

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION

Oct 19 1998

1. NAME OF COMMITTEE (in full) American Health Care Association Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1201 L Street, NW	2. FEC IDENTIFICATION NUMBER C-0000-6080
CITY, STATE and ZIP CODE Washington, DC 20005	3. <input checked="" type="checkbox"/> 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)

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 <u>09/01/98</u> through <u>09/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 103,778.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 111,390.43	
(c) Total Receipts (from line 19)	\$ 43,718.31	\$ 359,938.53
(d) Subtotal (add Lines 6(b) and B(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 155,108.74	\$ 463,716.53
7. Total Disbursements (from Line 30)	\$ 34,261.19	\$ 342,868.98
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 120,847.55	\$ 120,847.55
9. Debts and Obligations Owed TO 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
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.

Type or Print Name of Treasurer: **Paul Willingham, PhD**
Signature of Treasurer: *Anna Lee* Date: **10/15/98**

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

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE American Health Care Association Political Action Committee	REPORT COVERING PERIOD	
	FROM: 09/01/98	TO: 09/30/98
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	34,200.00	299,981.18
ii. Unitemized.....	8,259.00	49,216.58
iii. Total.....(add i and ii) >	42,459.00	349,197.76
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) >	42,459.00	354,197.76
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.).....	1,000.00	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.).....	259.31	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) >	43,718.31	359,938.53
20. Total Federal Receipts.....(subtract line 18 from line 19) >	43,718.31	359,938.53
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.....	567.11	5,642.85
c. Total Operating Expenditures.....(Add aii, and b) >	567.11	5,642.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32,630.81	328,370.86
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(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. Individual/Persons Other Than Political Committees.....	1,000.00	7,162.00
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) >	1,000.00	7,162.00
29. Other Disbursements.....	63.27	1,693.27
30. Total Disbursements.....(Add 21c,22,23,24,25,26,27,28d, and 29) >	34,261.19	342,868.98
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30) >	34,261.19	342,868.98
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	42,459.00	354,197.76
33. Total Contribution Refunds (from line 28d).....	1,000.00	7,162.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	41,459.00	347,035.76
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b) >	567.11	5,642.85
36. Offsets to Operating Expenditures (from line 15).....	1,000.00	1,750.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	-432.89	3,892.85

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8
FOR LINE NUMBER 11 a

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 Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448	Name of Employer Gulf South Medical Ent Occupation President	Date (Month day, Year) 09/08/98	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 > \$ 3,000.00		
B. Full Name, Mailing Address and Zip Code Debra Finneran 2529 Six Mile Ln Louisville, KY 40220	Name of Employer Meadows Health Systems Inc. Occupation Administrator	Date (Month day, Year) 09/08/98	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 > \$ 750.00		
C. Full Name, Mailing Address and Zip Code Thomas Gauld PO Box 11327 Cincinnati, OH 45211	Name of Employer Harrison House Occupation Executive Director	Date (Month day, Year) 09/18/98	Amount of Each Receipt this Period 2,400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,000.00		
D. Full Name, Mailing Address and Zip Code William Biggs 4605 Belton Highway Anderson, SC 29621	Name of Employer Richard Campbell Veterans Home Occupation Administrator	Date (Month day, Year) 09/18/98	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 375.00		
E. Full Name, Mailing Address and Zip Code Robert Lohr PO Box 10805 Pittsburgh, PA 15236	Name of Employer Jefferson Hills Manor Occupation Executive Director	Date (Month day, Year) 09/18/98	Amount of Each Receipt this Period 1,625.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 3,375.00		
F. Full Name, Mailing Address and Zip Code John Poirier 125 Airport Rd Concord, NH 03301	Name of Employer New Hampshire Health Care Assn Occupation Exec VP	Date (Month day, Year) 09/18/98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,100.00		
G. Full Name, Mailing Address and Zip Code Michael Cook 701 Pennsylvania Ave., NW Ste. 900 Washington, DC 20004	Name of Employer Mintz, Levin, Cohn, Ferris, Glosky & Popeo, P.C. Occupation Partner/LTC Consult	Date (Month day, Year) 09/18/98	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 425.00		

SUB TOTAL of Receipts This Page (Optional).....> 5,950.00

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

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
Richard Rau 3939 S. 92nd St. Greenfield, WI 53228	Clement Manor Health Center	09/18/98	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Administrator	Aggregate Year-to-date > \$	975.00
Phillip McLaughlin 425 W Capital Suite 3300 Little Rock, AR 72201	Moore Stephen Frost	09/18/98	800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Consultant	Aggregate Year-to-date > \$	800.00
Ben Finneran 2529 Six Mile Lane Louisville, KY 40220	Meadows Health Corp.	09/18/98	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation CEO	Aggregate Year-to-date > \$	400.00
Alfred Santos 57 Kilvert Street Suite 200 Warwick, RI 02886	Rhode Island Healthcare Assn	09/18/98	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Executive Director	Aggregate Year-to-date > \$	475.00
David E Mellier 27 Brand Avenue P.O. Box 446 Faribault, MN 55021	Pleasant Manor Inc	09/18/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Administrator	Aggregate Year-to-date > \$	1,700.00
Larry Juhl 104 Glen Oaks Dr Box 31 New London, MN 56273	GlenOaks Care Center	09/18/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Administrator	Aggregate Year-to-date > \$	950.00
Richard Rau 3939 S. 92nd St. Greenfield, WI 53228	Clement Manor Health Center	09/18/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Administrator	Aggregate Year-to-date > \$	1,175.00

SUB TOTAL of Receipts This Page (Optional)	2,800.00
TOTAL this Period (Last page this line number only)	

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
Gerry Baker 192 W Vienna Rd Clio, MI 48420	Beecher Manor Inc	09/18/98	3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Administrator	Aggregate Year-to-date > 6	3,000.00
Penny Prue 1201 L Street, NW Washington, AH 20005	AHCA	09/18/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President, Administration	Aggregate Year-to-date > 4	758.00
Gerry Baker 192 W Vienna Rd Clio, MI 48420	Beecher Manor Inc	09/18/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Administrator	Aggregate Year-to-date > 4	3,100.00
Ed Cheneweth 902 Euclid Ave National City, CA 91950	Friendship Manor Nursing & Rehab	09/18/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Governmental Relations Chair	Aggregate Year-to-date > 0	500.00
Ed Cheneweth 902 Euclid Ave National City, CA 91950	Friendship Manor Nursing & Rehab	09/18/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Governmental Relations Chair	Aggregate Year-to-date > 0	1,000.00
Ed Cheneweth 902 Euclid Ave National City, CA 91950	Friendship Manor Nursing & Rehab	09/18/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Governmental Relations Chair	Aggregate Year-to-date > 0	1,500.00
P Dennis Mattson PO Box 2197 Corona, CA 91718-2197	Independent Options Inc	09/18/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Executive Director	Aggregate Year-to-date > 4	1,000.00

SUB TOTAL of Receipts This Page (Optional).....> **5,200.00**

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

A. Full Name, Mailing Address and Zip Code Larry Lane 1016 W Ninth Avenue King of Prussia, PA 19406	Name of Employer Novacare, Inc.	Date (Month day, Year) 09/18/98	Amount of Each Receipt this Period 1,000.00
	Occupation Sr VP, Regulatory Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
B. Full Name, Mailing Address and Zip Code Cheryl Rapp 2712 El Prado Rd Santa Barbara, CA 93105	Name of Employer CARREI	Date (Month day, Year) 09/18/98	Amount of Each Receipt this Period 1,250.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 3,750.00		
C. Full Name, Mailing Address and Zip Code Alfred Santos 57 Kilvert Street Suite 200 Warwick, RI 02886	Name of Employer Rhode Island Healthcare Assn	Date (Month day, Year) 09/18/98	Amount of Each Receipt this Period 50.00
	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 525.00		
D. Full Name, Mailing Address and Zip Code William Dunn 195 Executive Dr Marion, OH 43302	Name of Employer Marion Manor Nursing Hm Inc	Date (Month day, Year) 09/18/98	Amount of Each Receipt this Period 200.00
	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,050.00		
E. Full Name, Mailing Address and Zip Code Terry Kuzman 1157 Enfield St Enfield, CT 06082	Name of Employer Parkway Pavilion	Date (Month day, Year) 09/18/98	Amount of Each Receipt this Period 40.00
	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 290.00		
F. Full Name, Mailing Address and Zip Code Gerry Baker 192 W Vienna Rd Clia, MI 48420	Name of Employer Beecher Manor Inc	Date (Month day, Year) 09/18/98	Amount of Each Receipt this Period 200.00
	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 3,300.00		
G. Full Name, Mailing Address and Zip Code Dennis Cleary PO Box 6008 Wolcott, CT 06717	Name of Employer Wolcott View Manor	Date (Month day, Year) 09/21/98	Amount of Each Receipt this Period 200.00
	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 340.00		

SUB TOTAL of Receipts This Page (Optional).....>	2,940.00
TOTAL this Period (Last page this line number only).....>	

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 J David Hightower PO Box 11087 Fort Smith, AR 72317	Name of Employer Healthmark Services, Inc.	Date (Month day, Year) 09/21/98	Amount of Each Receipt this Period 5,000.00
	Occupation President/Owner	Aggregate Year-to-date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code James Durante 526 Altamont Ave Schenectady, NY 12303	Name of Employer Hallmark Nursing Center	Date (Month day, Year) 09/23/98	Amount of Each Receipt this Period 4,900.00
	Occupation Administrator	Aggregate Year-to-date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Jerry Neal 4239 W. War Mem'l Dr. #302 Peoria, IL 61614	Name of Employer Developmental Services of IL	Date (Month day, Year) 09/24/98	Amount of Each Receipt this Period 100.00
	Occupation President	Aggregate Year-to-date > \$ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Robert Owens 620 East 14th Avenue Devils Lake, ND 58301	Name of Employer Heartland Care Center	Date (Month day, Year) 09/25/98	Amount of Each Receipt this Period 175.00
	Occupation Administrator	Aggregate Year-to-date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Robert Owens 620 East 14th Avenue Devils Lake, ND 58301	Name of Employer Heartland Care Center	Date (Month day, Year) 09/25/98	Amount of Each Receipt this Period 200.00
	Occupation Administrator	Aggregate Year-to-date > \$ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Robert Owens 620 East 14th Avenue Devils Lake, ND 58301	Name of Employer Heartland Care Center	Date (Month day, Year) 09/25/98	Amount of Each Receipt this Period 60.00
	Occupation Administrator	Aggregate Year-to-date > \$ 660.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Wendy Lantis PO Box 699 Spearfish, SD 57783	Name of Employer Lantis Enterprises, Inc.	Date (Month day, Year) 09/25/98	Amount of Each Receipt this Period 500.00
	Occupation Corporate Rehabilitation Director	Aggregate Year-to-date > \$ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>
10,935.00

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

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
Bruce Yarwood 200 P St #F31 Sacramento, CA 95814	Yarwood and Associates	09/28/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Gov Rel Consultant	Aggregate Year-to-date > \$	3,250.00
Barbra McClung 3710 W Mineral King Avenue Visalia, CA 93291	Moyles Central Valley HC	09/28/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President	Aggregate Year-to-date > \$	2,000.00
Mary Ousley 10065 Red Run Blvd Owings Mills, MD 21117	Intergrated Health Services, Inc	09/28/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Senior VP Government Reg Affairs	Aggregate Year-to-date > \$	1,000.00
Hugh Franklin 14 Northtowne Dr. #202 Jackson, MS 39211	Franklin Consulting Co.	09/28/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Owner	Aggregate Year-to-date > \$	2,000.00
Joan White 932 Ward Avenue Ste 430 Honolulu, HI 96814	Healthcare Assoc of Hawaii	09/28/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Executive VP	Aggregate Year-to-date > \$	400.00
William Biggs 4605 Belton Highway Anderson, SC 29621	Richard Campbell Veterans Home	09/28/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Administrator	Aggregate Year-to-date > \$	500.00
David E Meillier 27 Brand Avenue P.O. Box 446 Furbault, MN 55021	Pleasant Manor Inc	09/28/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Administrator	Aggregate Year-to-date > \$	2,200.00
SUB TOTAL of Receipts This Page (Optional).....>			2,975.00
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

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FOR LINE NUMBER 1141

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

<p>A. Full Name, Mailing Address and Zip Code Linda DeRuvo Keegan PAYROLL DEDUCTION Washington, AH 20005</p>	<p>Name of Employer AHCA</p> <p>Occupation VP PR & Prof Svcs</p>	<p>Date (Month day, Year) 09/28/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Tim Blythe 7 Minnesota St Edwardsville, IL 62025</p>	<p>Name of Employer Springwood Associates</p> <p>Occupation VP, Legislative Affairs</p>	<p>Date (Month day, Year) 09/28/98</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 325.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Wendy Lantis PO Box 699 Spearfish, SD 57783</p>	<p>Name of Employer Lantis Enterprises, Inc.</p> <p>Occupation Corporate Rehabilitation Director</p>	<p>Date (Month day, Year) 09/28/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,600.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Alfred Santos 57 Kilvert Street Suite 200 Warwick, RI 02886</p>	<p>Name of Employer Rhode Island Healthcare Assn</p> <p>Occupation Executive Director</p>	<p>Date (Month day, Year) 09/28/98</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 600.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Larry Conaway PO Box F Hancock Park Moundsville, WV 26041</p>	<p>Name of Employer Mound View Health Care Inc</p> <p>Occupation Administrator</p>	<p>Date (Month day, Year) 09/28/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 375.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Douglas Cecil PO Box 3347 Spartanburg, SC 29304</p>	<p>Name of Employer White Oak Manor</p> <p>Occupation Dir Human Resources</p>	<p>Date (Month day, Year) 09/28/98</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 475.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Alice Kim Lew 58-130 Kam Hwy Haleiwa, HI 96712</p>	<p>Name of Employer Crawford's Convalescent Home</p> <p>Occupation Administrator</p>	<p>Date (Month day, Year) 09/29/98</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,050.00</p>		

SUB TOTAL of Receipts This Page (Optional).....> **1,800.00**

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

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 or 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 Blaine Hendrickson 500 N State College Blvd #950 Orange, CA 92868	Name of Employer Sun Mar Management Services	Date (Month day, Year) 09/29/98	Amount of Each Receipt this Period 1,000.00
	Occupation President	Aggregate Year-to-date > \$ 1,200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Theodore Lee 700 Hanover St Manchester, NH 03104	Name of Employer Hanover Hill Health Care	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 200.00
	Occupation Owner/Administrator	Aggregate Year-to-date > \$ 1,350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Alice Kim Lew 58-130 Kam Hwy Haleiwa, HI 96712	Name of Employer Crawford's Convalescent Home	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 100.00
	Occupation Administrator	Aggregate Year-to-date > \$ 1,150.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Linda Fink 426 Main St. Juneau, AK 99801	Name of Employer AK St. Hosp. & Nsg. Home Assn.	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 300.00
	Occupation State Executive	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Blaine Hendrickson Has Refund(s) on Schedule B Totalling \$50.00 This changes the YTD Total to \$1150.00	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period (Memo Entry)
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	1,600.00
TOTAL this Period (Last page this line number only).....>	34,200.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code 4107 Spicewood Springs Rd Suite 216 Austin, TX 78759	Name of Employer International Innovations, Inc.	Date (Month day, Year) 09/03/98	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	1,000.00
TOTAL this Period (Last page this line number only).....>	1,000.00

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 4922 Fairmont Ave Bethesda, MD 20814	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period 49.16
	Occupation Rushmore	09/30/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 448.68		
B. Full Name, Mailing Address and Zip Code PO Box 85024 Richmond, VA 23285-5024	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period 176.09
	Occupation Crestar Bank	09/30/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,829.87		
C. Full Name, Mailing Address and Zip Code PO Box 85024 Richmond, VA 23285	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period 34.06
	Occupation	09/30/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 212.22		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	259.31
TOTAL this Period (Last page this line number only).....>	259.31

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
Crestar Bank 123 dc, DC 20005	VISA/MC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/30/98	50.26
Crestar Bank 123 dc, DC 20005	Bank fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/30/98	15.10
Crestar Bank 123 dc, DC 20005	AMEX fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/30/98	201.53
Crestar Bank 123 dc, DC 20005	Bank fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/30/98	300.22
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	567.11
TOTAL this Period (Last page this line number only).....>	567.11

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and Zip Code Walden for Congress PO Box 1091 Hood River, OR 97031	Purpose of Disbursement Greg Walden, U.S. HOUSE 2nd OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	Date (Month day, Year) 09/02/98	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Nussle for Congress Committee PO Box 324 Manchester, IA 52057	Purpose of Disbursement Jim Nussle, U.S. HOUSE 2nd IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	Date (Month day, Year) 09/02/98	Amount of Each Disb. this Period 2,500.00
C. Full Name, Mailing Address and Zip Code Crowley for Congress 84-56 Grand Avenue Elmhurst, NY 11373	Purpose of Disbursement Joe Crowley, U.S. HOUSE 7th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	Date (Month day, Year) 09/02/98	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code People for Patty Murray 225 S Washington Seattle, WA 98104	Purpose of Disbursement Patty Murray, U.S. SENATE WA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	Date (Month day, Year) 09/02/98	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Ted Strickland for Congress P.O. Box 580 Lucasville, OH 45648	Purpose of Disbursement Ted Strickland, OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	Date (Month day, Year) 09/02/98	Amount of Each Disb. this Period 1,500.00
F. Full Name, Mailing Address and Zip Code Jim Turner for Congress PO Box 780 Crockett, TX 75835	Purpose of Disbursement Jim Turner, TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	Date (Month day, Year) 09/02/98	Amount of Each Disb. this Period 500.00
G. Full Name, Mailing Address and Zip Code Santoruni 2000 2nd Floor, 640 Rodi Rd. Pittsburgh, PA 15235	Purpose of Disbursement Rick Santoruni, U.S. SENATE PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	Date (Month day, Year) 09/02/98	Amount of Each Disb. this Period 1,000.00
H. Full Name, Mailing Address and Zip Code Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Purpose of Disbursement Earl Pomeroy, U.S. HOUSE AL ND Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	Date (Month day, Year) 09/02/98	Amount of Each Disb. this Period 1,000.00
I. Full Name, Mailing Address and Zip Code McCrery for Congress Suite 350, 6425 Youree Dr. Shreveport, LA 71105-0650	Purpose of Disbursement Jim McCrery, U.S. HOUSE 5th LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	Date (Month day, Year) 09/02/98	Amount of Each Disb. this Period 1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > **10,500.00**

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Decalred Summary Page	PAGE	OF
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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
Hastert for Congress P.O. Box 625 Batavia, IL 60510	Dennis Hastert, U.S. HOUSE 14th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/02/98	1,250.00
Reynolds for Congress PO Box 479 Victor, NY 14564	Tom Reynolds, U.S. HOUSE NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/02/98	500.00
Daye Camp for Congress 135 Ashman Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/02/98	600.00
People for English P.O. Box 1940 Erie, PA 16512	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
King for Congress, Inc. P.O. Box 5619 1224 Longworth House Ofc Bldg Madison, WI 53705	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
Tom DeLay for Congress PO Box 101 407 Cannon House Ofc Bldg Sugar Land, TX 77487	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-1,000.00
Manton for Congress 46-12 Queens Blvd., #210A 203 Cannon House Ofc Bldg Sunnyside, NY 11104	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
Comte. to Elect Ron Klink 107 S. Second St. 1130 Longworth House Ofc Bldg Jeannette, PA 15644	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
COMMITTEE TO REELECT ED TOWNS 321 Stuyvesant Avenue Brooklyn, NY 11233	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-1,000.00

SUB TOTAL of Disbursements this page (Optional)> -1,650.00

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

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
Berman for Congress 8655 Wilshire Blvd, Ste 220 Beverly Hills, CA 90211	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
B. Full Name, Mailing Address and Zip Code Fux for Congress 35 W. Skippack Ambler, PA 19002	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
C. Full Name, Mailing Address and Zip Code JENNIFER DUNN FOR CONGRESS P.O. Box 40110 Bellevue, WA 98015	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
D. Full Name, Mailing Address and Zip Code Randy Tate 1118 Longworth HOB , WA	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
E. Full Name, Mailing Address and Zip Code Palone for Congress Suite 118, 540 Broadway Long Branch, NJ 7740	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-469.19
F. Full Name, Mailing Address and Zip Code John Kerry for U.S. Senate 326 Beacon St SR-421 Russell Senate Ofc Bldg Boston, MA 02116	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-5,000.00
G. Full Name, Mailing Address and Zip Code BENJAMIN CARDIN PO Box 65056 Baltimore, MD 21209	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
H. Full Name, Mailing Address and Zip Code Pickering for Congress 661 Highway 51 North Suite 2C Ridgeland, MS 39157	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
I. Full Name, Mailing Address and Zip Code Stupak for Congress PO Box 143 Menominee, MT 49858	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00

SUB TOTAL of Disbursements this page (Optional).....>	-8,969.19
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	OF
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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
MORAN FOR CONGRESS CMT PO Box 1151 Hays, KS 67601	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
Gordon Smith for US Senate 5285 SW Meadows Road No. 181 Lake Oswego, OR 97035	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
FRIENDS OF ROGER WICKER 96 PO Box 874 Tupelo, MS 38802	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
Samunn for Congress 1365 Elm Street Manchester, NH 3110	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-500.00
Prosser for Congress 201 North Richmond Street Appleton, WI 54914	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-250.00
Presidential Unity Fund 96 430 South Capitol St, SE DNC Washington, DC 20003	Voided Check Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/03/98	-5,000.00
Becerra for Congress P.O. Box 3096 Montebello, CA 90640	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
Brian Bilbray for Congress PO Box 84946 San Diego, CA 92138	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
Citizens for Bunning 1717 Dixie Highway, Ste 180 Fr. Wright, KY 41011	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00

SUB TOTAL of Disbursements this page (Optional).....> **-9,250.00**

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

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
CHRISTOPHER COX PO Box 8088-C Newport Beach, CA 92658	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00
Nancy Johnson for Congress 5650 N. Eighth St. 343 Cannon House Ofc Bldg Arlington, VA, CT 22205	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00
Barbara Kennelly for Congress 95 Scarborough St 201 Cannon House Ofc Bldg Bradford, CT 6105	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
Jim Rogan , CA	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
WELLER FOR CONGRESS PO Box 37 Joliet, IL 60434	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
Craig for US Senate 9008 Donny Brook Court SH-313 Hart Senate Ofc Bldg Boise, ID 83709	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00
Fox for Congress 36 W. Skippack Ambler, PA 19002	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00
FRIENDS OF ROGER WICKER 96 PO Box 874 Tupelo, MS 38802	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	-7,000.00
TOTAL this Period (Last page this line number only).....>	

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
BOB GRAHAM CAMPAIGN FUND 700 North Adams St Tallahassee, FL 32301	Voided Check Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-5,000.00
Paxon for Congress P.O. Box 1995 1314 Longworth House Ofc Bldg Williamsville, NY 14231	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00
People for Patty Murray 225 S Washington Seattle, WA 98104	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00
Eshoo for Congress 555 Bryant, Box 335 1505 Longworth House Ofc Bldg Palo Alto, CA 94301	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
Quinn for Congress PO Box 2012 331 Cannon House Ofc Bldg Blasdell, NY 14219	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-100.00
Albert Wynn for Congress 8700 Central Ave., Ste. 306 Landover, MD	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
WHITFIELD FOR CONGRESS CMT PO Box 391 Hopkinsville, KY 42241	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
BOB GRAHAM CAMPAIGN FUND 700 North Adams St Tallahassee, FL 32301	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00
BONILLA FOR CONGRESS PO Box 17292 San Antonio, TX 78217	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00

SUB TOTAL of Disbursements this page (Optional).....> **-10,100.00**

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	OF
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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
PETE STARK RE-ELECTION CMT PO Box 121 Hayward, CA 94543	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00
Crapo for Congress 1177 W. State St. Boise, ID 83402	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00
Hukshof for Congress 1005 Cherry Street, Suite 203 Columbia, MO 65201	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
Texas for Henry Bonilla PO Box 17292 San Antonio, TX 78217	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
Moran for Congress PO Box 1151 Hays, KS 67601	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
Spratt for Congress PO Box 830 York, SC 29745	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
PETE STARK RE-ELECTION CMT PO Box 121 Hayward, CA 94543	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-1,000.00
Friends of Roger Wicker PO Box 874 Tupelo, MS 38802	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	-500.00
Effective Government Committee 530 7th St, SE 2nd Floor Washington, DC 20003	Gephardt Leadership PAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98YE	09/03/98	5,000.00

SUB TOTAL of Disbursements this page (Optional).....-> -500.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Congressman Bart Gordon Committee PO Box 2008 Memphis, TN 37133	Bart Gordon, U.S. HOUSE 6th TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	500.00
Peter Deutsch for Congress P.O. Box 26778 Tamarac, FL 33320	Peter Deutsch, U.S. HOUSE 20th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	500.00
J.D. Hayworth 1023 Longworth HOB AZ	J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	1,000.00
Levin for Congress Cmte 2107 Fourteen Mile Rd Sterling Heights, MI 48310	Sander Levin, U.S. HOUSE 12th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	1,000.00
Frank Pallone for Congress Suite 118, 540 Broadway Long Branch, NJ 7740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	1,000.00
Re-Elect McGovern Committee PO Box 60405 Worcester, MA 01606-0405	Jim McGovern, U.S. HOUSE 3rd MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/03/98	500.00
Republican National Committee 310 First St., S.E. Washington, DC 20003	RNC - 98 Membership Dues/Loth event Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/03/98	5,000.00
Steny Hoyer for Congress Committee 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Steny Hoyer, U.S. HOUSE 5th MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/14/98	500.00
Steny Hoyer for Congress Committee 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Steny Hoyer, U.S. HOUSE 5th MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/14/98	500.00

SUB TOTAL of Disbursements this page (Optional).....> 10,500.00

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

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
Doug Ose for Congress 4013 Park Road Sacramento, CA 95841	Doug Ose, U.S. HOUSE CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	09/16/98	3,000.00
Doug Ose for Congress 4013 Park Road Sacramento, CA 95841	In-Kind Contribution to Doug Ose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸ Other	09/16/98	193.27 (Memo In-Kind)
Nancy Johnson for Congress 5650 N. Eighth St. 343 Cannon House Ofc Bldg Arlington, VA, CT 22205	Nancy Johnson, U.S. HOUSE 6th CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	09/21/98	1,000.00
Andrews for Congress 16 Somerdale Somerdale, NJ 08083	Robert Andrews, U.S. HOUSE 1st NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	09/22/98	500.00
Missourians for Kit Bond 1243 W 59th St Kansas City, MO 64113	Christopher Bond, U.S. SENATE MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	09/22/98	1,000.00
Blue Dog PAC 1155 21st Street NW #300 Washington, DC 20036	 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	09/22/98	500.00
Berkley for Congress PO Box 7397 Las Vegas, NV 89125	Shelley Berkley, U.S. HOUSE NV Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	09/22/98	500.00
Becerra for Congress P.O. Box 3096 Montebello, CA 90640	Xavier Becerra, U.S. HOUSE 30th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	09/22/98	500.00
Citizens for Bunning 1717 Dixie Highway, Ste 180 Fr. Wright, KY 41011	Jim Bunning, U.S. HOUSE 4th KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	09/22/98	1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	8,000.00
TOTAL this Period (Last page this line number only).....>	

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
BACKPAC 7602 Pacific St Lower Level 103 Omaha, NE 68114	Purpose of Disbursement Ken Calvert, U.S. HOUSE 43rd CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/22/98	1,000.00
Ken Calvert for Congress Cmt P.O. Box 1414 Riverside, CA 92502	Purpose of Disbursement Mike Crapo, U.S. HOUSE 2nd ID Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/22/98	500.00
Crapo for Congress 1177 W. State St. Boise, ID 83402	Purpose of Disbursement Felen Chenoweth, U.S. HOUSE 1st ID Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/22/98	1,000.00
Chenoweth for Congress PO Box 897 Boise, ID 83701-0897	Purpose of Disbursement Patrick Casey, U.S. HOUSE PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/22/98	500.00
Casey for Congress Committee 254 Wyoming Avenue Scranton, PA 18503	Purpose of Disbursement Jim Davis, FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/22/98	1,000.00
Jim Davis for Congress Cmt 3716 West Swann Tampa, FL 33609	Purpose of Disbursement Tom Davis, U.S. HOUSE 11th VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/22/98	500.00
Tom Davis for Congress 3817 Plaza Drive Fairfax, VA 22030	Purpose of Disbursement Robert (Jr.) Ehrlich, U.S. HOUSE 2nd MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/22/98	1,000.00
Ehrlich for Congress Cmt 1527 York Road Ste 705 Luthersville, MD 21093	Purpose of Disbursement Martin Frost, U.S. HOUSE 24th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/22/98	1,000.00
Martin Frost Campaign Cmt. P.O. Box 4219 2459 Rayburn House Ofc Bldg Dallas, TX 75208			

SUB TOTAL of Disbursements this page (Optional).....> **7,500.00**

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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
Matt Fong, US Senate Committee 888 S Figueroa Street Suite 680 Los Angeles, CA 90017	Matt Fong, U.S. SENATE CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/22/98	1,000.00
The Judd Gregg Committee PO Box 1812 Concord, NH 03302-1812	Judd Gregg, U.S. SENATE NH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/22/98	1,000.00
People for Ganske Committee 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/22/98	500.00
Ewing for Congress 101 N. Mill St. 1317 Longworth House Ofc Bldg Pontiac, IL 61764	Thomas Ewing, U.S. HOUSE 15th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	1,000.00
Mike Bistrakis for Congress P O Box 1077 2240 Rayburn House Ofc Bldg Tarpun Springs, FL 34688-1077	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	-1,000.00
Hall For Congress Committee Post Office Box 711 Rockwall, TX 75087	Ralph Hall, U.S. HOUSE 4th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	4,100.00
Halshof for Congress 1005 Cherry Street, Suite 203 Columbia, MO 65201	Kenny Hulshof, MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	1,000.00
Friends for Houghton 33 East Third Street Corning, NY 14830	Anno Houghton, U.S. HOUSE 31st NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
Hoyer for Congress Committee 7905 Malcolm Road, Suite 102 Clifton, MD 20735	Steny Hoyer, U.S. HOUSE 5th MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 9,100.00

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

A. Full Name, Mailing Address and Zip Code Wally Herger for Congress Cmte 7115 Calgate Drive 2433 Rayburn House Ofc Bldg , CA	Purpose of Disbursement Wally Herger, U.S. HOUSE 2nd CA	Date (Month day, Year) 09/23/98	Amount of Each Disb. this Period 1,000.00
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸		
B. Full Name, Mailing Address and Zip Code Friends of Sam Johnson 1912 Avenue K, Suite 206 Plano, TX 75075	Purpose of Disbursement Sam Johnson, U.S. HOUSE 3rd TX	Date (Month day, Year) 09/23/98	Amount of Each Disb. this Period 500.00
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸		
C. Full Name, Mailing Address and Zip Code Friends of Patrick Kennedy P.O. Box 1356 1505 Longworth HOB Providence, RI 02901	Purpose of Disbursement Patrick Kennedy, U.S. HOUSE 1st RI	Date (Month day, Year) 09/23/98	Amount of Each Disb. this Period 500.00
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸		
D. Full Name, Mailing Address and Zip Code Friends of Jerry Kleczka 3268 South 9th Street Milwaukee, WI 53215	Purpose of Disbursement Gerald Kleczka, U.S. HOUSE 4th WI	Date (Month day, Year) 09/23/98	Amount of Each Disb. this Period 1,000.00
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸		
E. 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 Jerry Lewis, U.S. HOUSE 40th CA	Date (Month day, Year) 09/23/98	Amount of Each Disb. this Period 500.00
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸		
F. Full Name, Mailing Address and Zip Code Levin for Congress Cmte 2107 Fourteen Mile Rd Sterling Heights, MI 48310	Purpose of Disbursement Sander Levin, U.S. HOUSE 12th MI	Date (Month day, Year) 09/23/98	Amount of Each Disb. this Period 500.00
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸		
G. Full Name, Mailing Address and Zip Code LaHood for Congress 3311 N. Sterling Ave., Ste. 10 329 Cannon HOB Peoria, IL 61604	Purpose of Disbursement Ray LaHood, U.S. HOUSE 18th IL	Date (Month day, Year) 09/23/98	Amount of Each Disb. this Period 500.00
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸		
H. Full Name, Mailing Address and Zip Code Lazio for Congress 96 PO Box 5063 314 Cannon House Ofc Bldg Bay Shore, NY 11718	Purpose of Disbursement Rick Lazio, U.S. HOUSE 2nd NY	Date (Month day, Year) 09/23/98	Amount of Each Disb. this Period 500.00
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸		
I. Full Name, Mailing Address and Zip Code McCain for Senate 921 E Lamplighter Lane Tempe, AZ 85382	Purpose of Disbursement John McCain, U.S. SENATE AZ	Date (Month day, Year) 09/23/98	Amount of Each Disb. this Period 1,000.00
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸		

SUB TOTAL of Disbursements this page (Optional).....> **6,000.00**

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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Friends of Dan Miller 1111 3rd Ave., West, Ste. 100 510 Cannon House Ofc Bldg Bradenton, FL 34205-7801	Dan Miller, U.S. HOUSE 13th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
B. Full Name, Mailing Address and Zip Code Minge for Congress PO Box 71 Granite Falls, MN 56241-0071	David Minge, U.S. HOUSE 2nd MN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
C. Full Name, Mailing Address and Zip Code Bob Matsui for Congress 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	Robert Matsui, U.S. HOUSE 5th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
D. Full Name, Mailing Address and Zip Code Nussle for Congress Committee PO Box 324 Manchester, IA 52057	Jim Nussle, U.S. HOUSE 2nd IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	1,000.00
E. Full Name, Mailing Address and Zip Code Norwood for Congress PO Box 499 Evans, GA 30809	Charles Norwood, U.S. HOUSE 10th GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
F. Full Name, Mailing Address and Zip Code Citizens for David Obey 932 Ross Avenue Wausau, WI 54401	David Obey, U.S. HOUSE 7th WI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	1,000.00
G. Full Name, Mailing Address and Zip Code Reynolds for Congress PO Box 479 Victor, NY 14564	Tom Reynolds, U.S. HOUSE NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
H. Full Name, Mailing Address and Zip Code Friends of Ronnie Shows PO Box 3862 Jackson, MS 39207	Ronnie Shows, U.S. HOUSE MS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
I. Full Name, Mailing Address and Zip Code Richard Stallings for Congress 116 Birch Avenue Redburg, ID 83440	Richard Stallings, ID Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00

SUB TOTAL of Disbursements this page (Optional).....>	5,500.00
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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
Spratt for Congress PO Box 830 York, SC 29745	John Spratt, U.S. HOUSE 5th SC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	1,000.00
B. Full Name, Mailing Address and Zip Code Stupak for Congress PO Box 143 Menominee, MI 49858	Bart Stupak, U.S. HOUSE 1st MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
C. Full Name, Mailing Address and Zip Code Arlen Specter for US Sen Comm 417 Warden Drive SH-530 Hart Senate Ofc Bldg Philadelphia, PA 19129	Arlen Specter, U.S. SENATE PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	1,000.00
D. Full Name, Mailing Address and Zip Code The Tom Sawyer Committee 411 Wolf Ledges Pkwy, Ste. 400 1414 Longworth House Ofc Bldg Akron, OH 44311	Thomas Sawyer, U.S. HOUSE 14th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
E. Full Name, Mailing Address and Zip Code Ted Strickland for Congress P.O. Box 580 Lucasville, OH 45648	Ted Strickland, OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
F. Full Name, Mailing Address and Zip Code Whitfield for Congress PO Box 391 Hopkinsville, KY 42241	Ed Whitfield, U.S. HOUSE 1st KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	1,000.00
G. Full Name, Mailing Address and Zip Code Gerald C. "Jerry" Weller for Congress PO Box 37 Joliet, IL 60434	Jerry Weller, U.S. HOUSE 11th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
H. Full Name, Mailing Address and Zip Code John Oliver for Congress 181 Main Street Northampton, MA 01060	John Oliver, U.S. HOUSE 1st MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
I. Full Name, Mailing Address and Zip Code Bob Etheridge for Congress Cont PO Drawer 1059 Lillington, NC 27546	Bob Etheridge, NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00

SUB TOTAL of Disbursements this page (Optional).....>	6,000.00
TOTAL this Period (Last page this line number only).....>	

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
David Price for Congress PO Box 1986 Raleigh, NC 27602	David Price, U.S. HOUSE NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	1,000.00
B. Full Name, Mailing Address and Zip Code Cmt to Elect McIntyre to Cong PO Box 1 Lumberton, NC 28359	Mike McIntyre, NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/23/98	500.00
C. Full Name, Mailing Address and Zip Code Nancy Johnson for Congress 5650 N. Eighth St. 343 Cannon House Ofc Bldg Arlington, VA, CT 22205	Nancy Johnson, U.S. HOUSE 6th CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/25/98	3,000.00
D. Full Name, Mailing Address and Zip Code BACKPAC 7602 Pacific St Lower Level 103 Omaha, NE 68114	Voided Check Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/25/98	-1,000.00
E. Full Name, Mailing Address and Zip Code Becerra for Congress P.O. Box 3096 Montebello, CA 90640	Xavier Becerra, U.S. HOUSE 30th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/25/98	500.00
F. Full Name, Mailing Address and Zip Code Baesler for US Senate PO Box 2147 Lexington, KY 40595	Scotty Baesler, U.S. HOUSE 6th KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/25/98	1,000.00
G. Full Name, Mailing Address and Zip Code Bonior for Congress Suite 305, 59 No. Walnut 2207 Bayburn House Ofc Bldg Mount Clemens, MI 48043	David Bonior, U.S. HOUSE 10th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/28/98	1,000.00
H. Full Name, Mailing Address and Zip Code Luther for Cong Volunteer Cmt 1399 Geneva Ave., N., #103 1419 Longworth HOB Oakdale, MN 56201	Bill Luther, U.S. HOUSE 6th MN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/30/98	500.00
I. Full Name, Mailing Address and Zip Code Luther for Cong Volunteer Cmt 1399 Geneva Ave., N., #103 1419 Longworth HOB Oakdale, MN 56201	Bill Luther, U.S. HOUSE 6th MN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	09/30/98	500.00

SUB TOTAL of Disbursements this page (Optional)..... > 7,000.00

TOTAL this Period (Last page this line number only)..... > 32,630.81

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

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NAME OF COMMITTEE (in Full)

A. 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 Int'l Innovations, Inc. mistake in depo Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) ⁹⁸ Other	09/15/98	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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

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

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10-15-98
<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>SLD</i> PREPARER	10-19-98 DATE PREPARED