# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

RECEIVED
FEC MAIL ROOM
2000 OCT 20 A 9:46

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

**4. TYPE OF REPORT**

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

Monthly Report Due On:
☐ February 20 ☒ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

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

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

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 05/01/00 through 06/31/00 | | |
| 6. (a) Cash on Hand January 1, 2000 | | $ 106,333.90 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 110,504.74 | |
| (c) Total Receipts (from Line 18) | $ 16,709.77 | $ 162,440.93 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 127,214.51 | $ 268,774.83 |
| 7. Total Disbursements (from Line 30) | $ 63,221.29 | $ 204,781.61 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 63,993.22 | $ 63,993.22 |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) | $ 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | $ 0.00 | |

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

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

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

Signature of Treasurer
Anna Lee

Date
10-18-2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**FEC FORM 3X**
(revised 9/93)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: American Health Care Association Political Action Committee

REPORT COVERING PERIOD FROM: 05/01/00 TO: 05/31/00

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year | |
|---|---|---|---|
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 8,139.16 | 131,958.96 | 11(a)(i) |
| ii. Unitemized | 3,414.14 | 19,803.16 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 11,553.30 | 151,762.12 | 11(a)(iii) |
| b. Political Party Committees | 0.00 | 0.00 | 11(b) |
| c. Other Political Committees (such as PACs) | 5,000.00 | 5,000.00 | 11(c) |
| d. Total Contributions (add a iii, b and c) ➤ | 16,553.30 | 156,762.12 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | 12 |
| 13. All Loans Received | 0.00 | 0.00 | 13 |
| 14. Loan Repayments Received | 0.00 | 0.00 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 5,000.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 156.47 | 678.81 | 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) ➤ | 16,709.77 | 162,440.93 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 16,709.77 | 162,440.93 | 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 | 873.48 | 2,618.11 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 873.48 | 2,618.11 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 62,347.81 | 202,163.60 | 23 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 | 25 |
| 26. Loan Repayments Made | 0.00 | 0.00 | 26 |
| 27. Loans Made | 0.00 | 0.00 | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | 28(a) |
| b. Political Party Committees | 0.00 | 0.00 | 28(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 28(c) |
| d. Total Contribution Refunds (add a, b and c) ➤ | 0.00 | 0.00 | 28(d) |
| 29. Other Disbursements | 0.00 | 0.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 63,221.29 | 204,781.61 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 63,221.29 | 204,781.61 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 16,553.30 | 156,762.12 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 16,553.30 | 156,762.12 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | 873.48 | 2,618.11 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | 873.48 | 2,618.11 | 37 |

4-00173

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11c

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

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Vencor PAC<br>3300 Providian<br>400 West Market<br>Louisville, KY 40202 | | 05/02/00 | 5,000.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ 5,000.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / 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) | 5,000.00 |
| **TOTAL** This Period (last page this line number only) | 5,000.00 |

4-00175

**SCHEDULE A** **ITEMIZED RECEIPTS**

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



FOR LINE NUMBER 11 a 1

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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Zoe Bolton<br>636 120th Avenue NE<br>Bellevue, WA 98005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Care Computer Systems<br>Occupation: Vice President<br>Aggregate Year-to-Date > $ 300.00 | 05/01/00 | 300.00 |
| James A Carlson<br>15895 SW 72nd Ave #250<br>Portland, OR 97224<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Oregon Health Care Assn<br>Occupation: Executive Director<br>Aggregate Year-to-Date > $ 600.00 | 05/01/00 | 100.00 |
| Theodore Lee<br>700 Hanover St<br>Manchester, NH 03110<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hanover Hill Health Care<br>Occupation: President<br>Aggregate Year-to-Date > $ 600.00 | 05/01/00 | 100.00 |
| Blaine Hendrickson<br>PO Box 7<br>Rancho Mirage, CA 92270<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Legacy Healthcare<br>Occupation: CEO<br>Aggregate Year-to-Date > $ 600.00 | 05/01/00 | 100.00 |
| Travis Tomlinson<br>513 E Whitaker Mill Rd<br>Raleigh, NC 27608<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Mayview Conv Home Inc<br>Occupation: Administrator<br>Aggregate Year-to-Date > $ 600.00 | 05/01/00 | 100.00 |
| William R Abrams<br>1201 L Street NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: COO<br>Aggregate Year-to-Date > $ 500.00 | 05/01/00 | 250.00 |
| Donald Franco<br>274 Hemingway Ave<br>East Haven, CT 06512<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Paragon Group Inc.<br>Occupation: President<br>Aggregate Year-to-Date > $ 250.00 | 05/02/00 | 250.00 |

SUBTOTAL of Receipts This Page (optional) ..... 1,200.00

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. Jerry Neal<br>2205 Broadway<br>Mt Vernon, IL 62864<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: DSI Healthcare<br>Occupation: President<br>Aggregate Year-to-Date > $ 500.00 | 05/02/00 | 250.00 |
| B. Mike Hogan<br>PAYROLL DEDUCTION<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: AHCA<br>Occupation: Lobbyist<br>Aggregate Year-to-Date > $ 692.37 | 05/03/00 | 76.93 |
| C. David Kyllo<br>1201 L Street NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: AHCA<br>Occupation: Director, Assisted Living<br>Aggregate Year-to-Date > $ 225.00 | 05/03/00 | 25.00 |
| D. Penny Prue<br>1201 L Street, NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: AHCA<br>Occupation: Vice President, Administration<br>Aggregate Year-to-Date > $ 342.00 | 05/03/00 | 38.00 |
| E. John Schaeffler<br>PAYROLL DEDUCTION<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: AHCA<br>Occupation: Lobbyist<br>Aggregate Year-to-Date > $ 373.50 | 05/03/00 | 41.50 |
| F. Jennifer Souza<br>1201 L Street NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: AHCA<br>Occupation: Senior Director<br>Aggregate Year-to-Date > $ 300.08 | 05/03/00 | 33.34 |
| G. Paul Willging<br>10366 Crossbeam Ct<br>Columbia, MD 21044<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Consultant<br>Occupation:<br>Aggregate Year-to-Date > $ 1,730.79 | 05/03/00 | 192.31 |

SUBTOTAL of Receipts This Page (optional) ..... 657.08

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

4-65173

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FOR LINE NUMBER 11a1

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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Howard Lipschutz<br>1304 Laurel Oak Rd<br>Voorhees, NJ 08433<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HBA Management<br>Occupation: Vice President<br>Aggregate Year-to-Date > $ 250.00 | 05/03/00 | 125.00 |
| B. Barton D. Weisman<br>5310 NW 33rd Ave #211<br>Ft Lauderdale, FL 33309<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HBA Corporation<br>Occupation: President<br>Aggregate Year-to-Date > $ 500.00 | 05/03/00 | 250.00 |
| C. Daniel Veloric<br>3706 Church Road<br>Mt. Laurel, NJ 08054<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Mt. Laurel Nursing and Rehabilitation Center<br>Occupation: Chairman of Board<br>Aggregate Year-to-Date > $ 350.00 | 05/03/00 | 100.00 |
| D. Howard Lipschutz<br>1304 Laurel Oak Rd<br>Voorhees, NJ 08433<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HBA Management<br>Occupation: Vice President<br>Aggregate Year-to-Date > $ 450.00 | 06/03/00 | 200.00 |
| E. Dennis Anderson<br>4800 W. 57th St.<br>PO Box 5038<br>Sioux Falls, SD 57117-5038<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: The Evangelical Lutheran Good Samaritan Society<br>Occupation: VP Finance<br>Aggregate Year-to-Date > $ 600.00 | 05/03/00 | 100.00 |
| F. Terry Kuzman<br>1157 Enfield St<br>Enfield, CT 06082<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Parkway Pavilion<br>Occupation: Administrator<br>Aggregate Year-to-Date > $ 550.00 | 05/03/00 | 300.00 |
| G. Howard Groff<br>9031 Penn. Ave. South<br>Bloomington, MN 55431<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Teakwood Care Centers Inc<br>Occupation: President<br>Aggregate Year-to-Date > $ 250.00 | 05/03/00 | 125.00 |

SUBTOTAL of Receipts This Page (optional) ..... 1,200.00

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

6-00/7a

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 4 OF 6

FOR LINE NUMBER 11 a 2

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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. Jack Velter<br>5020 South 118th St.<br>Omaha, NE 68137<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Vetter Health Services<br>Occupation: Administrator<br>Aggregate Year-to-Date $ 1,000.00 | 05/04/00 | 500.00 |
| B. Blaine Hendrickson<br>PO Box 7<br>Rancho Mirage, CA 92270<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Legacy Healthcare<br>Occupation: CEO<br>Aggregate Year-to-Date $ 1,600.00 | 05/04/00 | 1,000.00 |
| C. Neil Chur<br>300 Gleed Ave,<br>East Aurora, NY 14052<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Chur Properties Inc.<br>Occupation: President<br>Aggregate Year-to-Date $ 1,000.00 | 06/08/00 | 500.00 |
| D. Faroop Khan<br>163 Quinnipiac Ave<br>North Haven, CT 06473<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Montower Health Care Ctr<br>Occupation: President<br>Aggregate Year-to-Date $ 525.00 | 05/09/00 | 400.00 |
| E. Joan Gallegos<br>275 E. South Temple #200<br>Salt Lake City, UT 84111-1252<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Utah Health Care Assn<br>Occupation: Executive Director<br>Aggregate Year-to-Date $ 400.00 | 05/10/00 | 300.00 |
| F. Gerald Reilly<br>2120 State St NE #102<br>Olympia, WA 98506<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Washington Health Care Assoc<br>Occupation: Executive Director<br>Aggregate Year-to-Date $ 350.00 | 05/10/00 | 100.00 |
| G. Leonard Russ<br>40 Keogh Lane<br>New Rochelle, NY 10805-1397<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Bayberry Nursing Home<br>Occupation: Administrator<br>Aggregate Year-to-Date $ 250.00 | 05/11/00 | 125.00 |

SUBTOTAL of Receipts This Page (optional) ..... 2,925.00

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

4-05179

**SCHEDULE A** **ITEMIZED RECEIPTS**

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 6 OF 6 |
|---|---|
| | FOR LINE NUMBER 11 a 1 |

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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Kenneth Morris<br>401 Snyder Ave<br>Barberton, OH 44203<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Pleasant View Health Care<br>Occupation: Administrator<br>Aggregate Year-to-Date $ 250.00 | 05/11/00 | 125.00 |
| B. Bruce Yarwood<br>200 P St #F31<br>Sacramento, CA 95814<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Yarwood and Associates<br>Occupation: Gov Rel Consultant<br>Aggregate Year-to-Date $ 2,000.00 | 05/16/00 | 1,000.00 |
| C. Jan Thayer<br>404 Woodland Dr<br>Grand Island, NE 68801<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Riverside Lodge<br>Occupation: Owner/Administrator<br>Aggregate Year-to-Date $ 500.00 | 05/17/00 | 250.00 |
| D. Jason Harris<br>833 Broadway<br>East Providence, RI 02914<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Harris Health Center<br>Occupation: Owner/Administrator<br>Aggregate Year-to-Date $ 375.00 | 05/22/00 | 125.00 |
| E. Mike Hogan<br>PAYROLL DEDUCTION<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Lobbyist<br>Aggregate Year-to-Date $ 769.30 | 05/30/00 | 76.93 |
| F. David Kylie<br>1201 L Street NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Director, Assisted Living<br>Aggregate Year-to-Date $ 250.00 | 05/30/00 | 25.00 |
| G. Penny Prue<br>1201 L Street, NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Vice President, Administration<br>Aggregate Year-to-Date $ 380.00 | 05/30/00 | 38.00 |

| | |
|---|---|
| **SUBTOTAL** of Receipts This Page (optional) | 1,639.93 |
| **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 11a1

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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 |
|---|---|---|---|
| John Schaeffler<br>PAYROLL DEDUCTION<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Lobbyist<br>Aggregate Year-to-Date > $ 415.00 | 05/30/00 | 41.50 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Jennifer Souza<br>1201 L Street NW<br>Washington, AH 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | AHCA<br>Occupation: Senior Director<br>Aggregate Year-to-Date > $ 333.40 | 05/30/00 | 33.34 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Paul Willging<br>10366 Crossbeam Ct<br>Columbia, MD 21044<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Consultant<br>Occupation:<br>Aggregate Year-to-Date > $ 1,923.10 | 05/30/00 | 192.31 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Barry Crow<br>9628 Campo Rd #T<br>Spring Valley, CA 91977<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Brighton Health Alliance Inc<br>Occupation: President<br>Aggregate Year-to-Date > $ 500.00 | 05/30/00 | 250.00 |
| 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) | 517.15 |
| TOTAL This Period (last page this line number only) | 8,139.16 |

4-00173

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11

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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. 4922 Fairmont Ave<br>Bethesda, MD 20814<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: Rushmore<br>Aggregate Year-to-Date $ 292.99 | 05/31/00 | 64.80 |
| B. 730 15th Street<br>2nd Floor<br>Washington, DC 20005<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ 352.83 | 05/31/00 | 81.21 |
| C. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | 145.81 |
| TOTAL This Period (last page this line number only) | 146.81 |

4-00173

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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



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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for: Primary, General, Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Bank of America<br>Washington, DC 20005 | Bank Fees | 05/01/00 | 287.71 |
| B. Crestar Bank<br>123<br>dc, DC 20005 | Lockbox fee | 05/09/00 | 269.86 |
| C. Bank of America<br>Washington, DC 20005 | Account analysis charge | 05/22/00 | 16.94 |
| D. Bank of America<br>Washington, DC 20005 | Account Analysis Charge | 05/22/00 | 268.52 |
| E. Bank of America<br>Washington, DC 20005 | American Express Fees | 05/31/00 | 30.45 |
| F. Crestar Bank<br>123<br>dc, DC 20005 | Account maintenance fee | 05/31/00 | 11.00 |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) ..... 873.48

TOTAL This Period (last page this line number only) ..... 873.48

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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Nelson 2000<br>PO Box 241584<br>Omaha, NE | Nelson , U.S. SENATE NE<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000 | 05/09/00 | 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 |
| Nelson 2000<br>PO Box 241584<br>Omaha, NE | Voided Check<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000 | 05/09/00 | -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 |
| Nelson 2000<br>PO Box 241584<br>Omaha, NE | Nelson , U.S. SENATE NE<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000 | 05/09/00 | 2,500.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
| Berkley for Congress<br>PO Box 7397<br>Las Vegas, NV 89125 | Shelley Berkley, U.S. HOUSE NV<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | 05/10/00 | 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 |
| Committee to Re-Elect Ed Towns to Congress<br>321 Stuyvesant Avenue<br>Brooklyn, NY 11233 | Edolphus Towns, U.S. HOUSE 10th NY<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000 | 05/10/00 | 1,000.00 |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
| National Republican Congressional Committee<br>320 First St., S.E.<br>Washington, DC 20003 | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000 | 05/15/00 | 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 |
| National Republican Senatorial Committee<br>425 2nd St., N.E.<br>Washington, DC 20002 | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000 | 05/15/00 | 10,000.00 |
| 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<br>450 South Capitol St., SE<br>Washington, DC 20003 | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000 | 05/15/00 | 10,000.00 |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
| HILLARY CLINTON FOR SEANTE<br>1730 M Street NW<br>Suite 413<br>Washington, DC 20036 | Clinton , U.S. SENATE NY<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000 | 06/16/00 | 2,500.00 |

**SUBTOTAL** of Disbursements This Page (optional) ..... 32,000.00

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

6-00173

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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



FOR LINE NUMBER 23

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

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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Bob Clement<br>1230 Longworth House Ofc Bldg<br>TN | Bob Clement, U.S. HOUSE 5th TN<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000 | 05/17/00 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code<br>Tiberi 2000<br>2021 E. Durbin Granville Rd. Suite 2000<br>Columbus, OH 43229 | Purpose of Disbursement<br>Tiberi, U.S. HOUSE 12th OH<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | Date (month, day, year)<br>05/17/00 | Amount of Each Disbursement This Period<br>1,000.00 |
| C. Full Name, Mailing Address and ZIP Code<br>Robb for Senate Committee<br>424 C St. NE, 1st Floor<br>Washington, DC 20002 | Purpose of Disbursement<br>Charles Robb, U.S. SENATE VA<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000 | Date (month, day, year)<br>05/19/00 | Amount of Each Disbursement This Period<br>2,500.00 |
| D. Full Name, Mailing Address and ZIP Code<br>Buyer for Congress Committee<br>103 W. Broadway<br>1419 Longworth House Ofc Bldg<br>Monticello, IN 47960 | Purpose of Disbursement<br>Steve Buyer, U.S. HOUSE 5th IN<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | Date (month, day, year)<br>05/23/00 | Amount of Each Disbursement This Period<br>1,000.00 |
| E. Full Name, Mailing Address and ZIP Code<br>Steve Rothman for Congress Inc<br>PO Box 714<br>Hackensack, NJ 7602 | Purpose of Disbursement<br>Steve Rothman, U.S. HOUSE NJ<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | Date (month, day, year)<br>05/23/00 | Amount of Each Disbursement This Period<br>500.00 |
| F. Full Name, Mailing Address and ZIP Code<br>Majority Leader's Fund<br>209 Pennsylvania Ave. SE<br>Washington, DC 20003 | Purpose of Disbursement<br>Dick Armey's PAC<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000 | Date (month, day, year)<br>05/23/00 | Amount of Each Disbursement This Period<br>2,500.00 |
| G. Full Name, Mailing Address and ZIP Code<br>Committee to Re-Elect Ed Towns to Congress<br>321 Stuyvesant Avenue<br>Brooklyn, NY 11233 | Purpose of Disbursement<br>Edolphus Towns, U.S. HOUSE 10th NY<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | Date (month, day, year)<br>05/23/00 | Amount of Each Disbursement This Period<br>500.00 |
| H. Full Name, Mailing Address and ZIP Code<br>Ashcroft for Senate<br>P.O. Box 15577<br>705 Hart SOB<br>Clayton, MO 63105 | Purpose of Disbursement<br>John Ashcroft, U.S. SENATE MO<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | Date (month, day, year)<br>05/23/00 | Amount of Each Disbursement This Period<br>1,000.00 |
| I. Full Name, Mailing Address and ZIP Code<br>Friends of Lois Capps<br>38 Ivy Street SE<br>Washington, DC 20003 | Purpose of Disbursement<br>Capps, U.S. HOUSE CA<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | Date (month, day, year)<br>05/23/00 | Amount of Each Disbursement This Period<br>500.00 |

SUBTOTAL of Disbursements This Page (optional) ..... 10,500.00

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

4-09173

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. Reynolds for Congress<br>PO Box 479<br>Victor, NY 14564 | Tom Reynolds, U.S.<br>HOUSE NY<br>Disbursement for: Primary [X] General Other (specify) 2000 | 05/23/00 | 500.00 |
| B. Friends of John Boehner<br>7909 Cincinnati-Dayton Rd.<br>1020 Longworth House Ofc Bldg<br>West Chester, OH 45069 | John Boehner, U.S.<br>HOUSE 8th OH<br>Disbursement for: Primary [X] General Other (specify) 2000 | 05/23/00 | 1,000.00 |
| C. Dave Camp for Congress<br>135 Ashman<br>Midland, MI 48640 | Dave Camp, U.S.<br>HOUSE 4th MI<br>Disbursement for: Primary [X] General Other (specify) 2000 | 05/23/00 | 1,000.00 |
| D. Zimmer for Congress<br>6131 Princeton Pike<br>228 Cannon House Ofc Bldg<br>Lawrenceville, NJ 08648 | Richard Zimmer, U.S.<br>HOUSE 12th NJ<br>Disbursement for: Primary [X] General Other (specify) 2000 | 05/23/00 | 500.00 |
| E. Earl Pomeroy for Congress<br>PO Box 746<br>Bismarck, ND 58502 | Earl Pomeroy, U.S.<br>HOUSE AL ND<br>Disbursement for: Primary [X] General Other (specify) 2000 | 05/23/00 | 500.00 |
| F. Rangel for Congress Committee<br>74 West 132nd St<br>2262 Rayburn House Ofc Bldg<br>New York, NY 10037 | Charles Rangel, U.S.<br>HOUSE 15th NY<br>Disbursement for: Primary [X] General Other (specify) 2000 | 05/23/00 | 1,000.00 |
| G. Maloney for Congress<br>185 Main St.<br>Danbury, CT 06810 | James Maloney, U.S.<br>HOUSE CT<br>Disbursement for: Primary [X] General Other (specify) 2000 | 05/23/00 | 500.00 |
| H. Hulshof for Congress<br>1005 Cherry Street, Suite 203<br>Columbia, MO 65201 | Kenny Hulshof, U.S.<br>HOUSE MO<br>Disbursement for: Primary [X] General Other (specify) 2000 | 05/23/00 | 1,000.00 |
| I. DURBIN FOR CONGRESS CMTE<br>PO BOX 1949<br>Springfield, IL 62704 | Richard Durbin, U.S.<br>HOUSE 20th IL<br>Disbursement for: Primary [X] General Other (specify) 2000 | 05/23/00 | 1,000.00 |

SUBTOTAL of Disbursements This Page (optional) ..... 7,000.00

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

4-00173

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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



FOR LINE NUMBER 23

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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Congressional Majority Committee PAC<br>555 13th Street NW 600W<br>Washington, DC 20004 | Bill Thomas Leadership PAC<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000 | 05/23/00 | 2,000.00 |
| B. Billy Tauzin Committee<br>PO Box 1407<br>Thibodaux, LA 70302 | Billy Tauzin, U.S. HOUSE 3rd LA<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | 05/23/00 | 1,000.00 |
| C. Nussle for Congress Committee<br>PO Box 324<br>Manchester, IA 52057 | Jim Nussle, U.S. HOUSE 2nd IA<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | 05/23/00 | 1,000.00 |
| D. Anne Northup for Congress<br>4006 Dutchman's Lane<br>Louisville, KY 40207 | Anne Meagher Northup, U.S. HOUSE KY<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | 05/23/00 | 1,000.00 |
| E. Mike Thompson<br>1700 L Street<br>Sacramento, CA 95814 | Mike Thompson, CA US House 1st<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | 05/23/00 | 500.00 |
| F. 2000 Republican House-Senate Dinner<br>PO Box 1721<br>Washington, DC 20013 | Republican House-Senate Dinner<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000 | 05/23/00 | 5,000.00 |
| G. Bush for President, Inc.<br>Post Office Box 1902<br>Austin, TX 78767 | Bush, PRESIDENT OF U.S.<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000 | 05/23/00 | 1,000.00 |
| H. Capitol Hill Club<br>300 First Street SE<br>Washington, DC 20003 | Kind Breakfast<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | 05/23/00 | 347.81 (In-Kind) |
| I. Whitfield for Congress<br>PO Box 391<br>Hopkinsville, KY 42241 | Kind Breakfast<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | 05/23/00 | 347.81 (Memo In-Kind) |

**SUBTOTAL** of Disbursements This Page (optional) ..... 11,847.81

**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

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Mike Simpson for Congress<br>431 North Oak Street<br>Blackfoot, ID | Purpose of Disbursement<br>Mike Simpson, D.S.<br>HOUSE ID<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000 | Date (month, day, year)<br>05/31/00 | Amount of Each Disbursement This Period<br>1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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) | 62,347.81 |

4-00172

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | | |
|---|---|---|
| ☒ | Hand Delivered | Date of Receipt 10/20/00 |
| ☐ | First Class Mail | POSTMARKED |
| ☐ | Registered/Certified Mail | POSTMARKED (R/C) |
| ☐ | No Postmark | |
| ☐ | Postmark Illegible | |
| ☐ | Received from the House office of Records and Registration | Date of Receipt |
| ☐ | Received from the Senate Office of Public Records | Date of Receipt |
| ☐ | Other ( Specify): | Postmarked _____ and/or Date of Receipt |
| ☐ | Electronic Filing | |

CR — PREPARER

10/20/00 — DATE PREPARED

(6/2000)