

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

MAR 17 2 11 PM '99

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.  This committee has qualified as a multicandidate committee. (see FEC FORM 16)

## 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	02/01/99 through 02/28/99		
6. (a) Cash on Hand January 1, 19 99			\$ 84,248.97
(b) Cash on Hand at Beginning of Reporting Period		\$ 62,516.72	
(c) Total Receipts (from Line 19)		\$ 57,197.92	\$ 57,344.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 119,714.64	\$ 141,593.66
7. Total Disbursements (from Line 30)		\$ 28,134.20	\$ 50,013.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 91,580.44	\$ 91,580.44
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	

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

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-218-3420

Type or Print Name of Treasurer  
Paul Willging, PhD - Anna Lee PAC Director

Signature of Treasurer  
*Anna Lee*

Date  
3-17-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>American Health Care Association Political Action Committee</b>	REPORT COVERING PERIOD		
	FROM <b>02/01/99</b>	TO <b>02/28/99</b>	
	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	47,600.00	47,600.00	11(a)(1)
ii. Unitemized	8,541.00	8,541.00	11(a)(2)
Total (add i and ii) >	56,041.00	56,041.00	11(a)(3)
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 ii, b and c) >	56,041.00	56,041.00	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.)	1,025.00	1,025.00	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.)	131.92	278.69	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) >	57,197.92	57,344.69	19
20. Total Federal Receipts (subtract line 18 from line 19) >	57,197.92	57,344.69	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(1)
ii. Non-Federal Share	0.00	0.00	21(a)(2)
b. Other Federal Operating Expenditures	609.20	988.22	21(b)
c. Total Operating Expenditures (add a ii, a ii, and b) >	609.20	988.22	21(c)
22. Transfers to Affiliated/Other Party Committees	15,000.00	15,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,000.00	32,500.00	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. Individual/Persons Other Than Political Committees	1,525.00	1,525.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	1,525.00	1,525.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	28,134.20	50,013.22	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	28,134.20	50,013.22	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	56,041.00	56,041.00	32
33. Total Contribution Refunds (from line 28d)	1,525.00	1,525.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	54,516.00	54,516.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	609.20	988.22	35
36. Offsets to Operating Expenditures (from line 15)	1,025.00	1,025.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-416.80	-36.78	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 11  
FOR LINE NUMBER 11 a i

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
<b>Millard Cursey</b> 531 Stevenson Ln Towson, MD 21286	<b>Holly Hill Manor</b>	<b>02/01/99</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Administrator</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
<b>Todd Smith</b> 1201 L Street NW Washington, AH 20005	<b>AHCA</b>	<b>02/01/99</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Lobbyist</b>	Aggregate Year-to-Date > \$ <b>300.00</b>	
<b>Barbara McClung</b> 3710 W Mineral King Avenue Visalia, CA 93291	<b>Moyles Central Valley Health Care</b>	<b>02/02/99</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Vice President</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
<b>Mary Ousley</b> 10065 Red Run Blvd Owings Mills, MD 21117	<b>Intergrated Health Services, Inc</b>	<b>02/02/99</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Senior VP Government Reg Affairs</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
<b>Hugh Franklin</b> 14 Northtowne Dr. #202 Jackson, MS 39211	<b>Franklin Consulting Co.</b>	<b>02/02/99</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Owner</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
<b>William Biggs</b> 4605 Belton Highway Anderson, SC 29621	<b>Richard Campbell Veterans Home</b>	<b>02/02/99</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Administrator</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Linda DeRuvo Keegan</b> PAYROLL DEDUCTION Washington, AH 20005	<b>AHCA</b>	<b>02/02/99</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP PR &amp; Prof Svcs</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional) ..... **2,800.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 11  
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 Robert Moran 315 N. 2nd St. Harrisburg, PA 17101-1305	Name of Employer Pennsylvania Health Care Assoc  Occupation Executive VP	Date (month, day, year) 02/02/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Thomas Reddy PO Box 14884 Lenexa, KS 66285	Name of Employer Vintage Park Inc.  Occupation	Date (month, day, year) 02/02/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Robert Lehr PO Box 10805 Pittsburgh, PA 15238	Name of Employer Jefferson Hills Manor  Occupation Executive Director	Date (month, day, year) 02/02/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,250.00	
D. Full Name, Mailing Address and ZIP Code Herman Conaway 2312 Highland Avenue Parkersburg, WV 26101	Name of Employer Mound View Health Care Inc  Occupation Administrator	Date (month, day, year) 02/03/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Mel Lynn 1755 North Barker Rd. Brookfield, WI 53045	Name of Employer Cara-Age of Brookfield  Occupation Administrator	Date (month, day, year) 02/03/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code W. Heywood Fralin 2917 Penn Forest Blvd. #300 Roanoke, VA 24018-4397	Name of Employer Med. Facilities of America Inc.  Occupation	Date (month, day, year) 02/03/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,250.00	
G. Full Name, Mailing Address and ZIP Code Bruce Yarwood 200 P St #F31 Sacramento, CA 95814	Name of Employer Yarwood and Associates  Occupation Gov Rel Consultant	Date (month, day, year) 02/04/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	

**SUBTOTAL** of Receipts This Page (optional) ..... **5,000.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 11  
FOR LINE NUMBER 11 a i

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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
James Westbury 992 McDonough Rd Jackson, GA 30233	Westbury Medical Care Home Inc	02/05/99	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Benno W Salswski 504 Woodlane Dr #300 Little Rock, AR 72201	Arkansas Health Care Assn	02/05/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432	Hillside Manor Rehab Ctr	02/05/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 1,250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432	Hillside Manor	02/05/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 1,250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Kuntz 400 W. Market St., #3300 Louisville, KY 40202	Vancor, Inc.	02/05/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Kempiners 1029 S 4th St Springfield, IL 62703	Illinois Health Care Assn	02/05/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ira Alpert 3220 S Higuera St Suite 103A San Luis Obispo, CA 93401	Wilshire Foundation Inc	02/05/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	

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

4,050.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 11  
FOR LINE NUMBER 11 a 1

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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
<b>Patti Turanne</b> 7 Clayton Street Suite 1200 Montgomery, AL 36104	<b>Turanne &amp; Associates Inc</b>  Occupation <b>Administrator</b>	<b>02/08/99</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>500.00</b>		
<b>Kenneth Gralner</b> Box 23017 Oklahoma City, OK 73123	<b>Wilshire Nursing Home</b>  Occupation <b>President</b>	<b>02/08/99</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>250.00</b>		
<b>Louis Serra</b> 2625 Pennsylvania Ave Weirton, WV 26062	<b>Walton Convalescent Home</b>  Occupation <b>Owner/Administrator</b>	<b>02/08/99</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>500.00</b>		
<b>Simon Felman</b> 140 St Edwards St Brooklyn, NY 11201-3988	<b>Greenpark Care Center Inc</b>  Occupation <b>Administrator</b>	<b>02/08/99</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>300.00</b>		
<b>Ron Floyd</b> 505 Robert Rd Slidell, LA 70458	<b>Greenbriar Nursing Home</b>  Occupation <b>Administrator</b>	<b>02/09/99</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>250.00</b>		
<b>David E Mellier</b> 27 Brand Avenue P.O. Box 446 Faribault, MN 55021	<b>Pleasant Manor Inc</b>  Occupation <b>Administrator</b>	<b>02/09/99</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>500.00</b>		
<b>Mary Baker</b> 108 Starr Ave. PO Box 1129 Turlock, CA 95381	<b>Bel-Air Lodge</b>  Occupation <b>Adminiatorator</b>	<b>02/09/99</b>	<b>1,250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>1,250.00</b>		

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

**3,550.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 11  
FOR LINE NUMBER 11 a)

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Ruth Braswell 3674 Pacific Ave Riverside, CA 92509</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Vista Pacifica Enterprises</p> <p><b>Occupation</b> Owner/Administrator</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 2,500.00</p>	<p><b>Date (month, day, year)</b> 02/09/99</p>	<p><b>Amount of Each Receipt this Period</b> 2,500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Herbert Heflich 33 Union Pl 2nd Flr Summit, NJ 07901</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Long Term Care Mgt Co</p> <p><b>Occupation</b> Owner</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b> 02/09/99</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Gerald Schroer Jr. 7222 Day Ave. SW Navarre, OH 44662</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> The Schroer Group</p> <p><b>Occupation</b> Executive Vice President</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b> 02/09/99</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> A D Buffington 2506 Lakeland Dr PO Box 8075 Jackson, MS 39204</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Hillcrest Health Center</p> <p><b>Occupation</b> Owner</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 600.00</p>	<p><b>Date (month, day, year)</b> 02/09/99</p>	<p><b>Amount of Each Receipt this Period</b> 600.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Eugene Bishop PO Box 387 Roswell, GA 30077</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Health Services Centers</p> <p><b>Occupation</b> President</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 02/09/99</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Reginald Carter PO Box 80050 Lansing, MI 48908</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Health Care Assn. of Michigan</p> <p><b>Occupation</b> Executive VP</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 300.00</p>	<p><b>Date (month, day, year)</b> 02/09/99</p>	<p><b>Amount of Each Receipt this Period</b> 300.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Terry Kuzman 1167 Enfield St Enfield, CT 06082</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Parkway Pavillion</p> <p><b>Occupation</b> Administrator</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 02/09/99</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>

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

4,900.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 11  
FOR LINE NUMBER 11 a

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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
<b>William Dunn</b> 195 Executive Dr Marion, OH 43302	<b>Marion Manor Nursing Hm Inc</b>	<b>02/10/99</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Administrator</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Mark Finkelstein</b> 955 S Main Street Middletown, CT 06457	<b>Subacute Mgt Corp of America Inc</b>	<b>02/10/99</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>Gerald Hamilton</b> 10400 Academy Rd Ste 360 Albuquerque, NM	<b>IHS</b>	<b>02/10/99</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Vice President</b>	Aggregate Year-to-Date > \$ <b>300.00</b>	
<b>Larry Juhl</b> 104 Glen Oaks Dr Box 31 New London, MN 56273	<b>Glen Oaks Care Center</b>	<b>02/10/99</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Administrator</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Michael McBride</b> 2905 White Horse Road Greenville, SC 29611	<b>Health Management Resources</b>	<b>02/11/99</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
<b>Darell R Cammack</b> 1300 Windlass Dr Baltimore, MD 21220	<b>Ivy Hall Geriatric Ctr</b>	<b>02/11/99</b>	<b>1,250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President</b>	Aggregate Year-to-Date > \$ <b>1,250.00</b>	
<b>Robert Bristol</b> 7420 Marlboro Pike Forestville, MD 20747	<b>Regency Health Services, Inc.</b>	<b>02/11/99</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <b>500.00</b>	

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

**4,050.00**

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 11  
FOR LINE NUMBER 11 a i

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Steven Wolf 2620 West Blvd. Belleville, IL 62221-7208</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Eldercare Inc</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>500.00</b></p>	<p>Date (month, day, year) <b>02/11/99</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Joseph Donchess 7844 Office Park Blvd Baton Rouge, LA 70809</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Louisiana Nursing Home Assn</b></p> <p>Occupation <b>Executive Director</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>02/11/99</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Alan Solomont 400 Centre Street Newton, MA 22458</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Solomont/Balle Ventures LLC</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>1,250.00</b></p>	<p>Date (month, day, year) <b>02/11/99</b></p>	<p>Amount of Each Receipt this Period <b>1,250.00</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Henry Burch PO Box 23314 New Orleans, LA 70123</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Henry J Burch &amp; Associates</b></p> <p>Occupation <b>Owner</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>1,250.00</b></p>	<p>Date (month, day, year) <b>02/12/99</b></p>	<p>Amount of Each Receipt this Period <b>1,250.00</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> John W Jamison III PO Box 360067 Birmingham, AL 35238</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>CARECORPS Management Corporation</b></p> <p>Occupation <b>President &amp; CEO</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>2,500.00</b></p>	<p>Date (month, day, year) <b>02/16/99</b></p>	<p>Amount of Each Receipt this Period <b>2,500.00</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Keith Holloway 1475 N Cole Rd Boise, ID 83704</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Western Health Care Corp</b></p> <p>Occupation <b>Administrator</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>1,250.00</b></p>	<p>Date (month, day, year) <b>02/16/99</b></p>	<p>Amount of Each Receipt this Period <b>1,250.00</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Cheryl Rapp 1070 Via Traquila Santa Barbara, CA 93110</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>CARREI</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>1,250.00</b></p>	<p>Date (month, day, year) <b>02/16/99</b></p>	<p>Amount of Each Receipt this Period <b>1,250.00</b></p>

**SUBTOTAL of Receipts This Page (optional)** ..... **8,250.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 11  
FOR LINE NUMBER 11 a 1

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

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Michael Morton</b> <b>100-B Garrison Ave</b> <b>Ft Smith, AR 72901</b>	<b>Name of Employer</b> <b>Central Arkansas Nursing Ctrs</b>	<b>Date (month, day, year)</b> <b>02/16/99</b>	<b>Amount of Each Receipt this Period</b>  <b>1,250.00</b>
	<b>Occupation</b> <b>Owner</b>	<b>Aggregate Year-to-Date</b> > \$ <b>1,250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>JK Health Care Mgmt. Inc.</b>	<b>Date (month, day, year)</b> <b>02/16/99</b>	<b>Amount of Each Receipt this Period</b>  <b>1,250.00</b>
	<b>Occupation</b> <b>President</b>	<b>Aggregate Year-to-Date</b> > \$ <b>1,250.00</b>	
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Jack Markovitz</b> <b>P.O. Box 605</b> <b>Sunset Beach, CA 90742-0605</b>	<b>Name of Employer</b> <b>Western Health Care Corp</b>	<b>Date (month, day, year)</b> <b>02/16/99</b>	<b>Amount of Each Receipt this Period</b>  <b>1,250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Owner/Nurse Consult</b>	<b>Aggregate Year-to-Date</b> > \$ <b>1,250.00</b>	
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Delta Holloway</b> <b>1475 N Cole Rd</b> <b>Boise, ID 83704</b>	<b>Name of Employer</b> <b>Beverly Enterprises</b>	<b>Date (month, day, year)</b> <b>02/17/99</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Chairman/President</b>	<b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>David Banks</b> <b>PO Box 3324</b> <b>Ft Smith, AR 72913</b>	<b>Name of Employer</b> <b>Mabry Health Care</b>	<b>Date (month, day, year)</b> <b>02/17/99</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Administrator</b>	<b>Aggregate Year-to-Date</b> > \$ <b>500.00</b>	
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Thomas Mabry</b> <b>PO Box 7</b> <b>Gainesboro, TN 38562</b>	<b>Name of Employer</b> <b>Columbina Mgmt. Svcs.</b>	<b>Date (month, day, year)</b> <b>02/18/99</b>	<b>Amount of Each Receipt this Period</b>  <b>1,250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>President</b>	<b>Aggregate Year-to-Date</b> > \$ <b>1,250.00</b>	
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>J Robert Wilson</b> <b>947 Worthington Circle</b> <b>Ft Collins, CO 80526</b>	<b>Name of Employer</b> <b>Westgate Nursing Home</b>	<b>Date (month, day, year)</b> <b>02/18/99</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Proprietor</b>	<b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Dennis Christiano</b> <b>525 Baahan Rd</b> <b>Rochester, NY 14824</b>	<b>SUBTOTAL of Receipts This Page (optional)</b>		<b>6,000.00</b>
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 9 OF 11  
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code Floyd Schlossberg 4200 Peterson #140 Chicago, IL 60645	Name of Employer Aidan Management Inc  Occupation President	Date (month, day, year)  02/18/99	Amount of Each Receipt this Period  1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,250.00	
B. Full Name, Mailing Address and ZIP Code Joseph Warner 115 W Jefferson, Suite 401 Bloomington, IL 61702-3188	Name of Employer Heritage Enterprise  Occupation President	Date (month, day, year)  02/18/99	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code David Creal 12701 Lillian St. Omaha, NE 68137	Name of Employer Vetter Health Services  Occupation President	Date (month, day, year)  02/19/99	Amount of Each Receipt this Period  300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code Jerry Sansby 2319 W 7th St St Paul, MN 55116	Name of Employer Highland Chateau  Occupation President	Date (month, day, year)  02/19/99	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Rick L Holloway 1476 N Cole Road Boise, ID 83704	Name of Employer Western Health Care Corp  Occupation VP, Systems Design	Date (month, day, year)  02/19/99	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Linda Fink 426 Main St. Juneau, AK 99801	Name of Employer AK St. Hosp. & Neg. Home Assn.  Occupation Assistant Director	Date (month, day, year)  02/19/99	Amount of Each Receipt this Period  300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code Richard & Jill Mendlen 3333 Camino del Rio South #200 San Diego, CA 92108-3837	Name of Employer Subacute Care of America, Inc  Occupation Dir Operations	Date (month, day, year)  02/18/99	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	

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

2,860.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 10 OF 11  
FOR LINE NUMBER 11 a i

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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
<b>Sally Rapp</b> 5700 Stone Ridge Mall Ste 280 Pleasanton, CA 94588	<b>SR Management Svcs. Inc.</b>	02/19/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Administrator</b>	Aggregate Year-to-Date > \$ 1,250.00	
<b>John Vinson</b> 351B Woodside Rd. Glenview, KY 40025	Name of Employer	Date (month, day, year) 02/22/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
<b>W Parker Tomlinson</b> 513 E Whitaker Mill Rd Raleigh, NC 27608	<b>Mayview Convalescent Center</b>	Date (month, day, year) 02/22/99	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Vice President</b>	Aggregate Year-to-Date > \$ 300.00	
<b>Michael Riley</b> 824 S 59th St Belleville, IL 62223	<b>Professional Therapy Services</b>	Date (month, day, year) 02/22/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President</b>	Aggregate Year-to-Date > \$ 500.00	
<b>Daniel Mosca</b> 4221 Highway 150 East Browns Summit, NC 27214	Name of Employer	Date (month, day, year) 02/22/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,250.00	
<b>Hollis Helgeson</b> 620 1st St NE Sartell, MN 56377	<b>Country Manor</b>	Date (month, day, year) 02/22/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO</b>	Aggregate Year-to-Date > \$ 250.00	
<b>Robert Murtha</b> 680 North Fourth St #820 Columbus, OH 43215	<b>The Macintosh Company</b>	Date (month, day, year) 02/23/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President</b>	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) ..... 4,300.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 11  
FOR LINE NUMBER 11 a 1

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> V Richard Miller PO Box 498 Plymouth, IN 48563</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MMM Investment Inc</p> <p>Occupation CEO/CFO</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 02/23/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Robert Rotolo 17441 W. Muirfield Baton Rouge, LA 70810</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 02/24/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Nell Pruitt 409 E. Doyle St. Toccoa, GA 30677</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UHS-Pruitt Corp.</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 02/26/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer White Oak Manor</p> <p>Occupation Executive VP/CFO</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 02/26/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Barbara McClung Has Refund(s) on Schedule B Totalling \$500.00 This changes the YTD Total to \$0.00</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period <b>(Memo Entry)</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) ..... 1,750.00

TOTAL This Period (last page this line number only) ..... 47,500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 15

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Don Bedell PO Box 1240 Sikaston, MO 63801</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Health Facilities Mgmt Corp</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$ <b>1,000.00</b></p>	<p>Date (month, day, year) <b>02/01/99</b></p>	<p>Amount of Each Receipt this Period <b>1,000.00</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p><b>SUBTOTAL of Receipts This Page (optional)</b></p>	<p><b>1,000.00</b></p>
<p><b>TOTAL This Period (last page this line number only)</b></p>	<p><b>1,000.00</b></p>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21B

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 123 dc, DC 20005	AMEX Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/26/99	221.13
Crestar Bank 123 dc, DC 20005	Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/26/99	138.52
Crestar Bank 123 dc, DC 20005	Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/26/99	249.55

SUBTOTAL of Disbursements This Page (optional) .....	609.20
TOTAL This Period (last page this line number only) .....	609.20

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 22

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Congressional Committee 320 First Street, SE Washington, DC 20003	NRCC, DC 1999 Membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	02/08/99	15,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

15,000.00

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

15,000.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4  
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 Re-Designated funds for trans. dated 09/02/1998 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 02/08/99	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Nussle for Congress Committee PO Box 324 Manchester, IA 52057	Purpose of Disbursement Re-Designated funds for trans. dated 09/02/1998 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 02/08/99	Amount of Each Disbursement This Period 2,500.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Ted Strickland for Congress P.O. Box 580 Lucasville, OH 45648	Purpose of Disbursement Re-Designated funds for trans. dated 09/02/1998 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 02/08/99	Amount of Each Disbursement This Period 1,500.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Jim Turner for Congress PO Box 780 Crockett, TX 75835	Purpose of Disbursement Re-Designated funds for trans. dated 09/02/1998 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 02/08/99	Amount of Each Disbursement This Period 500.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Santorum 2000 2nd Floor, 640 Rodi Rd. Pittsburgh, PA 15236	Purpose of Disbursement Re-Designated funds for trans. dated 09/02/1998 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 02/08/99	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Purpose of Disbursement Re-Designated funds for trans. dated 09/02/1998 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 02/08/99	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Dave Camp for Congress 135 Ashman Midland, MI 48640	Purpose of Disbursement Re-Designated funds for trans. dated 09/02/1998 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 02/08/99	Amount of Each Disbursement This Period 500.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee PO Box 2008 Murfreesboro, TN 37133	Purpose of Disbursement Re-Designated funds for trans. dated 09/03/1998 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 02/08/99	Amount of Each Disbursement This Period 500.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Peter Deutsch for Congress P.O. Box 26778 Tamarac, FL 33320	Purpose of Disbursement Re-Designated funds for trans. dated 09/03/1998 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 02/08/99	Amount of Each Disbursement This Period 500.00 (Memo Entry)

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 4  
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lavin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Re-Designated funds for trans. dated 09/03/1998 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	02/08/99	1,000.00 (Memo Entry)
Pallone for Congress Suite 118, 540 Broadway Long Branch, NJ 7740	Re-Designated funds for trans. dated 09/03/1998 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	02/08/99	1,000.00 (Memo Entry)
Bonior for Congress Suite 305, 59 No. Walnut 2207 Rayburn House Ofc Bldg Mount Clemens, MI 48043	Re-Designated funds for trans. dated 09/28/1998 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	02/08/99	1,000.00 (Memo Entry)
Friends of Roy Blunt 2740-B East Sunshine Street Springfield, MO 65804	Purpose of Disbursement Roy Blunt, MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/99	500.00
Kerry for Senate 1511 K St., NW, Ste. 640 SH-303 Hart Senate Ofc Bldg Washington, DC, NE	Purpose of Disbursement Robert Kerry, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/99	1,000.00
Rodriguez for Congress 363 W. Harding San Antonio, TX 78214	Purpose of Disbursement Ciro Rodriguez, U.S. HOUSE TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/99	500.00
Tom Davis for Congress 3817 Plaza Drive Fairfax, VA 22030	Purpose of Disbursement Tom Davis, U.S. HOUSE 11th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/09/99	1,000.00
Diana DeGette 770 Grant St #218 Denver, CO 80203	Purpose of Disbursement Diane DeGette, U.S. HOUSE 1st CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/18/99	500.00
Gene Green Congressional Camp. P.O. Box 16128 1004 Longworth House Ofc Bldg Houston, TX 77222	Purpose of Disbursement Gene Green, U.S. HOUSE 29th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/18/99	500.00

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

4,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<b>Upton for All of Us Committee</b> P.O. Box 490 St Joseph, MI 49085	<b>Fred Upton, U.S. HOUSE</b> 6th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/18/99	500.00
<b>Rangel for Congress Committee</b> 74 West 132nd St 2252 Rayburn House Ofc Bldg New York, NY 10037	<b>Charles Rangel, U.S. HOUSE</b> 15th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/18/99	1,000.00
<b>Becerra for Congress</b> P.O. Box 3096 Montebello, CA 90640	<b>Xavier Becerra, U.S. HOUSE</b> 30th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/18/99	500.00
<b>Dave Camp for Congress</b> 135 Ashman Midland, MI 48640	<b>Dave Camp, U.S. HOUSE</b> 4th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/18/99	500.00
<b>Cook '98 Relection Committee</b> UT	<b>Merrill Cook, U.S. HOUSE</b> UT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	02/18/99	500.00
<b>Bob Matsui for Congress</b> 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	<b>Robert Matsui, U.S. HOUSE</b> 5th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/18/99	1,000.00
<b>Lazio for Congress '95</b> PO Box 5063 314 Cannon House Ofc Bldg Bay Shore, NY 11718	<b>Rick Lazio, U.S. HOUSE</b> 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/18/99	1,000.00
<b>John Shimkus</b> PO Box 5458 Springfield, IL 62705	<b>John Shimkus, IL</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/18/99	500.00
<b>Condit for Congress Committee</b> 920 12 Street Modesto, CA 95354	<b>Gary A. Condit, U.S. HOUSE</b> 18th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/18/99	500.00

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

6,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4  
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 Zimmer 2000 199 Nassau Street Princeton, NJ 08540	Purpose of Disbursement Zimmer, U.S. HOUSE NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 02/18/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

11,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 28A

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**NAME OF COMMITTEE (In Full)**

American Health Care Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Transfer to Admin Acct for check Health Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/99	1,000.00
B. Full Name, Mailing Address and ZIP Code AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/99	-1,000.00
C. Full Name, Mailing Address and ZIP Code AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Refund to Admin Acct for deposit from Health Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Barbara McClung 3710 W Mineral King Avenue Visalia, CA 93291	Refund For: Barbara McClung Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/99	500.00
E. Full Name, Mailing Address and ZIP Code AHCA Administrative Fund 1201 L Street, NW Washington, DC 20005	Transfer to Admin Acct for Beehive Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Other	02/18/99	25.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

1,525.00

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

1,526.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>3-17-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>sep</i> PREPARER	<i>3-17-99</i> DATE PREPARED