REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION

OCT 15 ...

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

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

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

3. [X] 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

[X] Twelfth day report preceding General (Type of Election) election on 11/03/98 in the State of _____

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

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/01/98 through 10/14/98		
6. (a) Cash on Hand January 1, 1998		$ 103,778.00
(b) Cash on Hand at Beginning of Reporting Period	$ 120,847.55	
(c) Total Receipts (from line 19)	$ 42,207.84	$ 402,146.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 163,055.39	$ 505,924.37
7. Total Disbursements (from Line 30)	$ 62,375.00	$ 405,243.98
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 100,680.39	$ 100,680.39
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:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name Of Treasurer
~~Paul Willging, Phd~~ ANNA LEE

Signature of Treasurer
Anna Lee

Date
10/16/98

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)

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

Revised (1/1/81)

NAME OF COMMITTEE: American Health Care Association Political Action Committee

REPORT COVERING PERIOD FROM: 10/01/98 TO: 10/14/98

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)	39,292.93	339,274.11
II. Unitemized	2,914.91	52,131.49
III. Total (add i and ii) >	42,207.84	391,405.60
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	5,000.00
d. Total Contributions (add aiii,b and c) >	42,207.84	396,405.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,750.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	2,490.77
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	42,207.84	402,146.37
20. Total Federal Receipts (subtract line 18 from line 19) >	42,207.84	402,146.37
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
I. Federal Share	0.00	0.00
II. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	5,642.85
c. Total Operating Expenditures (Add ai,aii, and b) >	0.00	5,642.85
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	61,975.00	390,345.86
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441 a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	400.00	7,562.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	400.00	7,562.00
29. Other Disbursements	0.00	1,693.27
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	62,375.00	405,243.98
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	62,375.00	405,243.98
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	42,207.84	396,405.60
33. Total Contribution Refunds (from line 28d)	400.00	7,562.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	41,807.84	388,843.60
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	0.00	5,642.85
36. Offsets to Operating Expenditures (from line 15)	0.00	1,750.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	3,892.85

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 12
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236	Nursing Care Management Occupation: Exec Vice President	10/01/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 325.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Kenneth Morris 401 Snyder Ave Barberton, OH 44203	Pleasant View Health Care Occupation: Administrator	10/01/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Douglas Pendergras 11608 Scott Simpson Drive El Paso, TX 79936	Pebble Creek Occupation: Owner	10/01/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Edward Stafford 33 Elk Street Ste 300 Albany, NY 12207	NYS Health Facilities Assn Occupation: Director	10/01/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
David Lebenbom 801 W Big Beaver #650 Troy, MI 48084	Lebenbom Rothman Occupation: Attorney	10/01/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608	Mayview Conv Home Inc Occupation: Administrator	10/01/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Van Dyk 304 South Van Dien Ave Ridgewood, NJ 07450	Van Dyk Manor Occupation: President/CEO	10/02/98	3,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 3,000.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	3,950.00
TOTAL this Period (Last page this line number only) ..... >	

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. Gerry Baker 192 W Vienna Rd Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Beecher Manor Inc Occupation: Administrator Aggregate Year-to-date > $ 5,000.00	10/02/98	1,700.00
B. Juanita Baker 192 W Vienna Road Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Beecher Manor Inc Occupation: Assistant Administrator Aggregate Year-to-date > $ 300.00	10/02/98	200.00
C. 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	10/02/98	75.00
D. 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	10/02/98	250.00
E. Joyce Book 1 Hickory Drive Bethel, PA 19507 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	George M Leader Family Corp Occupation: Sr VP Operations Aggregate Year-to-date > $ 300.00	10/03/98	75.00
F. Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Health Dimensions Occupation: Nrsg Home Admin Aggregate Year-to-date > $ 500.00	10/03/98	125.00
G. Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Hillside Manor Rehab Ctr Occupation: Executive Director Aggregate Year-to-date > $ 5,000.00	10/03/98	1,250.00

SUB TOTAL of Receipts This Page (Optional) ..... > 3,675.00

TOTAL this Period (Last page this line number only) ..... >

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Hillside Manor Occupation: Executive Director Aggregate Year-to-date > $ 2,750.00	10/03/98	1,250.00
B. Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Ivy Hall Geriatric Ctr Occupation: President Aggregate Year-to-date > $ 2,000.00	10/03/98	500.00
C. Richard & Jill Mendlen 3333 Camino del Rio South #200 San Diego, CA 92108-3837 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Subacute Care of America, Inc Occupation: Dir Operations Aggregate Year-to-date > $ 1,000.00	10/03/98	250.00
D. Richard G Miller 101 E. State Street Kennett Square, PA 19348 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Genesis Eldercare - Corporate Office Occupation: Director, Gov Affairs Aggregate Year-to-date > $ 575.00	10/05/98	200.00
E. Larry Bradley 587 Rio Lindo Ave. Chico, CA 95926 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Chico Creek Health Care Occupation: Administrator Aggregate Year-to-date > $ 500.00	10/05/98	125.00
F. Paul Maggio 25 Schoenfeld Blvd Patchogue, NY 11772 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Patchogue Nursing Center Occupation: Administrator Aggregate Year-to-date > $ 250.00	10/05/98	64.00
G. Michael Riley 824 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Professional Therapy Services Occupation: President Aggregate Year-to-date > $ 1,000.00	10/05/98	500.00

SUB TOTAL of Receipts This Page (Optional) ..... > 2,889.00

TOTAL this Period (Last page this line number only) ..... >

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A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael Batza 515 Fairmount Ave Ste 900 Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Heritage Properties Inc Occupation: Businessman Aggregate Year-to-date > $ 250.00	10/05/98	64.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Joy Moy 2000 Domanik Dr Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Lincoln Lutheran - Racine Occupation: Administrator Aggregate Year-to-date > $ 500.00	10/05/98	125.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Steven Brant 101 S Belt W Belleville, IL 62220 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Four Fountains Conv Ctr Occupation: Administrator Aggregate Year-to-date > $ 625.00	10/05/98	250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Steven Wolf 2620 West Blvd. Belleville, IL 62221-7208 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Eldercare Inc Occupation: President Aggregate Year-to-date > $ 2,000.00	10/05/98	500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John W Jamison III PO Box 360067 Birmingham, AL 35236 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	CARECORPS Management Corporation Occupation: President & CEO Aggregate Year-to-date > $ 3,500.00	10/05/98	1,250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Jerry Neal 4239 W. War Mem'l Dr. #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Developmental Services of IL Occupation: President Aggregate Year-to-date > $ 1,100.00	10/05/98	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Bell Nursing Home Inc Occupation: Administrator Aggregate Year-to-date > $ 500.00	10/05/98	125.00

SUB TOTAL of Receipts This Page (Optional) ..... > 2,564.00

TOTAL this Period (Last page this line number only) ..... >

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. Steven Reissman, 4551 Glencoe Ave, Ste 300, Marina Del Ray, CA 90292	Country Villa Health Services / Administrator	10/05/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. Patti Turenne, 407 S McDonough St, Montgomery, AL 36104	Turenne & Associates Inc / Administrator	10/05/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,000.00		
C. Bobby Stephens, 155 Central Shopping Ctr, PO Box 3324, Ft Smith, AR 72913	Beverly Enterprises / Vice President	10/05/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
D. Harold & Debra Stewart, 7606 Ferguson Road, Dallas, TX 75228	Senior Care Properties / President	10/05/98	1,750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,750.00		
E. Robert Taylor, 13721 Glenoaks Rd, Sylmar, CA 91342	RETIRED / Occupation	10/05/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 225.00		
F. James Ayers, PO Box 217, Parsons, TN 38363	American Health Centers, Inc. / President	10/05/98	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 4,250.00		
G. Edward Kuntz, 8807 Stable Crest Blvd., Houston, TX 77024	Name of Employer / Occupation	10/05/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
SUB TOTAL of Receipts This Page (Optional) >			4,950.00
TOTAL this Period (Last page this line number only) >			

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 12
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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
G. Michael Leader 1070 W Areba Ave Hershey, PA 17033	Country Meadows of West Shore Occupation: President	10/05/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Murtha 27 E Russell St #200 Columbus, OH 43215	The MacIntosh Company Occupation: President	10/05/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,000.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Ronald Squillace 301 Union St Hackensack, NJ 07601	Wellington Hall Nursing Home Occupation: Administrator	10/05/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Dee Bangerter 350 E 300 S, Suite 100 Bountiful, UT 84010	Rocky Mountain Healthcare Occupation:	10/05/98	375.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Melvin Harris 426 N Washington Marksville, LA 71351	Colonial Manor Occupation: Owner	10/06/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Jim Klausman 3715 SW 29th St #200 Topeka, KS 66614	Midwest Health Services Inc Occupation: Owner/Administrator	10/06/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Phillip Fogg Sr 6623 NE 82nd Ave Portland, OR 97220	Prestige Care Inc Occupation: Administrator	10/06/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,000.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 3,100.00

TOTAL this Period (Last page this line number only) ..... >

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard Rau 3939 S. 92nd St. Greenfield, WI 53228	Clement Manor Health Center Occupation: Administrator	10/06/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,300.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John Sims PO Box 1129 Turlock, CA 95381	Elness Convalescent Hospital Occupation: Administrator	10/06/98	1,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John Kiefhaber 221 SW 33rd Topeka, KS 66611	Kansas Health Care Association Occupation: Executive VP	10/06/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Gregory Chambery 100 Daniel Dr Webster, NY 14580	Maplewood Nursing Home Inc Occupation: Administrator	10/07/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Larry Juhl 104 Glen Oaks Dr Box 31 New London, MN 56273	GlenOaks Care Center Occupation: Administrator	10/07/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,200.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534	Beaumont Nursing Home Occupation: Administrator	10/08/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062	Weirton Convalescent Home Occupation: Owner/Administrator	10/08/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,000.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 3,825.00

TOTAL this Period (Last page this line number only) ..... >

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 12
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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
R Peter Madel 108 8th St NW Waseca, MN 56093	Lake Shore Inn Nursing Home Occupation: Administrator	10/08/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Deane PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: Chief Economist	10/08/98	57.69
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 584.60		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Asztalos PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: Lobbyist	10/08/98	58.62
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 382.80		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Paul Willging 1201 L St. NW Washington, AH 20005	AHCA Occupation: Exec VP	10/08/98	576.90
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 3,846.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
David Seckman PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: VP Regulatory	10/08/98	57.72
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 384.80		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Penny Prue 1201 L Street, NW Washington, AH 20005	AHCA Occupation: Vice President, Administration	10/08/98	114.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 872.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Gerald Reilly 2120 State St NE #102 Olympia, WA 98506	Washington Health Care Assoc Occupation: Executive Director	10/09/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	1,114.93
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 9 OF 12
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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	Date (Month day, Year)	Amount of Each Receipt this Period
Richard Brockman 815 Euclid Avenue Birmingham, AL 35213	Occupation: Administrator	10/09/98	1,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,000.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Roch Carter 105 W Michigan St Milwaukee, WI 53203	Unicare Health Facilities Occupation: General Counsel	10/13/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Jerry Sansby 2319 W 7th St St Paul, MN 55116	Highland Chateau Occupation: President	10/13/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Kenneth Gretner Box 23017 Oklahoma City, OK 73123	Wilshire Nursing Home Occupation: President	10/13/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Frank Wronski 64500 Van Dyke Washington, MI 48095	Medilodge Group Occupation: President	10/13/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,750.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Jack Markovitz P.O. Box 605 Sunset Beach, CA 90742-0605	JK Health Care Mgmt. Inc. Occupation: President	10/13/98	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,750.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Stephen Spaugh 11572 Fall Creek Rd. Indianapolis, IN 46256	Spaugh & Co Occupation: Owner	10/13/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	4,250.00
TOTAL this Period (Last page this line number only) ..... >	

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

FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Dave Helmsin 2201 K Street PO Box 537004 Sacramento, CA 95853	CAHF Occupation: Program Director	10/13/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406	Northport Health Services Inc Occupation: President	10/13/98	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 3,875.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Don Wessell 417 S Main St Oberlin, OH 44074	Welcome Nursing Home Inc Occupation: President	10/13/98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 600.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Berry Crow 9628 Campo Rd #T Spring Valley, CA 91977	Brighton Health Alliance Inc Occupation: Administrator	10/13/98	475.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 825.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Joseph Warner 115 W Jefferson, Suite 401 Bloomington, IL 61702-3188	Heritage Enterprise Occupation: President	10/13/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,200.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Debra Finneran 2529 Six Mile Ln Louisville, KY 40220	Meadows Health Systems Inc. Occupation: Administrator	10/13/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Terry Mundy 2633 W Rumble Rd Modesto, CA 95350	English Oaks Convalescent Hosp Occupation: Owner/Administrator	10/13/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 2,675.00

TOTAL this Period (Last page this line number only) ..... >

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

FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. Neil Pruitt 409 E. Doyle St. Toccoa, GA 30577 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: UHS-Pruitt Corp. Occupation: Administrator Aggregate Year-to-date > $ 1,000.00	10/13/98	500.00
B. J Robert Wilson 947 Worthington Circle Ft Collins, CO 80526 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Columbine Mgmt. Svcs. Occupation: President Aggregate Year-to-date > $ 3,250.00	10/13/98	1,250.00
C. Elton Beebe PO Box 6015 Ridgeland, MS 39158 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Magnolia Management Corp Occupation: President Aggregate Year-to-date > $ 2,000.00	10/13/98	500.00
D. Ruth & Al Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Vista Pacifica Enterprises Occupation: Owner/Administrator Aggregate Year-to-date > $ 5,000.00	10/13/98	1,250.00
E. John K Smith PO Box 311 Commerce, TX 75429 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Smith Investments Occupation: Owner Aggregate Year-to-date > $ 600.00	10/13/98	400.00
F. James Westbury 992 McDonough Rd Jackson, GA 30233 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Westbury Medical Care Home Inc Occupation: President Aggregate Year-to-date > $ 2,000.00	10/13/98	500.00
G. John Orestis PO Box 1408 179 Lisbon St. Lewiston, ME 04240 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: North Country Associates Occupation: Aggregate Year-to-date > $ 600.00	10/13/98	500.00

SUB TOTAL of Receipts This Page (Optional) >	4,900.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 OF 12
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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
Lester & Betty Krueger 14241 East State Route 106 Belfair, WA 98528	Claremont & Alpine Way R Homes Owners	10/13/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Daniel Knorr 317 Ebenezer Rd Knoxville, TN	Functional Pathways Owner	10/13/98	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 400.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Jan Thayer 404 Woodland Dr Grand Island, NE 68801	Riverside Lodge Owner/Administrator	10/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Gail Clarkson 64500 Van Dyke Washington, MI 48095	The Medilodge Group Vice President	10/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,200.00		
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 > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	1,400.00
TOTAL this Period (Last page this line number only) ..... >	39,292.93

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 7
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
A. Full Name, Mailing Address and Zip Code Friends of John Peterson PO Box 195 Pleasantville, PA 16341	John Peterson, PA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/01/98	1,000.00
B. Full Name, Mailing Address and Zip Code Luther for Cong Volunteer Cmt 1399 Geneva Ave., N., #103 1419 Longworth HOB Oakdale, MN 56201	Voided Check Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/01/98	-500.00
C. Full Name, Mailing Address and Zip Code Fitzgerald for Senate 50 N. Brockway Suite 4-5 Palatine, IL 60067	Peter Fitzgerald, U.S. SENATE IL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/02/98	1,000.00
D. Full Name, Mailing Address and Zip Code Tancredo for Congress 200 W. Hampton Englewood, CO 80110	Tom Tancredo, U.S. HOUSE CO Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/02/98	500.00
E. Full Name, Mailing Address and Zip Code Larson for Congress 1087 Old Maine Street East Hartford, CT 06108	John Larson, U.S. HOUSE CT Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/02/98	500.00
F. Full Name, Mailing Address and Zip Code Baesler for US Senate PO Box 2147 Lexington, KY 40595	Purpose of Disbursement Scotty Baesler, U.S. HOUSE 6th KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day, Year) 10/02/98	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Dottie Lamm '98 770 Grant St Suite 229 Denver, CO 80203	Purpose of Disbursement Dottie Lamm, U.S. SENATE CO Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day, Year) 10/02/98	Amount of Each Disb. this Period 2,000.00
H. Full Name, Mailing Address and Zip Code Re-elect Sen Frank Murskowski PO Box 240468 Anchorage, AK 99524-0468	Purpose of Disbursement Frank Murkowski, U.S. SENATE AK Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day, Year) 10/02/98	Amount of Each Disb. this Period 1,000.00
I. Full Name, Mailing Address and Zip Code Lewis for Congress Committee 1150 Brookside Ave. 2312 Rayburn House Ofc Bldg Redlands, CA 92373	Purpose of Disbursement Charles Pashayan, Jr., CA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day, Year) 10/02/98	Amount of Each Disb. this Period 4,500.00

SUB TOTAL of Disbursements this page (Optional) ---------->	11,000.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 7
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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 Disb. this Period
Jerry Cooper for Congress PO Box 137 Smartt Station, TN 37378	Jerry Cooper, U.S. HOUSE TN Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/02/98	2,500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Pallone for Congress Suite 11B, 540 Broadway Long Branch, NJ 7740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/05/98	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Mike Bilirakis for Congress P O Box 1077 2240 Rayburn House Ofc Bldg Tarpen Springs, FL 34688-1077	Michael Bilirakis, U.S. HOUSE 9th FL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/05/98	5,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Franks for Congress 219 South St. 429 Cannon House Ofc Bldg New Providence, NJ 7974	Bob Franks, U.S. HOUSE 7th NJ Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/05/98	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Refund for Doves Nest Inc Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 98 Other	10/06/98	100.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Refund for Lantis Enterprises Inc. Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 98 Other	10/06/98	25.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Blanche Lincoln 1616 W Third Street Little Rock, AR 72201	Blanche Lincoln, U.S. HOUSE AR Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/06/98	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Minge for Congress PO Box 71 Granite Falls, MN 56241-0071	David Minge, U.S. HOUSE 2nd MN Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/06/98	3,500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Rick Hill for Cong Cmt 2105 Crystal Drive, Box 1256 Helena, MT 59601	Rick Hill, MT Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/06/98	1,000.00

SUB TOTAL of Disbursements this page (Optional) ---------->	14,625.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 7
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code Hobson for Congress 82 W. Columbia St. 1507 Longworth House Ofc Bldg Springfield, OH 45502	Purpose of Disbursement Dave Hobson, U.S. HOUSE 7th OH Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 10/07/98	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code Fitzgerald for Senate 50 N. Brockway Suite 4-5 Palatine, IL 60067	Purpose of Disbursement Peter Fitzgerald, U.S. SENATE IL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 10/07/98	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Jim Ramstad Volunteer Cmte. 8120 Penn Ave., S., # 156-A 322 Cannon House Ofc Bldg Bloomington, MN 55431	Purpose of Disbursement Jim Ramstad, U.S. HOUSE 3rd MN Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 10/07/98	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Baldacci for Congress Committee 9 Palm Street Bangor, ME 04401	Purpose of Disbursement John Baldacci, U.S. HOUSE 2nd ME Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 10/07/98	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Quinn for Congress PO Box 2012 331 Cannon House Ofc Bldg Blasdell, NY 14219	Purpose of Disbursement Jack Quinn, U.S. HOUSE 30th NY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 10/07/98	Amount of Each Disb. this Period 500.00
F. Full Name, Mailing Address and Zip Code Stenholm for Congress P.O. Box 1032 Stamford, TX 79553	Purpose of Disbursement Charles Stenholm, U.S. HOUSE 17th TX Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 10/07/98	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code New Democrat Network 501 Capitol Court NE Suite #200 Washington, DC 20002	Purpose of Disbursement Salute to Vic Fazio Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 10/07/98	Amount of Each Disb. this Period 1,500.00
H. Full Name, Mailing Address and Zip Code Bill McCollum 1010 Cathy Drive 2266 Rayburn House Ofc Bldg Altamonte Spring, FL 32714	Purpose of Disbursement Bill McCollum, U.S. HOUSE 8th FL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 10/07/98	Amount of Each Disb. this Period 1,000.00
I. Full Name, Mailing Address and Zip Code Carol Moseley-Braun for US Senate '98 201 N. Wells, Ste. 900 Chicago, IL 60601	Purpose of Disbursement Carol Moseley-Braun, U.S. SENATE IL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 10/07/98	Amount of Each Disb. this Period 3,000.00

SUB TOTAL of Disbursements this page (Optional) ---------->	9,500.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 7
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Reynolds for Congress PO Box 479 Victor, NY 14564	Howard Coble, U.S. HOUSE 6th NC Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/07/98	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Sweeney for Congress PO Box 4137 Clifton Park, NY 12065	Sweeney, U.S. HOUSE NY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/07/98	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Friends for Houghton 33 East Third Street Corning, NY 14830	Amo Houghton, U.S. HOUSE 31st NY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/07/98	1,500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Reynolds for Congress PO Box 479 Victor, NY 14564	Voided Check Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/07/98	-1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Reynolds for Congress PO Box 479 Victor, NY 14564	Tom Reynolds, U.S. HOUSE NY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/07/98	1,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
National Republican Congressional Committee 320 First Street, SE Washington, DC 20003	NRCC, DC Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/08/98	5,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Delahunt Campaign 500 Victory Rd N.Quincy, MA 02171	Delahunt , U.S. HOUSE MA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/08/98	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Baesler for US Senate PO Box 2147 Lexington, KY 40595	Voided Check Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/08/98	-1,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Pallone for Congress Suite 115, 540 Broadway Long Branch, NJ 7740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/08/98	1,250.00

SUB TOTAL of Disbursements this page (Optional) ..... >	9,750.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 7
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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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 Disb. this Period
A. Mike Bilirakis for Congress P O Box 1077 2240 Rayburn House Ofc Bldg Tarpon Springs, FL 34688-1077	Voided Check Disbursement For: [ ] Primary [X] General [ ] Other (Specify) '98	10/08/98	-5,000.00
B. Mike Bilirakis for Congress P O Box 1077 2240 Rayburn House Ofc Bldg Tarpon Springs, FL 34688-1077	Michael Bilirakis, U.S. HOUSE 9th FL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) '98	10/08/98	4,143.62
C. Anna Z. Lee 1201 L Street, NW Washington, DC 20005	Inkind Contribution to Mike Bilirakis Disbursement For: [ ] Primary [ ] General [X] Other (Specify) '98 Other	10/08/98	856.38 (In-Kind)
D. Mike Bilirakis for Congress P O Box 1077 2240 Rayburn House Ofc Bldg Tarpon Springs, FL 34688-1077	Inkind Contribution to Mike Bilirakis Disbursement For: [ ] Primary [X] General [ ] Other (Specify) '98 Other	10/08/98	856.38 (Memo In-Kind)
E. Citizens for Bunning 1717 Dixie Highway, Ste 180 Ft. Wright, KY 41011	Jim Bunning, U.S. HOUSE 4th KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) '98	10/09/98	4,000.00
F. Congressman Bart Gordon Committee PO Box 2008 Murfreesboro, TN 37133	Bart Gordon, U.S. HOUSE 6th TN Disbursement For: [ ] Primary [X] General [ ] Other (Specify) '98	10/09/98	1,000.00
G. Friends of Sen Carl Levin 29201 Telegraph - Suite 606 SR-459 Russell Senate Ofc Bldg Southfield, MI 48034	Carl Levin, U.S. HOUSE 12th MI Disbursement For: [ ] Primary [X] General [ ] Other (Specify) '98	10/09/98	1,000.00
H. Charles Schumer 9 Prospect Park West 2412 Rayburn House Ofc Bldg Brooklyn, NY 11215	Charles Schumer, U.S. HOUSE 9th NY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) '98	10/09/98	2,500.00
I. Friends of Sen Carl Levin 29201 Telegraph - Suite 606 SR-459 Russell Senate Ofc Bldg Southfield, MI 48034	Voided Check Disbursement For: [ ] Primary [X] General [ ] Other (Specify) '98	10/09/98	-1,000.00

SUB TOTAL of Disbursements this page (Optional) ..... >	7,500.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 7
	FOR LINE NUMBER 23

SCHEDULE B ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Levin for Congress Cmte 2107 Fourteen Mile Rd Sterling Heights, MI 48310	Sander Levin, U.S. HOUSE 12th MI Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/09/98	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Ken Lucas for Congress	Ken Lucas, KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/09/98	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Gorman for Congress PO Box 36608 Louisville, KY 40233-6608	Chris Gorman, U.S. HOUSE KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/09/98	1,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Thurman for Congress PO Box 5058 Inverness, FL 34450	Karen Thurman, U.S. HOUSE 5th FL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/09/98	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Roy Blunt 2740-B East Sunshine Street Springfield, MO 65804	Roy Blunt, MO Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/12/98	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Missourians for Kit Bond 1243 W 59th St Kansas City, MO 64113	Christopher Bond, U.S. SENATE MO Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/12/98	3,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Texans for Henry Bonilla PO Box 17292 San Antonio, TX 78217	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/14/98	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
McCarthy for Congress PO Box 5063 Mineola, NY 11718	Carolyn McCarthy, NY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	10/14/98	500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	payment from Beehive for #4745 Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 98 Other	10/14/98	100.00

SUB TOTAL of Disbursements this page (Optional) ---------->	8,600.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 7
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code Hoyer for Congress Committee 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Purpose of Disbursement Steny Hoyer, U.S. HOUSE 5th MD Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day, Year) 10/14/98	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ---------->	1,000.00
TOTAL this Period (Last page this line number only) ---------->	61,975.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 28A

SCHEDULE B ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code CecilDoug , NC	Purpose of Disbursement Refund to Doug Cecil for overpayment Disbursement For: [ ] Primary [ ] General [X] Other (Specify) '98 Other	Date (Month day,Year) 10/06/98	Amount of Each Disb. this Period 400.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	400.00
TOTAL this Period (Last page this line number only) ..... >	400.00

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
☑	First Class Mail	POSTMARKED 10-14-98
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

KM
PREPARER

10-19-98
DATE PREPARED

(4/98)