REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

02/14/2001 16 : 34

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

2. FEC IDENTIFICATION NUMBER
C00006080

CITY, STATE, and ZIP CODE
Washington DC 20005

3. ☒ This committee has qualified as a multi-candidate 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 _____ (election type)
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 5. Covering Period 01/01/2001 through 01/31/2001	**COLUMN A** **This Period**	**COLUMN B** **Calendar Year-to-Date**
6. (a) Cash on Hand, January 1, 2001		65814.06
(b) Cash on Hand at Beginning of Reporting Period	89814.06	
(c) Total Receipts (from line 19)	13985.60	13985.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	103799.66	103799.66
7. Total Disbursements (from line 30)	2968.78	2968.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100830.88	100830.88
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
Electronically Filed by Anna Lee, PAC Director

Signature of Treasurer

Date
02/14/2001

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 9/98)

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 01/01/2001 TO: 01/31/2001

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)	13500.00	13500.00	11.a.i.
ii. Unitemized	441.58	441.58	11.a.ii.
iii. Total (add i and ii)»	13941.58	13941.58	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)»	13941.58	13941.58	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	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	44.02	44.02	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)»	13985.60	13985.60	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	13985.60	13985.60	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	453.87	453.87	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	453.87	453.87	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	2514.91	2514.91	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 Sch. 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 Contributions 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)»	2968.78	2968.78	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	2968.78	2968.78	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	13941.58	13941.58	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	13941.58	13941.58	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	453.87	453.87	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	453.87	453.87	37.

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a

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

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Blaine Hendrickson PO Box 7 Rancho Mirage CA 92270 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Legacy Healthcare Occupation: CEO Aggregate Year-to-Date > $ 1250.00	01/26/2001	1250.00
Todd Smith 1201 L Street NW Washington DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	AHCA Occupation: Lobbyist Aggregate Year-to-Date > $ 1000.00	01/26/2001	1000.00
Robert Lohr 311 Castle Shannon Blvd Pittsburgh PA 15234 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Peridot Enterprises, Inc. Occupation: President Aggregate Year-to-Date > $ 1250.00	01/26/2001	1250.00
David E Mellier 27 Brand Avenue P.O. Box 448 Faribault MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Pleasant Manor Inc Occupation: Administrator/Owner Aggregate Year-to-Date > $ 500.00	01/26/2001	500.00
Howard Groff 9031 Penn. Ave. South Bloomington MN 55431 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Tealwood Care Centers Inc Occupation: President Aggregate Year-to-Date > $ 1250.00	01/26/2001	1250.00
Robert Moran 2201 K St. PO Box 537004 Sacramento CA 95853 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	CA Assn. of Health Facilities Occupation: Aggregate Year-to-Date > $ 250.00	01/26/2001	250.00
Thomas Reddy 8847 Long St. Wichita KS 66215-4984 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Vintage Park Inc. Occupation: President Aggregate Year-to-Date > $ 1250.00	01/26/2001	1250.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 6 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	Date (month, day, year)	Amount of Each Receipt this Period
Richard G Miller 9403 Mill Brook Rd Louisville KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Kentucky Health Care Assn. Occupation: State Executive Aggregate Year-to-Date > $ 250.00	01/29/2001	250.00
Michael Morton 100-B Garrison Ave Ft Smith AR 72901 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Central Arkansas Nursing Ctrs Occupation: Owner Aggregate Year-to-Date > $ 1250.00	01/29/2001	1250.00
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 > $ 1250.00	01/29/2001	1250.00
James R. Westbury 922 McDonough Rd Jackson GA 30233 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Westbury Medical Care Home Inc Occupation: Administrator Aggregate Year-to-Date > $ 500.00	01/30/2001	500.00
Donald Franco 274 Hemingway Ave East Haven CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Paragon Group Inc. Occupation: President Aggregate Year-to-Date > $ 250.00	01/30/2001	250.00
John Barber 2407 S Pine St PO Box 3347 Spartanburg SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	White Oak Manor Occupation: Executive VP/CFO Aggregate Year-to-Date > $ 2000.00	01/30/2001	2000.00
Bruce Yarwood 200 P St #F31 Sacramento CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Yarwood and Associates Occupation: Gov Rel Consultant Aggregate Year-to-Date > $ 1250.00	01/30/2001	1250.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**13500.00**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 6 FOR LINE NUMBER 21B

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America Washington DC 20005	Credit Card Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify) :	01/29/2001	100.00
Bank of America Washington DC 20005	Bank of America Service Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify) :	01/31/2001	250.35

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**350.35**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 6 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	Date (month, day, year)	Amount of Each Disbursement This Period
Balenger for Congress P.O. Box 2552 2238 Rayburn House Ofc Bldg Hickory NC 28603	Voided Check (House - NC - 10) Disbursement for: [ ] Primary [X] General [ ] Other (specify) : 2000	01/05/2001	-1000.00
Berkley for Congress PO Box 7397 Las Vegas NV 89125	Shelley Berkley, U.S. HOUSE NV. Debt Re (House - NV -) Disbursement for: [ ] Primary [X] General [ ] Other (specify) : 2000 Debt Retirement	01/11/2001	1000.00
Bank of America Washington DC 20005	Bank of America Service Charge Disbursement for: [ ] Primary [ ] General [ ] Other (specify) :	01/22/2001	14.91
Bob Clement 1230 Longworth House Ofc Bldg TN	Voided Check (House - TN - 5) Disbursement for: [ ] Primary [X] General [ ] Other (specify) : 2000	01/25/2001	-1000.00
Doug Ose for Congress 4013 Park Road Sacramento CA 95841	Doug Ose, U.S. HOUSE CA (House - CA -) Disbursement for: [X] Primary [ ] General [ ] Other (specify) : 2002	01/31/2001	500.00
Nebraskan for Nelson 2912 South 84th Street Suite B Omaha NE 68124	Ben Nelson, U.S. SENATE NE, 20-DOG Debt R (- NE -) Disbursement for: [ ] Primary [X] General [ ] Other (specify) : 2000 Debt Retirement	01/31/2001	2000.00
DAKPAC 420 C St., NE Lower Level Washington DC 20002	(- ND -) Disbursement for: [ ] Primary [ ] General [ ] Other (specify) : 2001	01/31/2001	1000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**2514.91**