

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

POST TO
FEDERAL ELECTION COMMISSION
CONGRESSIONAL MAIL BOX

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-0000-8080

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

4. TYPE OF REPORT

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

Monthly Report Due On:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>03/01/99</u> through <u>03/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 84,248.97
(b) Cash on Hand at Beginning of Reporting Period		\$ 91,580.44	
(c) Total Receipts (from Line 19)		\$ 23,714.78	\$ 81,059.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 115,295.22	\$ 165,308.44
7. Total Disbursements (from Line 30)		\$ 65,898.18	\$ 115,911.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 49,397.04	\$ 49,397.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
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 Wingling, PhD *Assoc. Treas. PAC - Director*

Signature of Treasurer

Paul Wingling

Date

4-16-99

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

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
American Health Care Association Political Action Committee	FROM	TO:	
	03/01/99	03/31/99	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	18,775.00	66,276.00	11(a)(i)
ii. Unitemized	4,674.00	13,215.00	11(a)(ii)
iii. Total (add i and ii) >	23,449.00	79,490.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	23,449.00	79,490.00	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.)	100.00	1,125.00	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.)	185.78	444.47	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) >	23,714.78	81,059.47	19
20. Total Federal Receipts (subtract line 18 from line 19) >	23,714.78	81,059.47	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	798.18	1,786.40	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	798.18	1,786.40	21(c)
22. Transfers to Affiliated/Other Party Committees	5,000.00	20,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	55,000.00	87,500.00	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	100.00	1,625.00	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) >	100.00	1,625.00	28(d)
29. Other Disbursements	5,000.00	5,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	65,898.18	115,911.40	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	65,898.18	115,911.40	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	23,449.00	79,490.00	32
33. Total Contribution Refunds (from line 28d)	100.00	1,625.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	23,349.00	77,865.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	798.18	1,786.40	35
36. Offsets to Operating Expenditures (from line 15)	100.00	1,125.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	698.18	661.40	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
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

A. Full Name, Mailing Address and ZIP Code Don Chensvoid 4080 1st Ave NE #103 PO Box 5428 Cedar Rapids, IA 52402	Name of Employer Health Care of Iowa Inc	Date (month, day, year) 03/01/99	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35408	Name of Employer Northport Health Services Inc	Date (month, day, year) 03/01/99	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 President	Aggregate Year-to-Date > \$ 1,250.00	
C. Full Name, Mailing Address and ZIP Code Rebecca Estes 931 Fairfax Park Tuscaloosa, AL 35406	Name of Employer Northport Health Services Inc.	Date (month, day, year) 03/01/99	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 Owner	Aggregate Year-to-Date > \$ 1,250.00	
D. Full Name, Mailing Address and ZIP Code Alice Kim Lew 68-130 Kam Hwy Halehwa, HI 96712	Name of Employer Crawford's Convalescent Home	Date (month, day, year) 03/02/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Steve Briscoe 5401 West 10th St. Greelay, CO 80634	Name of Employer Continuum Health Partnerships	Date (month, day, year) 03/02/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Area VP	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Blaine Hendrickson 110 Loch Lomond PO Box 7 Rancho Mirage, CA 92270	Name of Employer	Date (month, day, year) 03/03/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Dennis Sherman 2237 Wyndbend Boulevard Powell, OH 43065	Name of Employer Laurel Health Care Corp	Date (month, day, year) 03/03/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,250.00	

SUBTOTAL of Receipts This Page (optional) **6,300.00**

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 P Dennis Mattson PO Box 2197 Corona, CA 91718-2197	Name of Employer Independent Options Inc	Date (month, day, year) 03/04/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309	Name of Employer HBA Corporation	Date (month, day, year) 03/08/99	Amount of Each Receipt this Period 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 375.00	
C. Full Name, Mailing Address and ZIP Code Tim Steffens II 78 Birchwood Drive Huntington Station, NY 11746	Name of Employer Birchwood Nursing Home	Date (month, day, year) 03/08/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304	Name of Employer White Oak Manor	Date (month, day, year) 03/08/99	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive VP/CFO	Aggregate Year-to-Date > \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701	Name of Employer Health Facilities Assn of MD	Date (month, day, year) 03/09/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Steven Chies 9920 Zilla Street NW Coon Rapids, MN 55433	Name of Employer Care Paradigm Management	Date (month, day, year) 03/09/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Terry Mundy 2633 W Rumble Rd Modesto, CA 95350	Name of Employer English Oaks Convalescent Hosp	Date (month, day, year) 03/11/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Administrator	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	4,375.00
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 5
FOR LINE NUMBER 11 a i

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

<p>A. Full Name, Mailing Address and ZIP Code Berry Crow 9628 Campo Rd #T Spring Valley, CA 91977</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Brighton Health Alliance Inc</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/12/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Gerald Romano 7 Creek Ln Bristol, RI 02809</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Silver Creek Manor</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 03/12/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Edward Stafford 33 Elk Street Ste 300 Albany, NY 12207</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NYS Health Facilities Assn</p> <p>Occupation Executive Director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/16/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Jan Thayer 404 Woodland Dr Grand Island, NE 68801</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Riverside Lodge</p> <p>Occupation Owner/Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/16/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Patrick T Kriner 6228 Merger Drive Holland, OH 43528</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Woodside Management Group</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/17/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Stephen Morrisette 2112 W Laburnum Ave Ste 206 Richmond, VA 23227</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Virginia Health Care Assn</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 03/18/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Rick L Holloway 1475 N Cole Road 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 Western Health Care Corp</p> <p>Occupation VP, Systems Design</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 03/18/99</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) **3,250.00**

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 4 OF 5
FOR LINE NUMBER 11 & 1

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

<p>A. Full Name, Mailing Address and ZIP Code Walter Ledig PO Box 892 Minden, LA 71058</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Town & Country Nreg Home</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/19/99</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code William Williamson 2905 White Horse Road Greenville, SC 29611</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Health Management Resources</p> <p>Occupation Director of Operations</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 03/22/99</p>	<p>Amount of Each Receipt This Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Joan Gallegos 4190 S. Highland Dr. #113 Salt Lake City, UT 84124</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Utah Health Care Assn</p> <p>Occupation Executive Director</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 03/22/99</p>	<p>Amount of Each Receipt This Period 300.00</p>
<p>D. Full Name, Mailing Address and ZIP Code John Sims PO Box 1129 Turlock, CA 95381</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Elnes Convalescent Hospital</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 1,250.00</p>	<p>Date (month, day, year) 03/22/99</p>	<p>Amount of Each Receipt This Period 1,250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Don Angell 6000 Meadowbrook Mall #27 PO Box 1670 Clemmons, NC 27012</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Angell Group Inc</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 1,250.00</p>	<p>Date (month, day, year) 03/24/99</p>	<p>Amount of Each Receipt This Period 1,250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Robert Schardel 70 North Country Road Port Jefferson, NY 11777</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sunrast Health Facilities Inc.</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 03/28/99</p>	<p>Amount of Each Receipt This Period 300.00</p>
<p>G. Full Name, Mailing Address and ZIP Code William Mathies 5111 Rogers Avenue, Suite 40A Fort Smith, AR 72919</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Beverly Enterprises</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/31/99</p>	<p>Amount of Each Receipt This Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) 4,600.00

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 **5** OF **5**
FOR LINE NUMBER **11 a**

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

<p>A. Full Name, Mailing Address and ZIP Code Richard Sadler PO Box 100129 2809 Foster Avenue Nashville, TN 37224</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Tennessee Health Care Assn</p> <p>Occupation Executive Director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/31/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>18,775.00</p>

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
PO Box 85024 Richmond, VA 23285-5024	Occupation Crestar Bank	03/31/89	111.91
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 286.85	
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	\$	

SUBTOTAL of Receipts This Page (optional)	111.91
TOTAL This Period (last page this line number only)	111.91

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	Bank Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/99	383.75
Crestar Bank 123 dc, DC 20005	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/99	338.29
Crestar Bank 123 dc, DC 20005	Credit Card Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/99	76.13
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)

798.18

TOTAL This Period (last page this line number only)

798.18

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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>A. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003</p>	<p>Purpose of Disbursement Annual Dues /Super Bowl</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999</p>	<p>Date (month, day, year) 03/02/99</p>	<p>Amount of Each Disbursement This Period 5,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>

SUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 8
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
People for English P.O. Box 1940 Erie, PA 16512	Phillip English, U.S. HOUSE 21st PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/99	500.00
Friends of Patrick Kennedy P.O. Box 1358 1506 Longworth HOB Providence, RI 02901	Patrick Kennedy, U.S. HOUSE 1st RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/99	1,000.00
Dave Traen for Congress 111 Veterans Memorial Blvd Metairie, TX 70002	Traen, U.S. HOUSE LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/99	1,000.00
Kerry for Senate 1511 K St., NW, Ste. 640 SH-303 Hart Senate Ofc Bldg Washington, DC, NE	Robert Karray, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/99	1,000.00
Ehrlich for Congress Cmt 1527 York Road Ste 706 Lutherville, MD 21093	Robert (Jr.) Ehrlich, U.S. HOUSE 2nd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/99	500.00
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) 2000	03/02/99	500.00
Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Joseph Lieberman, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/99	1,000.00
Jim Ramstad Volunteer Cmte. 8120 Penn Ave., S., # 156-A 322 Cannon House Ofc Bldg Bloomington, MN 55431	Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/99	1,000.00
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,500.00

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

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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
Read Committee 200 Midway Rd, Ste 168 Cranston, RI 02920	Jack Reed, U.S. HOUSE 2nd RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/99	1,000.00
Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/99	1,000.00
Keep Our Majority PAC 6334 Cavalier Corridor Falls Church, VA 22044	Danny Hastert Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/02/99	2,000.00
Hayes for Congress Campaign 102 Church Street North Concord, NC 28025	Re-Designated funds for trans. dated Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 88	03/02/99	500.00 (Memo Entry)
Santorum 2000 P O Box 1049 Pittsburgh, PA 15234	Rick Santorum, U.S. SENATE PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/04/99	2,000.00
Larson for Congress 1087 Old Maine Street East Hartford, CT 06108	John Larson, U.S. HOUSE CT Dabt Retire. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 88	03/04/99	1,000.00
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) 2000	03/04/99	1,000.00
Edward Kennedy PO Box 1400 SR-315 Russell Senate Ofc Bldg Boston, MA 02205	Edward Kennedy, U.S. SENATE MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/05/99	5,000.00
Hatch Election Committee 405 South Main Street Suite 71 Salt Lake City, UT 84111	Orrin Hatch, U.S. SENATE UT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/09/99	4,000.00

SUBTOTAL of Disbursements This Page (optional)

17,000.00

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

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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
Hatch Election Committee 405 South Main Street Suite 71 Salt Lake City, UT 84111	Orrin Hatch, U.S. SENATE UT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/09/99	5,000.00
Jeffords for Vermont Cmte. 517 2nd St., N.E. SH-513 Hart Senate Ofc Bldg Washington, DC, VT	James Jeffords, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/10/99	2,000.00
George Allen Exploratory Committee PO Box 573 Richmond, VA 23218	Allen, U.S. SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/10/99	2,000.00
People for English P.O. Box 1940 Erie, PA 16512	Philip English, U.S. HOUSE 21st PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/12/99	500.00
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) 2000	03/12/99	-500.00
People for English P.O. Box 1940 Erie, PA 16512	Philip English, U.S. HOUSE 21st PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/12/99	500.00
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) 2000	03/12/99	4,000.00
Pallone 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) 2000	03/12/99	-4,000.00
Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003	Annual Membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/12/99	5,000.00

SUBTOTAL of Disbursements This Page (optional) 14,500.00

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

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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
Cook '98 Reelection Committee UT	Re-Designated funds for trans. dated Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	03/12/99	500.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress P O Box 1077 2240 Rayburn House Ofc Bldg Tarpen Springs, FL 34688-1077	Purpose of Disbursement Michael Bilirakis, U.S. HOUSE 9th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 2,500.00
C. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress P O Box 1077 2240 Rayburn House Ofc Bldg Tarpen Springs, FL 34688-1077	Purpose of Disbursement Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/22/99	Amount of Each Disbursement This Period -2,500.00
D. Full Name, Mailing Address and ZIP Code Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Purpose of Disbursement Sander Levin, U.S. HOUSE 12th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/25/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Kerrey for Senate 1511 K St., NW, Ste. 540 SH-303 Hart Senate Ofc Bldg Washington, DC, NE	Purpose of Disbursement Robert Kerrey, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/25/99	Amount of Each Disbursement This Period 3,000.00
F. Full Name, Mailing Address and ZIP Code Nancy Johnson for Congress 5650 N. Eighth St. 343 Cannon House Ofc Bldg Arlington, VA, CT 22205	Purpose of Disbursement Nancy Johnson, U.S. HOUSE 8th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/26/99	Amount of Each Disbursement This Period 1,500.00
G. Full Name, Mailing Address and ZIP Code Bill Frist for US Senate 4205 Hillsboro Rd 825 Hart SOB Nashville, TN 37215	Purpose of Disbursement Bill Frist, U.S. SENATE TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/25/99	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Joe Barton PO Box 1444 Ennis, TX 75120	Purpose of Disbursement Joe Barton, U.S. HOUSE 6th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/26/99	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Hulshof for Congress 1005 Cherry Street, Suite 203 Columbia, MO 65201	Purpose of Disbursement Kenny Hulshof, MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/25/99	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,500.00

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

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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
Brian Bilbray for Congress 970 Seacoast Dr. Imperial Beach, CA 91932	Brian Bilbray, U.S. HOUSE 49th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/98	500.00
Congressman Bart Gordon Committee PO Box 2008 Murfreesboro, 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) 2000	03/25/98	2,000.00
Ashcroft for Senate P.O. Box 15577 705 Hart SOB Clayton, MO 63105	John Ashcroft, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	1,500.00
Jim Davis for Congress Cmty 3716 West Swann Tampa, FL 33609	Jim Davis, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	500.00
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) 2000	03/25/99	500.00
Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	500.00
Diana DeGetta 770 Grant St #218 Denver, CO 80203	Diane DeGetta, U.S. HOUSE 1st CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	500.00
Chet Edwards for Congress 5006 Lakeland Circle 328 Cannon House Ofc Bldg Waco, TX 76710	Chet Edwards, U.S. HOUSE 11th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	500.00
Citizens for Olympia Snowe P.O. Box 441 493 Russell SOB Portland, ME 04112	Olympia Snowe, U.S. SENATE ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 7,500.00

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

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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
Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	-1,000.00
Kerrey for Senate 1511 K St., NW, Ste. 640 SH-303 Hart Senate Ofc Bldg Washington, DC, NE	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	-3,000.00
Nancy Johnson for Congress 5850 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) 2000	03/25/99	-1,500.00
Bill Frist for US Senate 4205 Hillsboro Rd 825 Hart SOB Nashville, TN 37215	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	-1,000.00
Friends of Joe Barton PO Box 1444 Ennis, TX 75120	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	-1,000.00
Hulshof for Congress 1006 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) 2000	03/25/99	-1,000.00
Brian Bilbray for Congress 970 Seacoast Dr. Imperial Beach, CA 91932	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	-500.00
Congressman Bart Gordon Committee PO Box 2009 Murfreesboro, TN 37133	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/26/99	-2,000.00
Ashcroft for Senate P.O. Box 15577 705 Hart SOB Clayton, MO 63105	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	-1,500.00

SUBTOTAL of Disbursements This Page (optional)

-12,500.00

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

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

<p>A. Full Name, Mailing Address and ZIP Code Jim Davis for Congress Cmt 3716 West Swann Tampa, FL 33609</p>	<p>Purpose of Disbursement Voided Check</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 03/25/99</p>	<p>Amount of Each Disbursement This Period -500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Pallone for Congress Suite 118, 540 Broadway Long Branch, NJ 7740</p>	<p>Purpose of Disbursement Voided Check</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 03/25/99</p>	<p>Amount of Each Disbursement This Period -500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Diana DeGette 770 Grant St #218 Denver, CO 80203</p>	<p>Purpose of Disbursement Voided Check</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 03/26/99</p>	<p>Amount of Each Disbursement This Period -500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Chet Edwards for Congress 5006 Lakeland Circle 328 Cannon House Ofc Bldg Waco, TX 76710</p>	<p>Purpose of Disbursement Voided Check</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 03/25/99</p>	<p>Amount of Each Disbursement This Period -500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Citizens for Olympia Snowe P.O. Box 441 493 Russell SOB Portland, ME 04112</p>	<p>Purpose of Disbursement Voided Check</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 03/25/99</p>	<p>Amount of Each Disbursement This Period -1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Citizens for Olympia Snowe P.O. Box 441 493 Russell SOB Portland, ME 04112</p>	<p>Purpose of Disbursement Olympia Snowe, U.S. SENATE ME</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 03/25/99</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Chet Edwards for Congress 5006 Lakeland Circle 328 Cannon House Ofc Bldg Waco, TX 76710</p>	<p>Purpose of Disbursement Chet Edwards, U.S. HOUSE 11th TX</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 03/25/99</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>H. Full Name, Mailing Address and ZIP Code Diana DeGette 770 Grant St #218 Denver, CO 80203</p>	<p>Purpose of Disbursement Diane DeGette, U.S. HOUSE 1st CO</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 03/25/99</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>I. Full Name, Mailing Address and ZIP Code Pallone for Congress Suite 118, 540 Broadway Long Branch, NJ 7740</p>	<p>Purpose of Disbursement Frank Pallone, U.S. HOUSE 6th NJ</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 03/25/99</p>	<p>Amount of Each Disbursement This Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional)

-500.00

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 8 OF 9
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
Jim Davis for Congress Cmt 3716 West Swann Tampa, FL 33609	Jim Davis, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	500.00
Ashcroft for Senate P.O. Box 15577 705 Hart SOB Clayton, MO 63106	John Ashcroft, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	1,500.00
Congressman Bart Gordon Committee PO Box 2008 Murfreesboro, 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) 2000	03/25/99	2,000.00
Brian Bilbray for Congress 970 Seacoast Dr. Imperial Beach, CA 91932	Brian Bilbray, U.S. HOUSE 49th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/98	500.00
Hulshof for Congress 1005 Cherry Street, Suite 203 Columbia, MO 65201	Kehny Hulshof, MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	1,000.00
Friends of Joe Barton PO Box 1444 Ennis, TX 75120	Joe Barton, U.S. HOUSE 6th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	1,000.00
Bill Frist for US Senate 4205 Hillsboro Rd 825 Hart SOB Nashville, TN 37216	Bill Frist, U.S. SENATE TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	1,000.00
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	1,000.00
Karrey for Senate 1511 K St., NW, Ste. 640 SH-303 Hart Senate Ofc Bldg Washington, DC, NE	Robert Karrey, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	3,000.00

SUBTOTAL of Disbursements This Page (optional)

11,500.00

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 9 OF 9
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
Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Sander Levin, U.S. HOUSE 12th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	500.00
C. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/25/99	-500.00
D. 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/30/99	500.00
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)

1,500.00

TOTAL This Period (last page this line number only)

55,000.00

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 payment from Assn Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Other	03/18/99	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	100.00
TOTAL This Period (last page this line number only)	100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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 Republican Governor's Association 310 First Street SE Washington, DC 20003	Purpose of Disbursement RGA Membership/Dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/02/99	Amount of Each Disbursement This Period 5,000.00
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) **5,000.00**

TOTAL This Period (last page this line number only) **5,000.00**

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>4-16-99</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>24</i> PREPARER	<i>4-16-99</i> DATE PREPARED