	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (in Full)
American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Bank P.O. Box 85024 Richmond, VA 23285	INTEREST RECEIPTS	11-30-97	336.40
Receipt For: ☐ Primary ☐ General ☒ Other (specify): INTEREST RECEIPTS	Aggregate Year-to-Date—$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
SUBTOTAL of Receipts This Page (optional)			336.40
TOTAL This Period (last page this line number only)			336.40

SCHEDULE A

ITEMIZED RECEIPTS

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. 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—$ 1,125.00	11/13/97	25.00
B. D.E. Gamble PO Box 52389 Shreveport, LA 71135 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gamble Guest Care Center Occupation: President Aggregate Year-to-Date—$ 775.00	11/13/97	200.00
C. Jan Zierke 118 East Main Street Pierce, NE 68767 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Occupation: Administrator Aggregate Year-to-Date—$ 200.00	11/18/97	100.00
D. Patricia Cullen 2850 Metro Dr #200 Minneapolis, MN 55425 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Providers of Minnesota Occupation: Dir Public Affairs Aggregate Year-to-Date—$ 200.00	11/13/97	100.00
E. Linda DeRuvo Keegan Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: VP PR & Prof Svcs Aggregate Year-to-Date—$ 1,100.00	11/18/97	100.00
F. Gary Kreidt 100 Elm Ave New Salem, ND 58563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elm Crest Manor Occupation: Administrator Aggregate Year-to-Date—$ 275.00	11/18/97	175.00
G. Sandra Higgins PO Box 743 Madisonville, KY 42431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Senior Citizens Nrsg Home Occupation: Owner/Administrator Aggregate Year-to-Date—$ 200.00	11/13/97	100.00
SUBTOTAL of Receipts This Page (optional)			800.00
TOTAL This Period (last page this line number only)			

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dale Thompson 1995 E Rum River Dr S Cambridge, MN 55008	Health Dimensions		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$ 2,100.00	11/24/97	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David E Meillier PO Box 446 Faribault, MN 55021	Pleasant Manor Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date—$ 1,950.00	11/13/97	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Chies 9920 Zilla St NW Coon Rapids, MN 55433	Care Paradiagm Management		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date—$ 2,025.00	11/18/97	925.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Rick Carter 2850 Metro Dr #200 Bloomington, MN 55425	Providers of Minnesota		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Exec Dir Aggregate Year-to-Date—$ 2,100.00	11/18/97	2,100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Benno W Salewski 501 Woodlane Dr #300 Little Rock, AR 72201	Arkansas Health Care Assn		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Director Aggregate Year-to-Date—$ 900.00	11/26/97	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Loren Jay Colman 5801 Duluth Street, No. 360 Golden Valley, MN 55422	Unicare Health Facilities		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Regional Director Aggregate Year-to-Date—$ 200.00	11/18/97	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Paul Maggio 25 Schoenfeld Blvd Patchogue, NY 11772	Patchogue Nursing Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$ 550.00	11/18/97	100.00
SUBTOTAL of Receipts This Page (optional)			3,525.00
TOTAL This Period (last page this line number only)			

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A. L Bruce Levering 1076 Coshocton Rd Mt Vernon, OH 43050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Court Limited Occupation: Admin Aggregate Year-to-Date—$ 500.00	11/13/97	500.00
B. William Levering 4 New Market Dr Delaware, OH 43015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delaware Court Health Care Ctr Occupation: Administrator Aggregate Year-to-Date—$ 1,150.00	11/18/97	750.00
C. Douglas Pendergrass 3445 Executive Center Dr #250 Austin, TX 78731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Convalescent Enterprises Occupation: Owner Aggregate Year-to-Date—$ 1,270.00	11/18/97	850.00
D. Charles Gonzales 6001 Indian School Rd NE Albuquerque, NM 87110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horizon Healthcare Corp Occupation: Aggregate Year-to-Date—$ 200.00	11/13/97	200.00
E. Wanda Preisler 250 Lawrence Ave Park Falls, WI 54552 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Manor Occupation: Admin Aggregate Year-to-Date—$ 300.00	11/13/97	200.00
F. Bill Phelan PO Box 1459 Tallahassee, FL 32302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Florida Health Care Assn Occupation: Exec Dir Aggregate Year-to-Date—$ 1,100.00	11/18/97	100.00
G. Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beaumont Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 500.00	11/03/97	125.00
SUBTOTAL of Receipts This Page (optional)			2,725.00
TOTAL This Period (last page this line number only)			

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A. Nolan Brown 101 S State St PO Box 969 Yadkinville, NC 27055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Triad Medical Services President Aggregate Year-to-Date—$ 750.00	11/03/97	750.00
B. James Judy 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kentucky Assn of Hlth Care Fac Exec VP Aggregate Year-to-Date—$ 850.00	11/18/97	100.00
C. William Biggs 4605 Belton Highway Anderson, SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richard Campbell Veterans Home Administrator Aggregate Year-to-Date—$ 1,340.00	11/07/97	200.00
D. Peter Clendenin 1321 Duke Street, #304 Alexandria, VA 22314 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nat'l Assn for Support of LTC Exec VP Aggregate Year-to-Date—$ 500.00	11/03/97	500.00
E. Martin Stott PO Box 948 Clinton, LA 70722 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grace Nursing Home President Aggregate Year-to-Date—$ 200.00	11/13/97	100.00
F. Finley Matthews 2421 E Texas Ave Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Owner/Administrator Aggregate Year-to-Date—$ 2,200.00	11/13/97	4,200.00
G. Finley Matthews 2421 E Texas Ave Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Owner/Administrator Aggregate Year-to-Date—$ 2,200.00	11/13/97	2,000.00-
SUBTOTAL of Receipts This Page (optional)			3,850.00
TOTAL This Period (last page this line number only)			

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A. Patricia Snyder 421 S 9th St #137 Lincoln,NE 68508 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nebraska Health Care Assn Executive Director Aggregate Year-to-Date—$ 500.00	11/07/97	350.00
B. Gail Clarkson 64500 Van Dyke Washington,MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Medilodge Group Vice President Aggregate Year-to-Date—$ 1,025.00	11/18/97	175.00
C. Lee Guyton PO Box 68 Altoona,AL 35952 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guyton Company Inc President Aggregate Year-to-Date—$ 1,000.00	11/13/97	1,000.00
D. John Vivenzio 303 East River Road Oswego,NY 13126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pontiac Nursing Home Administrator Aggregate Year-to-Date—$ 325.00	11/18/97	100.00
E. Robert Decker 1564 Commercial Street, SE Salem,OR 97302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westcare Management President Aggregate Year-to-Date—$ 650.00	11/18/97	550.00
F. Myrna Lee 55 Green Meadows Dr S Westerville,OH 43081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ohio Health Care Association Executive Ass't Aggregate Year-to-Date—$ 200.00	11/18/97	100.00
G. Jerry Tretwold Box 829 200 River Plaza Brewster,WA 98812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harmony House Owner Aggregate Year-to-Date—$ 1,000.00	11/10/97	250.00
SUBTOTAL of Receipts This Page (optional)			2,525.00
TOTAL This Period (last page this line number only)			

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A. Elton Beebe PO Box 6015 Ridgeland, MS 39158 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Management President Aggregate Year-to-Date—$ 2,400.00	Corp 11/04/97	500.00
B. Elton Beebe PO Box 6015 Ridgeland, MS 39158 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Management President Aggregate Year-to-Date—$ 2,400.00	Corp 11/13/97	200.00
C. John K Smith PO Box 311 Commerce, TX 75429 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Smith Investments Owner Aggregate Year-to-Date—$ 745.00	11/18/97	200.00
D. Robert Lawson 2 Mill Road, Suite 200 Wilmington, DE 19806 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delaware Health Care Fac Assn State Executive Aggregate Year-to-Date—$ 350.00	11/13/97	250.00
E. Blaine Hendrickson 500 N State College Blvd #950 Orange, CA 92868 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sun Mar Management Services President Aggregate Year-to-Date—$ 2,345.00	11/18/97	175.00
F. Joy May 2000 Domanik Dr Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln Lutheran Of Racine Admin Aggregate Year-to-Date—$ 500.00	11/06/97	125.00
G. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Conv Home Inc Admin Aggregate Year-to-Date—$ 600.00	11/06/97	100.00
SUBTOTAL of Receipts This Page (optional)			1,550.00
TOTAL This Period (last page this line number only)			

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A. R Peter Madel 10B 8th St NW Waseca, MN 56093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Shore Inn Nursing Home Occupation: Admin Aggregate Year-to-Date-$ 500.00	11/10/97	125.00
B. David Banks PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beverly Enterprises Occupation: Chairman/President Aggregate Year-to-Date-$ 1,000.00	11/03/97	250.00
C. John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: White Oak Manor Occupation: Executive VP/CFO Aggregate Year-to-Date-$ 1,470.00	11/13/97	100.00
D. John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: White Oak Manor Occupation: Executive VP/CFO Aggregate Year-to-Date-$ 1,470.00	11/13/97	200.00
E. Warren Wolfson 23200 Chagrin Blvd #BL4-500 Cleveland, OH 44122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Care Services Association Occupation: Admin Aggregate Year-to-Date-$ 300.00	11/03/97	75.00
F. John Vinson 1313 Saint Anthony Pl, Fl 5E Louisville, KY 40222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vencor Occupation: Regional VP Aggregate Year-to-Date-$ 1,200.00	11/06/97	100.00
G. Jean Wells 725 Harvard Drive Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wells Health Systems Occupation: Owner Aggregate Year-to-Date-$ 2,220.00	11/06/97	200.00
SUBTOTAL of Receipts This Page (optional)			1,050.00
TOTAL This Period (last page this line number only)			

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. George Couch 225 Russell Ave New Martinsville, WV 26155 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Martinsville Health Care Owner/Administrator Aggregate Year-to-Date—$ 400.00	11/13/97	100.00
B. George Couch 225 Russell Ave New Martinsville, WV 26155 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Martinsville Health Care Owner/Administrator Aggregate Year-to-Date—$ 400.00	11/13/97	300.00
C. Thomas Boling 4900 Eagle St Anchorange, AK 99503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Our Lady of Compassion Admin Aggregate Year-to-Date—$ 850.00	11/18/97	750.00
D. Robert Keon 243 Atlantic Ave PO Box 537 Lynbrook, NY 11563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Rockaway Nursing Home Admin Aggregate Year-to-Date—$ 2,100.00	11/18/97	100.00
E. Larry Bradley PO Box 709 Durham, CA 95938 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Integrated Health Services, Inc Admin Aggregate Year-to-Date—$ 600.00	11/18/97	100.00
F. Delbert Ousley PO Box 829 Richmond, KY 40476 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PMD Corporation President Aggregate Year-to-Date—$ 1,295.00	11/18/97	175.00
G. Delbert Ousley PO Box 829 Richmond, KY 40476 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PMD Corporation President Aggregate Year-to-Date—$ 1,295.00	11/18/97	100.00
SUBTOTAL of Receipts This Page (optional)			1,625.00
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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
Joseph Martin 105 Dunning Rd Middletown, NY 10940 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Middletown Park Manor Occupation: Administrator Aggregate Year-to-Date—$ 400.00	11/24/97	100.00
Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Occupation: Proprietor Aggregate Year-to-Date—$ 1,100.00	11/24/97	100.00
Joseph Warner PO Box 3189 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprises Occupation: President Aggregate Year-to-Date—$ 1,370.00	11/07/97	100.00
Joseph Warner PO Box 3189 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprises Occupation: President Aggregate Year-to-Date—$ 1,370.00	11/18/97	100.00
Frank Wronski 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Group Occupation: Admin Aggregate Year-to-Date—$ 1,475.00	11/18/97	375.00
Lee Morey 2015 Prospect St Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln Lutheran Occupation: Admin Aggregate Year-to-Date—$ 200.00	11/18/97	200.00
Jim Klausman 3715 SW 29th Street, No. 200 Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Services Occupation: Owner-Adm Aggregate Year-to-Date—$ 1,025.00	11/18/97	525.00
SUBTOTAL of Receipts This Page (optional)			1,500.00
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Name of Committee (in Full): American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John K. Gresham 431 S Washington Ave Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: RETIRED Occupation: Aggregate Year-to-Date—$ 600.00	11/06/97	250.00
B. Jack Easterday 512 Westline Dr #201 Alameda, CA 94501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Rounseville Care Center Occupation: Owner Aggregate Year-to-Date—$ 200.00	11/24/97	200.00
C. Terry Mundy 2633 W Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: English Oaks Convalescent Hosp Occupation: Administrator/Owner Aggregate Year-to-Date—$ 1,100.00	11/10/97	250.00
D. Terry Mundy 2633 W Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: English Oaks Convalescent Hosp Occupation: Administrator/Owner Aggregate Year-to-Date—$ 1,100.00	11/18/97	100.00
E. Roland & Sally Rapp 20654A Redwood Rd Castro Valley, CA 94546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Rapp Health Facilities Occupation: Admin Aggregate Year-to-Date—$ 3,590.00	11/18/97	750.00
F. Bradley Strong 6831 Chappel Road Madison, OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Inn Conneaut Health Center Occupation: Owner Aggregate Year-to-Date—$ 900.00	11/18/97	700.00
G. Dave Helmsin PO Box 537004 Sacramento, CA 95853 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: CAHF Occupation: Program Director Aggregate Year-to-Date—$ 225.00	11/14/97	75.00
SUBTOTAL of Receipts This Page (optional)			2,325.00
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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. Dandridge Walton PO Box 79 Frankfort, KY 40602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Attorney At Law Occupation: Attorney Aggregate Year-to-Date—$ 500.00	11/03/97	250.00
B. Henry Burch PO Box 23314 New Orleans, LA 70123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henry J Burch & Associates Occupation: Owner Aggregate Year-to-Date—$ 2,250.00	11/18/97	150.00
C. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Occupation: Exec Dir Aggregate Year-to-Date—$ 1,340.00	11/13/97	100.00
D. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Occupation: Exec Dir Aggregate Year-to-Date—$ 1,340.00	11/18/97	395.00
E. Thomas Moore 121 S Pinckney St, #500 Madison, WI 53703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wisconsin Health Care Assoc. Occupation: Exec Dir Aggregate Year-to-Date—$ 495.00	11/13/97	100.00
F. Thomas Moore 121 S Pinckney St, #500 Madison, WI 53703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wisconsin Health Care Assoc. Occupation: Exec Dir Aggregate Year-to-Date—$ 495.00	11/13/97	375.00
G. 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—$ 400.00	11/07/97	125.00
SUBTOTAL of Receipts This Page (optional)			1,495.00
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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
David Seckman PAYROLL DEDUCTION Washington, AH	AHCA		
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	VP Regulatory Aggregate Year-to-Date—$ 725.44	11/06/97	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mary Ousley 6001 Indian School Rd, NE, 530 Albuquerque, NM 87110	Horizon Healthcare Corporation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Corporate Director Aggregate Year-to-Date—$ 1,000.00	11/26/97	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stephen Spaugh 11572 Fall Creek Road Indianapolis, IN 46256.	Spaugh & Co		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Owner Aggregate Year-to-Date—$ 1,415.00	11/13/97	200.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stephen Spaugh 11572 Fall Creek Road Indianapolis, IN 46256	Spaugh & Co		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Owner Aggregate Year-to-Date—$ 1,415.00	11/18/97	75.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Phil Chase 1500 North View Dr Westlake Village, CA 91362			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Home Consul Aggregate Year-to-Date—$ 325.00	11/07/97	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Kensett Moyle III 55425 Santa Fe Tr Yucca Valley, CA 92284	Moyle's Health Care		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	President Aggregate Year-to-Date—$ 2,000.00	11/10/97	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Bruce Yarwood 200 P St #F31 Sacramento, CA 95814	Yarwood and Associates		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gov Rel Consultant Aggregate Year-to-Date—$ 2,110.00	11/06/97	500.00
SUBTOTAL of Receipts This Page (optional)			1,725.00
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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. 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—$ 2,110.00	11/18/97	100.00
B. Donna Caubarreaux PO Box 535 Marksville, LA 71351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Valley View Health Care Facili Occupation: Administrator/Owene Aggregate Year-to-Date—$ 500.00	11/13/97	500.00
C. John F Underwood 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KAHCF Occupation: Vice President Aggregate Year-to-Date—$ 725.00	11/06/97	100.00
D. John F Underwood 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KAHCF Occupation: Vice President Aggregate Year-to-Date—$ 725.00	11/18/97	300.00
E. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date—$ 410.00	11/18/97	65.00
F. LaDonna Ross 124 S Elm Pl Broken Arrow, OK 74012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Boulevard, Inc. Occupation: Nursing Home Consul Aggregate Year-to-Date—$ 2,000.00	11/06/97	2,000.00
G. Ana Raley 4601 Martin Luther King Ave SW Washington, DC 20032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hadley Hospital Skilled Unit Occupation: Administrator Aggregate Year-to-Date—$ 775.00	11/18/97	575.00
SUBTOTAL of Receipts This Page (optional)			3,640.00
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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. Betty Solomonson 8111 Tiswell Dr Alexandria, VA 22306 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mt Vernon Nursing Ctr Occupation: Administrator Aggregate Year-to-Date—$ 800.00	11/06/97	100.00
B. Betty Solomonson 8111 Tiswell Dr Alexandria, VA 22306 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mt Vernon Nursing Ctr Occupation: Administrator Aggregate Year-to-Date—$ 800.00	11/06/97	100.00
C. Helen Frampton 1405 7th St S Moorhead, MN 56560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eventide Lutheran Home Occupation: President Aggregate Year-to-Date—$ 225.00	11/13/97	25.00
D. Wilma Willard 9117 Cincinnati-Columbus Rd West Chester, OH 45069 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Chester Health Care Occupation: Owner Aggregate Year-to-Date—$ 300.00	11/18/97	100.00
E. William Abrams 2131 Rt 33, Lexington Square Trenton, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NJAHCF Occupation: Vice President Aggregate Year-to-Date—$ 550.00	11/05/97	75.00
F. William Abrams 2131 Rt 33, Lexington Square Trenton, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NJAHCF Occupation: Vice President Aggregate Year-to-Date—$ 550.00	11/18/97	250.00
G. Dennis Sherman 2237 Wyndbend Boulevard Powell, OH 43065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Laurel Health Care Corp Occupation: President Aggregate Year-to-Date—$ 2,000.00	11/13/97	2,000.00
SUBTOTAL of Receipts This Page (optional)			2,650.00
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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/Admin Aggregate Year-to-Date—$ 850.00	11/13/97	100.00
B. Lowell Feldman 2678 Kingsbridge Terr Bronx, NY 10463 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kings Terrace Occupation: Administrator Aggregate Year-to-Date—$ 250.00	11/18/97	250.00
C. Richard Matros 2742 Dow Ave Tustin, CA 92680 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Enterprises Occupation: President Aggregate Year-to-Date—$ 350.00	11/18/97	100.00
D. Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Occupation: Administrator Aggregate Year-to-Date—$ 600.00	11/18/97	100.00
E. Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Occupation: Administrator Aggregate Year-to-Date—$ 600.00	11/25/97	125.00
F. John Elliot 901 Quarrier St #306 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AMFM_Inc Occupation: CEO Aggregate Year-to-Date—$ 2,200.00	11/13/97	200.00
G. Terry Beyl One N Capitol #1115 Indianapolis, IN 46204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Indiana Health Care Assoc. Occupation: Executive Vice Pres Aggregate Year-to-Date—$ 600.00	11/18/97	100.00
SUBTOTAL of Receipts This Page (optional)			975.00
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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
Michael Godfrey 775 N 200 E Box 518 Brigham City, UT 84302	Godfrey's Foothill Retreat Administrator	11/18/97	180.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	530.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448	Gulf South Medical Ent President	11/24/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
June Peach PO Box 12957 Alexandria, LA 71315	TMC Inc	11/18/97	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	375.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Russ Peterson 650 W 21st St Fremont, NE 68025	Excel Management & Development Administrator	11/24/97	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	520.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701	Health Facilities Assn of MD Executive Director	11/13/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,200.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Lohr P.O. Box 10805 Pittsburgh, PA 15236	Jefferson Hills Manor Executive Director	11/07/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,320.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
George Mitchell 1301 Harrison St Bogalusa, LA 70423	Rest Haven Nursing Home Owner	11/18/97	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	650.00	
SUBTOTAL of Receipts This Page (optional)			1,855.00
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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
Francis Feltham 1200 Talisman Dr North Augusta, SC 29841	Fane Management Inc President	11/24/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gerald Romano 7 Creek Ln Bristol, RI 02809	Silver Creek Manor Administrator	11/18/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,460.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Eric Schaffer 12949 Alcosta Blvd #200 San Ramon, CA 94583	Schaffer Lab Owner/Admin	11/18/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 270.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Elizabeth Brunner 10911 N Port Washington Rd Mequon, WI 53092	Mequon Care Center Admin	11/18/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 465.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jana Hazelbaker 1496 Old Henderson Rd Columbus, OH 43221	Aegis Consulting Services President	11/18/97	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Harold & Debra Stewart PO Box 974 Apalachicola, FL 32329	Senior Care Properties President	11/03/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael McBride 2905 White Horse Rd Greenville, SC 29611	Health Management Resources President	11/18/97	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,395.00		

SUBTOTAL of Receipts This Page (optional) 2,525.00

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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
Lynette Goux PO Box 338 Mandeville, LA 70470	Pontchartrain Health Care Ctr		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner/Administrator	11/13/97	500.00
	Aggregate Year-to-Date—$	1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jody Knox 2017 Patricia Carlsbad, NM 88220			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		11/13/97	100.00
	Aggregate Year-to-Date—$	200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jody Knox 2017 Patricia Carlsbad, NM 88220			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		11/13/97	100.00
	Aggregate Year-to-Date—$	200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Renee Matthews 2421 E. Texas Ave. Alexandria, LA 71301	Naomi Heights Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ass't. Adminstrator	11/13/97	2,000.00
	Aggregate Year-to-Date—$	2,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Renee Matthews 2421 E. Texas Ave. Alexandria, LA 71301	Naomi Heights Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ass't. Adminstrator	11/18/97	300.00
	Aggregate Year-to-Date—$	2,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Mattson P.O. Box 2197 Corona, CA 91718	Independent Options, Inc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Dir	11/18/97	100.00
	Aggregate Year-to-Date—$	400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Anderson 2177 Youngman Ave., Ste. 200 St. Paul, MN 55116	Good Samaritan Society/Midwest		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP/Finance	11/18/97	250.00
	Aggregate Year-to-Date—$	560.00	

SUBTOTAL of Receipts This Page (optional)	3,350.00
TOTAL This Period (last page this line number only)	

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

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. Olive Allen 301 N. Hurstbourne Pkwy., #225 Louisville, KY 40222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillhaven Corp. Occupation Aggregate Year-to-Date—$ 200.00	11/13/97	100.00
B. Judy White 10430 Hwy. 2E Hartsville, TN 37074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$ 2,575.00	11/13/97	2,375.00
C. Solomon Goldner 13347 Ventura Blvd. Sherman Oaks, CA 91423 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Golden State Health Care Occupation: VP/CFO Aggregate Year-to-Date—$ 200.00	11/18/97	200.00
D. Kris Baldock 8028 Ritchie Hwy., Ste. 210B Pasadena, MD 21122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Future Care Health Mgmt. Occupation: President Aggregate Year-to-Date—$ 400.00	11/18/97	100.00
E. Jerry Wilson C-1, Fairway Villa Hammond, LA 70401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$ 300.00	11/18/97	200.00
F. Paul Guitreau PO Box 167 Ponchatoula, LA 70454 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Belle Maison Occupation: Administrator Aggregate Year-to-Date—$ 200.00	11/25/97	100.00
G. David Conaway 2318 Highland Avenue Parkersburg, WV 26101 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$ 325.00	11/18/97	325.00

SUBTOTAL of Receipts This Page (optional) 3,400.00

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

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
Steven Barfinkle 40 Warren Street Newton Centre, MA 02159 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PRISM CEO Aggregate Year-to-Date—$ 200.00	11/13/97	100.00
Debbie Buckner 4803 Whitefield Alexandria, LA 71303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 200.00	11/13/97	100.00
Kris Krentz 704 Hillside Drive Sheboygan, WI 53081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harbor Heights Occupation: Administrator Aggregate Year-to-Date—$ 475.00	11/13/97	100.00
Kris Krentz 704 Hillside Drive Sheboygan, WI 53081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harbor Heights Occupation: Administrator Aggregate Year-to-Date—$ 475.00	11/18/97	375.00
Jack Orlov 1130 Lake Cook Road, Suite 175 Buffalo Grove, IL 60089 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Postcare Occupation: Administrator Aggregate Year-to-Date—$ 715.00	11/18/97	400.00
Bob Wilson 1667 St. Paul Denver, CO 80206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Paul Health Center Occupation Aggregate Year-to-Date—$ 1,950.00	11/18/97	100.00
Joan White 932 Ward Avenue, Suite 430 Honolulu, HI 96814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Assoc. of Hawaii Occupation: Executive VP Aggregate Year-to-Date—$ 400.00	11/18/97	100.00
SUBTOTAL of Receipts This Page (optional)			1,275.00
TOTAL This Period (last page this line number only)			

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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 Simpson 2000 Wesleyan Boulevard Rapid City, SD 57702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wesleyan Health Care Ctr Exec Director Aggregate Year-to-Date—$ 250.00	11/17/97	50.00
B. Joan Gallegos 1319 South Emigration Street Salt Lake City, UT 84100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Utah Health Care Assn State Executive Aggregate Year-to-Date—$ 975.00	11/18/97	375.00
C. Phil McLaughlin 425 West Capitol, Suite 3300 Little Rock, AR 72201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moore, Stephens, Frost Director Aggregate Year-to-Date—$ 720.00	11/18/97	100.00
D. Cam Cecil , SC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 200.00	11/13/97	200.00
E. Thomas Zwicker 2115 East Woodstock Place Milwaukee, WI 53202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lakewood Health & Rehab Administrator Aggregate Year-to-Date—$ 400.00	11/18/97	100.00
F. Tim Blythe 7 Minnesota Street Edwardsville, IL 62025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Springwood Association Administrator Aggregate Year-to-Date—$ 300.00	11/13/97	125.00
G. Robert Dawson 8 Bonnie Banks Ways San Rafael, CA 94901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 200.00	11/18/97	100.00
SUBTOTAL of Receipts This Page (optional)			1,250.00
TOTAL This Period (last page this line number only)			

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. Laraine Derr 319 Seward, #11 Juneau, AK 99801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	11/13/97	100.00
	Aggregate Year-to-Date—$	385.00	
B. Laraine Derr 319 Seward, #11 Juneau, AK 99801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	11/18/97	85.00
	Aggregate Year-to-Date—$	385.00	
C. Ann W Williams 1201 L Street NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Director IRC	11/06/97	200.00
	Aggregate Year-to-Date—$	300.00	
D. Phillip Dunbar 1995 E Rum River Drive Cambridge, MN 55005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	11/18/97	100.00
	Aggregate Year-to-Date—$	270.00	
E. Robert Coll 3005 Westfair Cove Louisville, KY 40241 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Statewide Health Services Occupation: VP	11/06/97	100.00
	Aggregate Year-to-Date—$	300.00	
F. Ernie Corrigan PO Box 427 Newton, MA 02164 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Corrigan Communications Occupation: Media Consultant	11/13/97	100.00
	Aggregate Year-to-Date—$	200.00	
G. Thomas Hill 612 E Barton Ave Greenwood, MS 38930 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO	11/07/97	225.00
	Aggregate Year-to-Date—$	281.00	
SUBTOTAL of Receipts This Page (optional)			910.00
TOTAL This Period (last page this line number only)			

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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. Thomas Hill 612 E Barton Ave Greenwood, MS 38930 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date—$ 281.00	11/18/97	56.00
B. Clifford Coldren , CA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 200.00	11/18/97	200.00
C. Joan Levering 10585 Sparta Road Fredericktown, OH 43019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 200.00	11/18/97	200.00
D. Elizabeth Connors 910 Lakeview Dr Lorain, OH 44052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 605.00	11/18/97	80.00
E. Jeffrey Schlapp 1445 N State Pkwy #50B Chicago, IL 60610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 650.00	11/18/97	500.00
F. Paul Shaw 1909 E Main St Easley, SC 29646 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 500.00	11/18/97	100.00
G. Gail Amor 1859 Dino Drive Toms River, NJ 08753 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 350.00	11/18/97	350.00
SUBTOTAL of Receipts This Page (optional)			1,486.00
TOTAL This Period (last page this line number only)			

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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. Brenda Ruble 947 Worthington Circle Ft Collins, CO 80526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbine Manage	11/18/97	100.00
	Aggregate Year-to-Date—$	200.00	
B. Dana Blackwell 4140 County Rd 43 Fyffe, AL 35971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Scottsboro Health Ca	11/13/97	1,000.00
	Aggregate Year-to-Date—$	1,000.00	
C. Pam Penland 412 Cloverdale Road Scottsboro, AL 35768 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Scottsboro Health Ca	11/13/97	1,000.00
	Aggregate Year-to-Date—$	1,000.00	
D. Helen Louise Stout 1865 Executive Park Cleveland, TN 37312 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Shadescrest Health Ca	11/13/97	500.00
	Aggregate Year-to-Date—$	500.00	
E. Monika Willging 10366 Crossbeam Court Columbia, MD 21044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):		11/18/97	300.00
	Aggregate Year-to-Date—$	300.00	
F. James Ayers 131 W Main St, 2nd Floor Parsons, TN 38363 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Cente	11/24/97	2,000.00
	Aggregate Year-to-Date—$	2,000.00	
G. PAC DC HC Assn 4601 Martin Luther King Ave SW Washington, DC 20032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):		11/25/97	1,000.00
	Aggregate Year-to-Date—$	1,000.00	
SUBTOTAL of Receipts This Page (optional)			5,900.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
B. 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—$		
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)			.00
TOTAL This Period (last page this line number only)			53,911.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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LINE NUMBER ... _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (In Full)
American Health Care Association - Political Action Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. DCCC 430 South Capitol St Washington, DC 20003	- -DC ☐ Primary ☐ General ☐ Other (specify):	11/13/97	4,500.00
B. Jim McCrery Suite 350, 6425 Youree Dr. Shreveport, LA 71105	R-0005-LA 98 General ☐ Primary ☒ General ☐ Other (specify):	11/13/97	2,000.00
C. Richard Gephardt 7435 Watson Rd., #107 St Louis, MO 63119	D-0003-MO 98 General ☐ Primary ☒ General ☐ Other (specify):	11/12/97	4,000.00
D. Eagles RMC 310 First St., S.E. Washington, DC 20003	-SEN-DC ☐ Primary ☐ General ☐ Other (specify):	11/14/97	5,000.00
E. Philip English P.O. Box 1940 Erie, PA 16512	R-0021-PA 98 Primary ☐ Primary ☐ General ☐ Other (specify):	11/14/97	1,000.00
F. Carolyn McCarthy PO Box 190 Mineola, NY 11501	- -NY 98 Primary ☐ Primary ☐ General ☐ Other (specify):	11/14/97	500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement ☐ 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 ☐ 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 ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	17,000.00
TOTAL This Period (last page this line number only)	17,000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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
NANCY JOHNSON 5650 N. EIGHTH ST. ARLINGTON, VA 22205	98P VOID Disbursement for ☒ Primary ☐ General ☐ Other (specify):	11-30-97	(1000.00)
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
PHILIP ENGLISH 1721 LONGWORTH HOB P.O. BOX 1940 ERIE, PA 16512	98P VOID Disbursement for ☒ Primary ☐ General ☐ Other (specify):	11-30-97	(500.00)
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			(1,500.00)
TOTAL This Period (last page this line number only)			(1,500.00)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and Zip Code Crestar Bank P.O.BOX 85024 Richmond, VA 23285	Purpose of Disbursement BANK CHARGES Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 11-30-97	Amount of Each Disbursement This Period 1355.18
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)			
TOTAL This Period (last page this line number only)			

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 recived.

☑	Hand Delivered	Date of Receipt 12-19-97
☐	First Class Mail	POSTMARKED
☐	Registerd/Certified Mail	POSTMARKED
☐	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	

PREPARER

12-19-97
DATE PREPARED

(7/97)