REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Health Care Association Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1201 L Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 MAY 5 P 1:08

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 09/01/99 through 09/30/99		
6. (a) Cash on Hand January 1, 1999		$ 84,248.97
(b) Cash on Hand at Beginning of Reporting Period	$ 120,070.95	
(c) Total Receipts (from Line 19)	$ 48,583.09	$ 355,226.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 168,654.04	$ 439,475.13
7. Total Disbursements (from Line 30)	$ 51,761.33	$ 322,582.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 116,892.71	$ 116,892.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

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

Signature of Treasurer: Anna Lee
Date: 5-5-2000

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 9/99)

4-09173

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: 09/01/99 TO: 09/30/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	36,038.42	301,578.04	11(a)(i)
ii. Unitemized	9,896.48	46,181.91	11(a)(ii)
iii. Total (add i and ii) ➤	46,934.90	347,759.95	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	2,500.00	5,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	48,434.90	352,759.95	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	1,125.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	148.19	1,341.21	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) ➤	48,583.09	355,226.16	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	48,583.09	355,226.16	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	661.33	6,376.29	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	661.33	6,376.29	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	20,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	48,500.00	286,981.13	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	1,600.00	3,225.00	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) ➤	1,600.00	3,225.00	28(d)
29. Other Disbursements	1,000.00	5,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	51,761.33	322,582.42	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	51,761.33	322,582.42	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	48,434.90	352,759.95	32
33. Total Contribution Refunds (from line 28d)	1,600.00	3,225.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	46,834.90	349,534.95	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	661.33	6,376.29	35
36. Offsets to Operating Expenditures (from line 15)	0.00	1,125.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	661.33	5,251.29	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11c

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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
Vencor PAC 3300 Providian 400 West Market Louisville, KY 40202	Occupation	09/30/99	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5,000.00		
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)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 7 OF 13

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. Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701 Receipt For: Primary / General / Other (specify):	Health Facilities Assn of MD Occupation: Aggregate Year-to-Date $ 1,600.00	09/01/99	100.00
B. Millard Cursey 531 Stevenson Ln Towson, MD 21286 Receipt For: Primary / General / Other (specify):	Holly Hill Manor Occupation: Administrator Aggregate Year-to-Date $ 800.00	09/01/99	300.00
C. Millard Cursey 531 Stevenson Ln Towson, MD 21286 Receipt For: Primary / General / Other (specify):	Holly Hill Manor Occupation: Administrator Aggregate Year-to-Date $ 900.00	09/01/99	100.00
D. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: Primary / General / Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date $ 850.00	09/02/99	250.00
E. Jack Vetter 5020 South 118th St. Omaha, NE 68137 Receipt For: Primary / General / Other (specify):	Vetter Health Services Occupation: Administrator Aggregate Year-to-Date $ 1,500.00	09/02/99	1,000.00
F. Gail Clarkson 64500 Van Dyke Washington, MI 48095 Receipt For: Primary / General / Other (specify):	The Medilodge Group Occupation: Vice President Aggregate Year-to-Date $ 850.00	09/02/99	100.00
G. Robert Rotolo 17441 W. Muirfield Baton Rouge, LA 70810 Receipt For: Primary / General / Other (specify):	Harahan Guest House Occupation: Owner Aggregate Year-to-Date $ 600.00	09/03/99	100.00

SUBTOTAL of Receipts This Page (optional) 1,950.00

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

6-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR USE 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. Steve Briscoe 5401 West 10th St. Greeley, CO 80634 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Continuum Health Partnerships Occupation: Area VP Aggregate Year-to-Date > $ 850.00	09/03/99	100.00
b. 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 > $ 350.00	09/03/99	100.00
c. Royce Delaney 14 Northtown Drive Ste 202 Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delco Inc Occupation: Vice President Aggregate Year-to-Date > $ 250.00	09/03/99	100.00
d. Linda DeRuvo Keegan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: VP PR & Prof Svcs Aggregate Year-to-Date > $ 850.00	09/03/99	100.00
e. Linda DeRuvo Keegan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: VP PR & Prof Svcs Aggregate Year-to-Date > $ 950.00	09/03/99	100.00
f. Patrick T Kriner 6228 Merger Drive Holland, OH 43528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Woodside Management Group Occupation: President Aggregate Year-to-Date > $ 750.00	09/07/99	250.00
g. Theodore Lee 700 Hanover St Manchester, NH 03110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanover Hill Health Care Occupation: President Aggregate Year-to-Date > $ 1,400.00	09/08/99	400.00

SUBTOTAL of Receipts This Page (optional) 1,150.00

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

d-00173

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. Carol M Carey 99 Hospitality Drive Barre, VT 05641 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Barlin Health & Rehab. Ctr. Occupation: Administrator Aggregate Year-to-Date > $ 275.00	09/08/99	100.00
B. Bob Wren 380 French Horn Court Richmond, VA 23233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Paper PAK Products Occupation: President Aggregate Year-to-Date > $ 1,200.00	09/08/99	1,200.00
C. Kim Gallina 1400 8th Avenue Union Grove, WI 53182 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oak Ridge Care Center Occupation: Executive Director Aggregate Year-to-Date > $ 500.00	09/08/99	100.00
D. James Branscum 26031 Lanshahire Grosse Isle, MI Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nexcare Health Systems, LLC Occupation: Owner Aggregate Year-to-Date > $ 375.00	09/09/99	125.00
E. Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	RETIRED Occupation: Aggregate Year-to-Date > $ 225.00	09/10/99	75.00
F. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 384.65	09/10/99	76.93
G. Robert Deane PAYROLL DEDUCTION Washington, AH 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 726.91	09/10/99	19.23

SUBTOTAL of Receipts This Page (optional)	1,898.16
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John Schaeffer PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date $ 709.50	09/10/99	41.50
B. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: Exec VP Aggregate Year-to-Date $ 3,461.66	09/10/99	192.31
C. David Seckman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: VP Regulatory Aggregate Year-to-Date $ 327.08	09/10/99	19.24
D. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: Primary General Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date $ 684.00	09/10/99	38.00
E. Don Isetti 927 Industrial Way Lodi, CA 95240 Receipt For: Primary General Other (specify):	Delta Pharm Svcs Occupation: President Aggregate Year-to-Date $ 400.00	09/10/99	400.00
F. John Poirier 125 Airport Rd Concord, NH 03301 Receipt For: Primary General Other (specify):	New Hampshire Health Care Assn Occupation: Exec Director Aggregate Year-to-Date $ 325.00	09/10/99	225.00
G. F Leonard Herberth 4447 Stoneridge Drive Pleasanton, CA 94588 Receipt For: Primary General Other (specify):	Herberth & Nettleton Occupation: Partner Aggregate Year-to-Date $ 225.00	09/13/99	225.00

SUBTOTAL of Receipts This Page (optional) 1,141.05

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

440179

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary P. Flynn 40 White Hall Road Rochester, NH 03867 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rochester Manor Occupation: Administrator Aggregate Year-to-Date > $ 475.00	09/13/99	125.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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	09/14/99	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Brad Stebbins 600 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Five Companies Occupation: Owner Aggregate Year-to-Date > $ 425.00	09/14/99	400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Roland Rapp 5775 Stoneridge Mall Rd. #300 Pleasanton, CA 94588 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp, Kiepen & Harman Occupation: Managing Partner Aggregate Year-to-Date > $ 600.00	09/14/99	400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jean Wells 725 Harvard Drive Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wells Health Systems Occupation: Owner Aggregate Year-to-Date > $ 3,750.00	09/16/99	2,250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steven Chies 9920 Zilla Street NW Coon Rapids, MN 55433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Paradigm Management Occupation: President Aggregate Year-to-Date > $ 1,500.00	09/17/99	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Debra Finneran 2529 Six Mile Ln Louisville, KY 40220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadows East Occupation: Administrator Aggregate Year-to-Date > $ 750.00	09/20/99	250.00

SUBTOTAL of Receipts This Page (optional)	4,525.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 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. Lee Morey 2015 Prospect St Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln Lutheran Home Occupation: Administrator Aggregate Year-to-Date > $ 225.00	09/20/99	125.00
B. Paul Engbrecht 312 East State St. Marion, SD 57043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tieszen Memorial Home Occupation: Administrator Aggregate Year-to-Date > $ 387.00	09/21/99	350.00
C. Mike Hogan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 451.58	09/21/99	76.93
D. Robert Deane PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Chief Economist Aggregate Year-to-Date > $ 746.14	09/21/99	19.23
E. John Schaeffer PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 751.00	09/21/99	41.50
F. Paul Willging 1201 L St. NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Exec VP Aggregate Year-to-Date > $ 3,653.87	09/21/99	192.31
G. David Sackman PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: VP Regulatory Aggregate Year-to-Date > $ 346.32	09/21/99	19.24

SUBTOTAL of Receipts This Page (optional) 824.21

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. Penny Prue 1201 L Street, NW Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Vice President, Administration Aggregate Year-to-Date > $ 722.00	09/21/99	38.00
B. Mary Lynne Bailey 2112 West Laburnum Ave #206 Richmond, VA 23227 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Virginia Health Care Assn Occupation: Vice President Aggregate Year-to-Date > $ 300.00	09/22/99	75.00
C. G. Michael Leader 1070 W Areba Ave. Hershey, PA 17033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Meadows of West Shore Occupation: President Aggregate Year-to-Date > $ 300.00	09/22/99	75.00
D. Hugh Franklin 14 Northtowne Dr. #202 Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franklin Consulting Co. Occupation: Owner Aggregate Year-to-Date > $ 2,000.00	09/23/99	500.00
E. John Poirier 125 Airport Rd Concord, NH 03301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Hampshire Health Care Assn Occupation: Exec Director Aggregate Year-to-Date > $ 725.00	09/23/99	400.00
F. Terry Kuzman 3157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date > $ 1,250.00	09/23/99	400.00
G. Mary Ousley One Marriott Drive Dept. 51/831.75 Washington, DC 20058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Senior Living Services Occupation: Aggregate Year-to-Date > $ 2,000.00	09/23/99	500.00

SUBTOTAL of Receipts This Page (optional) 1,988.00

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

4-00:70

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. J Randal Lee 176 Laurelhurst Ave. Columbia, SC 29210 Receipt For: Primary General Other (specify):	South Carolina Hlth Care Assn Occupation: Executive Vice President Aggregate Year-to-Date $ 750.00	09/23/99	250.00
B. William Biggs 4605 Belton Highway Anderson, SC 29621 Receipt For: Primary General Other (specify):	Richard Campbell Veterans Home Occupation: Executive Director Aggregate Year-to-Date $ 1,000.00	09/23/99	250.00
C. Robert Lohr 311 Castle Shannon Blvd Pittsburgh, PA 15234 Receipt For: Primary General Other (specify):	Pendot Enterprises, Inc. Occupation: Executive Director Aggregate Year-to-Date $ 5,000.00	09/23/99	1,250.00
D. 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 $ 400.00	09/23/99	75.00
E. Richard Rau 3939 S. 92nd St. Greenfield, WI 53228 Receipt For: Primary General Other (specify):	Clement Manor Health Center Occupation: CEO Aggregate Year-to-Date $ 2,000.00	09/23/99	225.00
F. Jack MacDonald 620 Herndon Parkway Ste 200 Herndon, VA 22070 Receipt For: Primary General Other (specify):	Wilmac Inc Occupation: President Aggregate Year-to-Date $ 1,000.00	09/23/99	250.00
G. David E Meillier 27 Brand Avenue P.O. Box 446 Faribault, MN 55021 Receipt For: Primary General Other (specify):	Pleasant Manor Inc Occupation: Administrator/Owner Aggregate Year-to-Date $ 2,400.00	09/23/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,800.00

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

6-00173

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. Robert Moran 315 N. 2nd St. Harrisburg, PA 17101-1305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Health Care Assoc Occupation: Executive VP Aggregate Year-to-Date $ 1,000.00	09/23/99	250.00
B. Thomas Reddy 3847 Long PO Box 14684 Lenexa, KS 66285-4884 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vintage Park Inc. Occupation: President Aggregate Year-to-Date $ 2,000.00	09/23/99	500.00
C. Linda DeRuvo Keegan PAYROLL DEDUCTION Washington, AH 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: VP PR & Prof Svcs Aggregate Year-to-Date $ 1,200.00	09/23/99	250.00
D. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Administrator Aggregate Year-to-Date $ 6,000.00	09/23/99	1,150.00
E. Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Care Management Occupation: Exec Vice President Aggregate Year-to-Date $ 300.00	09/23/99	75.00
F. Blaine Hendrickson PO Box 7 Rancho Mirage, CA 92270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Legacy Healthcare Occupation: CEO Aggregate Year-to-Date $ 3,500.00	09/24/99	2,000.00
G. W. Heywood Fralin P.O. Box 20069 Roanoke, VA 24018-4397 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Med. Facilities of America Inc. Occupation: CEO Aggregate Year-to-Date $ 5,000.00	09/24/99	1,250.00

SUBTOTAL of Receipts This Page (optional) 5,475.00

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. John Vivenzio 303 East River Road Oswego, NY 13126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pontiac Nursing Home Occupation: Administrator Aggregate Year-to-Date > $ 300.00	09/24/99	75.00
B. 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 > $ 1,000.00	09/24/99	250.00
C. Paul W. Maggio 110 Beaver Dam Road Brookhaven,, NY 11719 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Patchogue Nursing Center Occupation: Administrator Aggregate Year-to-Date > $ 250.00	09/24/99	64.00
D. J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northport Health Services Inc Occupation: President Aggregate Year-to-Date > $ 5,000.00	09/24/99	1,250.00
E. Rebecca Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northport Health Services Inc. Occupation: Owner Aggregate Year-to-Date > $ 5,000.00	09/24/99	1,250.00
F. Stephen L. Spaugh 11572 Fall Creek Rd. Indianapolis, IN 46256 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spaugh & Co Occupation: President Aggregate Year-to-Date > $ 500.00	09/24/99	125.00
G. David E Meiller 27 Brand Avenue P.O. Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Occupation: Administrator/Owner Aggregate Year-to-Date > $ 2,475.00	09/24/99	75.00

SUBTOTAL of Receipts This Page (optional) 3,089.00

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

6-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Don C. Bedell 731 North Main St. PO Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Mgmt Corp President Aggregate Year-to-Date $ 5,000.00	09/27/99	2,500.00
B. Phil Chase 5374 Long Shadow Ct Thousand Oaks, CA 91362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Chase Group Nursing Home Consult Aggregate Year-to-Date $ 2,800.00	09/27/99	1,250.00
C. Melvin Harris 426 N Washington. Marksville, LA 71351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Manor Owner Aggregate Year-to-Date $ 300.00	09/27/99	75.00
D. Marlow Baar 17732 Corinthian Drive Encino, CA 91316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Haskin & Baar Owner Aggregate Year-to-Date $ 375.00	09/27/99	125.00
E. Patti Turenne 7 Clayton Street Suite 1200 Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Turenne & Associates Inc Administrator Aggregate Year-to-Date $ 2,000.00	09/27/99	500.00
F. Stephen Reiseman 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 $ 500.00	09/27/99	125.00
G. Steven Wolf 2620 West Blvd. Belleville, IL 62221-7208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare Inc President Aggregate Year-to-Date $ 2,000.00	09/27/99	500.00

SUBTOTAL of Receipts This Page (optional) 6,075.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 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. Richard Sadler PO Box 100129 2809 Foster Avenue Nashville, TN 37224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tennessee Health Care Assn Occupation: Executive Director Aggregate Year-to-Date $ 500.00	09/27/99	250.00
B. Robert M. Chur 7 Limestone Drive Williamsville, NY 14221-7899 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elderwood Affiliates Inc Occupation: President Aggregate Year-to-Date $ 5,000.00	09/27/99	1,250.00
C. Thomas Gault PO Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison House Occupation: Executive Director Aggregate Year-to-Date $ 5,000.00	09/28/99	2,500.00
D. Stuart Goldberg 134 Great East Neck Rd PO Box 5249 West Babylon, NY 11704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Neck Nursing Center Occupation: President Aggregate Year-to-Date $ 1,000.00	09/28/99	250.00
E. Gary Macomber 2201 K Street PO Box 537004 Sacramento, CA 95853 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAHF Occupation: Executive Vice President Aggregate Year-to-Date $ 1,100.00	09/28/99	1,000.00
F. Ruth Graybeal 1881 Telegraph Road Rising Sun, MD 21911 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Calvert Manor Healthcare Ctr Occupation: Aggregate Year-to-Date $ 300.00	09/29/99	75.00
G. David Banks PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation: Chairman/President Aggregate Year-to-Date $ 1,000.00	09/30/99	250.00

SUBTOTAL of Receipts This Page (optional) 5,575.00

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

4-96:73

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. Ira Alpert 3220 S Higuera St Suite 103A San Luis Obispo, CA 93401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Inc President Aggregate Year-to-Date > $ 1,000.00	09/30/99	250.00
B. Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Owner/Administrator Aggregate Year-to-Date > $ 2,000.00	09/30/99	500.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	36,038.42

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 7 OF 6

FOR LINE NUMBER 11U

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dollars Received from Multi-Individuals DC Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 8,404.00	09/10/99	200.00
B. Dollars Received from Multi-Individuals DC Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 8,604.00	09/10/99	200.00
C. Dollars Received from Multi-Individuals DC Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 8,804.00	09/10/99	200.00
D. Dollars Received from Multi-Individuals DC Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 8,954.00	09/10/99	150.00
E. Dollars Received from Multi-Individuals DC Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 9,154.00	09/10/99	200.00
F. Dollars Received from Multi-Individuals DC Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 9,354.00	09/10/99	200.00
G. Dollars Received from Multi-Individuals DC Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 9,554.00	09/10/99	200.00

SUBTOTAL of Receipts This Page (optional) 1,350.00

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 110

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 9,879.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 9,804.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 9,929.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,029.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,129.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,254.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,304.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 110

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,354.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,464.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,554.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,604.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,654.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,704.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,754.00		

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11C

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,804.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,854.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,904.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,954.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 11,004.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 11,054.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC	Occupation	09/10/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 11,104.00		

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 110

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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
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 11,154.00	09/10/99	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 11,254.00	09/10/99	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dollars Received from Multi-Individuals DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 11,354.00	09/23/99	100.00
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)	250.00
TOTAL This Period (last page this line number only)	3,150.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
4922 Fairmont Ave Bethesda, MD 20814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rushmore Aggregate Year-to-Date $ 404.39	09/30/99	47.22
PO Box 85024 Richmond, VA 23285-5024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crestar Bank Aggregate Year-to-Date $ 828.93	09/30/99	55.23
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	102.45
TOTAL This Period (last page this line number only)	102.45

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21B

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 123 dc, DC 20005	Bank Fees Disbursement for: Primary General Other (specify)	09/10/99	321.54
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 123 dc, DC 20005	Bank Fee Disbursement for: Primary General Other (specify)	09/30/99	144.59
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 123 dc, DC 20005	Anlex Fee Disbursement for: Primary General Other (specify)	09/30/99	176.18
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)	642.31
TOTAL This Period (last page this line number only)	642.31

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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. Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Joseph Lieberman, U.S. SENATE CT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/01/99	1,000.00
B. Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Joseph Lieberman, U.S. SENATE CT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/01/99	5,000.00
C. Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/01/99	-1,000.00
D. Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/01/99	-5,000.00
E. Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Joseph Lieberman, U.S. SENATE CT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/01/99	1,000.00
F. Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Joseph Lieberman, U.S. SENATE CT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/01/99	5,000.00
G. Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	-2,000.00
H. Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	McCrery, U.S. HOUSE LA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	2,000.00
I. Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Sander Levin, U.S. HOUSE 12th MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 7,000.00

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	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	09/08/99	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Thomas Daschle, DC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nelson for Senate 110-B East Broad Street Falls Church, FL 22046	Nelson , U.S. SENATE FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003	Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	09/08/99	5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Calvert for Congress Cmt P.O. Box 1414 Riverside, CA 92502	Ken Calvert, U.S. HOUSE 43rd CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Blue Dog PAC P.O. Box 7668 Washington, DC 20044	Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	09/08/99	2,500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dave Camp for Congress 135 Ashman Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	500.00
H. 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. SENATE AR Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	09/08/99	5,000.00

SUBTOTAL of Disbursements This Page (optional)	23,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Stearns for Congress PO Box 308 Silver Springs, FL 34489-0006	Cliff Stearns, U.S. HOUSE 6th FL X Primary ☐ General ☐ Other (specify) 2000	09/08/99	1,000.00
B. Ed Bryant 1516 Longworth HOB TN	Ed Bryant, U.S. HOUSE 7th TN X Primary ☐ General ☐ Other (specify) 2000	09/08/99	1,000.00
C. Royce Campaign Committee P.O. Box 6765 Fullerton, CA 92634	Ed Royce, U.S. HOUSE 39th CA X Primary ☐ General ☐ Other (specify) 2000	09/08/99	500.00
D. People for Pete Domenici 2828 Morningside Dr., N.E. SD-427 Dirksen Senate Ofc Bldg Albuquerque, NM 87110	Pete Domenici, U.S. SENATE NM X Primary ☐ General ☐ Other (specify) 2002	09/08/99	1,000.00
E. Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND ☐ Primary X General ☐ Other (specify) 2000	09/08/99	500.00
F. ViewPAC 1155 21st Street Suite #300 Washington, DC 20036	Purpose of Disbursement DC X Primary ☐ General ☐ Other (specify) 2000	09/08/99	1,000.00
G. PIROZZI FOR COMGRESS P. O. Box 16021 Alexandria, VA 22302	Pirozzi, U.S. HOUSE CA X Primary ☐ General ☐ Other (specify) 2000	09/08/99	1,000.00
H. Delaware Republican Committee Wilmington, DE	William Roth Event X Primary ☐ General ☐ Other (specify) 2000	09/08/99	1,000.00
I. Jeffords for Vermont Cmte. 517 2nd St., N.E. SH-513 Hart Senate Ofc Bldg Washington, DC, VT	James Jeffords, U.S. SENATE VT X Primary ☐ General ☐ Other (specify) 2000	09/08/99	5,000.00

SUBTOTAL of Disbursements This Page (optional) 12,000.00

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	Date (month, day, year)	Amount of Each Disbursement This Period
Jeffords for Vermont Cmte. 517 2nd St., N.E. SH-513 Hart Senate Ofc Bldg Washington, DC, VT	James Jeffords, U.S. SENATE VT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	09/08/99	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	-2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	-1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	McCrery, U.S. HOUSE LA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Sander Levin, U.S. HOUSE 12th MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	-2,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	McCrery, U.S. HOUSE LA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	2,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	Voided Check Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	09/08/99	-5,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	1999 Membership Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	09/08/99	5,000.00

SUBTOTAL of Disbursements This Page (optional) 5,000.00

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
Thomas Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	-2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Thomas Daschle, DC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/08/99	2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
People for Pete Domenici 2828 Morningside Dr., N.E. SD-427 Dirksen Senate Ofc Bldg Albuquerque, NM 87110	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	09/08/99	-1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
People for Pete Domenici 2828 Morningside Dr., N.E. SD-427 Dirksen Senate Ofc Bldg Albuquerque, NM 87110	Pete Domenici, U.S. SENATE NM Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	09/08/99	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/09/99	-2,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Jeffords for Vermont Cmte. 517 2nd St., N.E. SH-513 Hart Senate Ofc Bldg Washington, DC, VT	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/14/99	-5,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Jeffords for Vermont Cmte. 517 2nd St., N.E. SH-513 Hart Senate Ofc Bldg Washington, DC, VT	James Jeffords, U.S. SENATE VT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/14/99	2,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Voided Check Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	09/15/99	-5,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Re issue of check Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	09/15/99	5,000.00

SUBTOTAL of Disbursements This Page (optional) ..... -5,500.00

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

4-00179

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. Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Voided Check Primary: ; General: ; Other (specify): 1999	09/15/99	-5,000.00
B. Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Reissue of March check Primary: ; General: ; Other (specify): 1999	09/15/99	5,000.00
C. Kerrey for Senate 310 4th St. NE Suite 201 SH-303 Hart Senate Ofc Bldg Washington, DC 20002, NE	Robert Kerrey, U.S. SENATE NE Primary: ; General: X; Other (specify): 2000	09/15/99	1,000.00
D. Stupak for Congress PO Box 143 Menominee, MI 49858	Bart Stupak, U.S. HOUSE 1st MI Primary: X; General: ; Other (specify): 2000	09/17/99	1,500.00
E. Friends for Houghton 33 East Third Street Corning, NY 14830	Amo Houghton, U.S. HOUSE 31st NY Primary: X; General: ; Other (specify): 2000	09/17/99	1,000.00
F. Bob Matsui for Congress 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	Robert Matsui, U.S. HOUSE 5th CA Primary: X; General: ; Other (specify): 2000	09/17/99	1,000.00
G. Radanovich for Congress 2377 W. Shaw, Ste. 204 313 Cannon HOB Fresno, CA 93711	George Radanovich, U.S. HOUSE 19th CA Primary: X; General: ; Other (specify): 2000	09/17/99	500.00
H. Orrin Hatch Presidential Exploratory Committee Inc P.O. Box 1480 Washington, DC 20093	Hatch , PRESIDENT OF U.S. Primary: X; General: ; Other (specify): 2000	09/17/99	1,000.00
I. Thomas Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Thomas Daschle, DC Primary: X; General: ; Other (specify): 2000	09/20/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)	7,000.00
TOTAL This Period (last page this line number only)	48,500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23A

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

A. Full Name, Mailing Address and ZIP Code David Duncan PO Box 308 Mound City, MO 64470	Purpose of Disbursement Refund For: David Duncan Disbursement for: Primary General X Other (specify) 2000 Other	Date (month, day, year) 09/07/99	Amount of Each Disbursement This Period 1,500.00
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)	1,600.00
TOTAL This Period (last page this line number only)	1,600.00

4-00179

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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

A. Full Name, Mailing Address and ZIP Code Talent for Governor 100 Executive Drive Suite 100 St. Louis, MO 63141	Purpose of Disbursement Talen , GOVERNOR MO Disbursement for: Primary General X Other (specify) 2000 Other	Date (month, day, year) 09/17/99	Amount of Each Disbursement This Period 1,000.00
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)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

4-00179

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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PREPARER

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