

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JAN 30 4 01 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER <b>C-000-6080</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1201 L STREET, NW		
CITY, STATE and ZIP CODE WASHINGTON DC 20005		3. <input 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)  
 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	12-01-97 through 12-31-97		
6. (a) Cash on Hand January 1, 19__			\$73,064.62
(b) Cash on Hand at Beginning of Reporting Period		\$133,868.13	
(c) Total Receipts (from Line 19)		\$16,211.05	\$394,945.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)		\$150,079.18	\$468,010.55
7. Total Disbursements (from Line 30)		\$46,302.87	\$364,234.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$103,776.31	\$103,776.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

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 WILLISING**

Signature of Treasurer: *Paul Willisong*      Date: **1-30-1998**

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 12-01-1997	TO 12-31-1997
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
B. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		11,552.14	324,041.84
ii. Unitemized		4,340.00	68,304.26
iii. Total (add i and ii) >		15,892.14	392,346.10
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >			
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		318.91	2594.83
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		16,211.05	394,945.93
20. Total Federal Receipts (subtract line 18 from line 19) >		16,211.05	394,945.93
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		402.87	6686.24
c. Total Operating Expenditures (add a i, a ii, and b) >		402.87	6686.24
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		45,900.00	357,548.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		46,302.87	364,234.24
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		46,302.87	364,234.24
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)			
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Page \_\_\_\_ of \_\_\_\_ for  
**LINE NUMBER** \_\_\_\_\_  
 (Use separate schedule(s) for each  
 category of the Detailed  
 Summary Page)

Any information copied from such Reports or 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 (if 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
Donald Franco 274 Hemingway Ave. East Haven, CT 06512	Paragon Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	12/31/97	1,250.00
	Aggregate Year-to-Date-\$	2,075.00	
B. Full Name, Mailing Address and ZIP Code Jack Vetter 5010 S 110th St #250 Omaha, NE 68137	Vetter Health Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Admin	12/19/97	500.00
	Aggregate Year-to-Date-\$	2,000.00	
C. Full Name, Mailing Address and ZIP Code Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417	Community Centre Group		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	12/17/97	300.00
	Aggregate Year-to-Date-\$	1,300.00	
D. Full Name, Mailing Address and ZIP Code Michael Maistros 42350 National Rd Belmont, OH 43718	Bell Nursing Home Inc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Admin	12/31/97	125.00
	Aggregate Year-to-Date-\$	600.00	
E. Full Name, Mailing Address and ZIP Code James Judy 9403 Mill Brook Rd Louisville, KY 40223	Kentucky Assn of Hlth Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec VP	12/02/97	250.00
	Aggregate Year-to-Date-\$	1,100.00	
F. Full Name, Mailing Address and ZIP Code Michael Meillier 27 Brand Ave PO Box 446 Faribault, MN 55021	Pleasant Manor Inc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Social Services Dir	12/03/97	75.00
	Aggregate Year-to-Date-\$	300.00	
G. Full Name, Mailing Address and ZIP Code John Vivenzio 303 East River Road Oswego, NY 13126	Pontiac Nursing Home		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	12/22/97	75.00
	Aggregate Year-to-Date-\$	400.00	
SUBTOTAL of Receipts This Page (optional) .....			2,655.00
TOTAL This Period (last page this line number only) .....			

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jack Markovitz 11630 S Grevillea Ave Hawthorne, CA 90250	Hawthorne Care Ctr  Occupation President	2/01/97  Aggregate Year-to-Date-\$ 2,200.00	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 John Peach PO Box 12957 Alexandria, LA 71315	Name of Employer The Management Co Inc  Occupation VP/Administration	Date (month, day, year) 2/01/97  Aggregate Year-to-Date-\$ 320.00	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Robert Chur 7 Limestone Drive Williamsville, NY 14221	Name of Employer Elderwood Affiliates  Occupation President	Date (month, day, year) 1/04/97  Aggregate Year-to-Date-\$ 2,100.00	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Edward Stafford 33 Elk St., Ste. 300 Albany, NY 12207	Name of Employer NYS Health Facilities  Occupation Director	Date (month, day, year) 02/31/97  Aggregate Year-to-Date-\$ 500.00	Amount of Each Receipt This Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code John Wallace 611 W Market St Athens, AL 35611	Name of Employer Athens Nursing Home  Occupation Owner/Administrator	Date (month, day, year) 12/12/97  Aggregate Year-to-Date-\$ 670.00	Amount of Each Receipt This Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Paul Willging PAYROLL DEDUCTION Washington, AH	Name of Employer American Health Care  Occupation Exec VP	Date (month, day, year) 2/31/97  Aggregate Year-to-Date-\$ 5,000.00	Amount of Each Receipt This Period 1,576.79
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Frank Wronski 64500 Van Dyke Washington, MI 48095	Name of Employer Medilodge Group  Occupation Admin	Date (month, day, year) 12/17/97  Aggregate Year-to-Date-\$ 2,565.00	Amount of Each Receipt This Period 190.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>SUBTOTAL of Receipts This Page (optional)</b>			2,416.79
<b>TOTAL This Period (last page this line number only)</b>			

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank Wronski 64500 Van Dyke Washington, MI 48095	Medilodge Group		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Admin</b>	<b>12/17/97</b>	<b>1,000.00</b>
Aggregate Year-to-Date-\$		<b>2,665.00</b>	
B. Full Name, Mailing Address and ZIP Code Michael Riley 824 S 59th St Belleville, IL 62223	Professional Therapy Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President</b>	<b>12/12/97</b>	<b>500.00</b>
Aggregate Year-to-Date-\$		<b>2,000.00</b>	
C. Full Name, Mailing Address and ZIP Code Robert Deane PAYROLL DEDUCTION Washington, AH	AHCA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Chief Economist</b>	<b>12/31/97</b>	<b>80.00</b>
Aggregate Year-to-Date-\$		<b>1,000.00</b>	
D. Full Name, Mailing Address and ZIP Code Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433	HBA Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP</b>	<b>12/01/97</b>	<b>100.00</b>
Aggregate Year-to-Date-\$		<b>662.50</b>	
E. Full Name, Mailing Address and ZIP Code Danell R Cammack 1300 Windlass Dr Baltimore, MD 21220	Ivy Hall Geriatric Ctr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President</b>	<b>12/04/97</b>	<b>100.00</b>
Aggregate Year-to-Date-\$		<b>2,270.00</b>	
F. Full Name, Mailing Address and ZIP Code Joseph Donchess 7844 Office Park Blvd Baton Rouge, LA 70809	Louisiana Nursing Home Assn		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive Director</b>	<b>12/04/97</b>	<b>100.00</b>
Aggregate Year-to-Date-\$		<b>1,100.00</b>	
G. Full Name, Mailing Address and ZIP Code David Seckman PAYROLL DEDUCTION Washington, AH	AHCA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP Regulatory</b>	<b>12/31/97</b>	<b>115.44</b>
Aggregate Year-to-Date-\$		<b>510.00</b>	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			<b>1,764.56</b>
<b>TOTAL This Period (last page this line number only)</b> .....			

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A. Full Name, Mailing Address and ZIP Code John F Underwood 9403 Mill Brook Rd Louisville, KY 40223  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KAHCF  Occupation Vice President Aggregate Year-to-Date-\$ 800.00	Date (month, day, year) 2/02/97	Amount of Each Receipt This Period 75.00
B. Full Name, Mailing Address and ZIP Code Jan Thayer 404 Woodland Dr Grand Island, NE 68801  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Riverside Lodge  Occupation Owner/Admin Aggregate Year-to-Date-\$ 1,100.00	Date (month, day, year) 2/02/97	Amount of Each Receipt This Period 250.00
C. Full Name, Mailing Address and ZIP Code Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nursing Care Management  Occupation Exec Vice President Aggregate Year-to-Date-\$ 400.00	Date (month, day, year) 2/31/97	Amount of Each Receipt This Period 75.00
D. Full Name, Mailing Address and ZIP Code Jesse Samples 8 Capitol St #700 Charleston, WV 25301  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer West Virginia Health Care Assn  Occupation Dir Gov't Rel Aggregate Year-to-Date-\$ 200.00	Date (month, day, year) 12/01/97	Amount of Each Receipt This Period 100.00
E. Full Name, Mailing Address and ZIP Code Robert Hartwell PAYROLL DEDUCTION Washington, AH  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AHCA  Occupation Dir Political Aff Aggregate Year-to-Date-\$ 946.34	Date (month, day, year) 12/31/97	Amount of Each Receipt This Period 115.41-
F. Full Name, Mailing Address and ZIP Code Zaiga Moriarty 5010 s. 118th St., Ste. 250 Omaha, NE 68137  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Vetter Health Services  Occupation Operations Super. Aggregate Year-to-Date-\$ 300.00	Date (month, day, year) 12/31/97	Amount of Each Receipt This Period 75.00
G. Full Name, Mailing Address and ZIP Code Robert Asztalos PAYROLL DEDUCTION Washington, AH  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AHCA  Occupation Lobbyist Aggregate Year-to-Date-\$ 300.00	Date (month, day, year) 12/31/97	Amount of Each Receipt This Period 11.50
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			471.09
<b>TOTAL</b> This Period (last page this line number only) .....			

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cyndi Taplin 3415 Bald Mountain Lake Orion, MI 48360			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/17/97	380.00
	Aggregate Year-to-Date-\$	380.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Reginald Carter PO Box 80050 Lansing, MI 48908	HCAM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/17/97	95.00
	Executive Vice Pres	12/17/97	95.00
	Aggregate Year-to-Date-\$	595.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Matthew Hickam PAYROLL DEDUCTION Washington, AH	AHCA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/31/97	37.50
	Lobbyist	12/31/97	37.50
	Aggregate Year-to-Date-\$	300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Kylio 1201 L St NW Washington, AH	American Health Care	6/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/31/97	175.00
	Dir Asstd Living	12/31/97	175.00
	Aggregate Year-to-Date-\$	300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Penny Frue 1201 L St NW Washington, AH 20005	AHCA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/31/97	350.00
	VP Administration	12/31/97	350.00
	Aggregate Year-to-Date-\$	600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jennifer Souza 1201 L Street, NW Washington, AH 20005	AHCA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/31/97	233.32
		12/31/97	233.32
	Aggregate Year-to-Date-\$	300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lynn Wagner 1201 L Street, NW Washington, AH 20005	AHCA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/31/97	388.88
		12/31/97	388.88
	Aggregate Year-to-Date-\$	555.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			1,659.70
<b>TOTAL This Period (last page this line number only)</b> .....			

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Page \_\_\_\_ of \_\_\_\_ for  
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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pamela Thorp 2787 Pinckney Rd Howell, MI 48843	Occupation	12/17/97	210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$		210.00
B. Full Name, Mailing Address and ZIP Code Jeffrey Boling 5312 Longshadow Dr Westerville, OH 43081	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/17/97	380.00
Aggregate Year-to-Date-\$		380.00	
C. Full Name, Mailing Address and ZIP Code John Dahlerup 88 Telford Court Troy, MI 48098	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/17/97	380.00
Aggregate Year-to-Date-\$		380.00	
D. Full Name, Mailing Address and ZIP Code Rande Harris 515 E Garfield St Cadillac, MI 49601	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/17/97	380.00
Aggregate Year-to-Date-\$		380.00	
E. Full Name, Mailing Address and ZIP Code Paul Devreugd 869 Ironstone Dr Rochester Hills, MI 48309	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/17/97	380.00
Aggregate Year-to-Date-\$		380.00	
F. Full Name, Mailing Address and ZIP Code Kevin MacKay 16785 Martha Dr Brookfield, WI 53005	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/17/97	380.00
Aggregate Year-to-Date-\$		380.00	
G. Full Name, Mailing Address and ZIP Code Andrea Logan 6321 Commerce Dr Westland, MI 48185	Name of Employer All-Med Medical Supply	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/17/97	475.00
Aggregate Year-to-Date-\$		475.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			2,585.00
<b>TOTAL</b> This Period (last page this line number only) .....			



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Page \_\_\_\_ of \_\_\_\_ for  
**LINE NUMBER** \_\_\_\_\_  
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<b>A. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Aggregate Year-to-Date—\$			
<b>B. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Aggregate Year-to-Date—\$			
<b>C. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Aggregate Year-to-Date—\$			
<b>D. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Aggregate Year-to-Date—\$			
<b>E. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Aggregate Year-to-Date—\$			
<b>F. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Aggregate Year-to-Date—\$			
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Aggregate Year-to-Date—\$			
<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .			. 00
<b>TOTAL</b> This Period (last page this line number only) . . . . .			<b>11,552.14</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Page \_\_\_\_ of \_\_\_\_ for  
**LINE NUMBER** \_\_\_\_  
 (Use separate schedule(s) for each  
 category of the Detailed  
 Summary Page)

Any information copied from such Reports or 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) <b>American Health Care Association - Political Action Committee</b>			
<b>A. Full Name, Mailing Address and ZIP Code</b> Crestar Bank P.O. Box 85024 Richmond, VA 23285	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	12-31-97	318.91
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$		
<b>B. Full Name, Mailing Address and ZIP Code</b>	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-\$		
<b>C. Full Name, Mailing Address and ZIP Code</b>	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-\$		
<b>D. Full Name, Mailing Address and ZIP Code</b>	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-\$		
<b>E. Full Name, Mailing Address and ZIP Code</b>	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-\$		
<b>F. Full Name, Mailing Address and ZIP Code</b>	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-\$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	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-\$		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			
<b>TOTAL</b> This Period (last page this line number only) .....			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Page \_\_\_\_\_ of \_\_\_\_\_ for  
 LINE NUMBER \_\_\_\_\_  
 (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			
<b>A. Full Name, Mailing Address and Zip Code</b> Charles Grassley RR #1 New Hartford, IA 50660	Purpose of Disbursement R-SEN-IA 98 General	Date (month, day, year) 12/04/97	Amount of Each Disbursement This Period 5,000.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>B. Full Name, Mailing Address and Zip Code</b> Byron Dorgan P O Box 871 Bismarck, ND 58502	Purpose of Disbursement D-SEN-ND 98 Primary	Date (month, day, year) 12/15/97	Amount of Each Disbursement This Period 2,500.00
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>C. Full Name, Mailing Address and Zip Code</b> Ronald Wyden PO Box 3498 Portland, OR 97208	Purpose of Disbursement D-0003-OR 98 General	Date (month, day, year) 12/19/97	Amount of Each Disbursement This Period 5,000.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>D. Full Name, Mailing Address and Zip Code</b> DCCC 430 South Capital St Washington, DC 20003	Purpose of Disbursement - -DC	Date (month, day, year) 12/31/97	Amount of Each Disbursement This Period 1,000.00
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>E. Full Name, Mailing Address and Zip Code</b> Tom Delay PO Box 101 Sugar Land, TX 77487	Purpose of Disbursement R-0022-TX 98 Primary	Date (month, day, year) 12/23/97	Amount of Each Disbursement This Period 1,000.00
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>F. Full Name, Mailing Address and Zip Code</b> Bob Graham 700 North Adams St Tallahassee, FL 32301	Purpose of Disbursement D-SEN-FL 98 Primary	Date (month, day, year) 12/23/97	Amount of Each Disbursement This Period 2,000.00
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>G. Full Name, Mailing Address and Zip Code</b> Richard Baker 9132 Highland Garden Road Baton Rouge, LA 70811	Purpose of Disbursement R-0006-LA 98 Primary	Date (month, day, year) 12/10/97	Amount of Each Disbursement This Period 250.00
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>H. Full Name, Mailing Address and Zip Code</b> Barbara Mikulski PO Box 13147 Baltimore, MD 21203	Purpose of Disbursement D-SEN-MD 98 General	Date (month, day, year) 12/10/97	Amount of Each Disbursement This Period 3,400.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>I. Full Name, Mailing Address and Zip Code</b> Benjamin Cardin 2509 Shelleydale Road Baltimore, MD 21209	Purpose of Disbursement D-0003-MD 98 Primary	Date (month, day, year) 12/23/97	Amount of Each Disbursement This Period 5,000.00
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>SUBTOTAL of Disbursements This Page (optional)</b>			25,150.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Page \_\_\_\_\_ of \_\_\_\_\_ for  
 LINE NUMBER \_\_\_\_\_  
 (Use separate schedule(s) for each  
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 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 D-0007-WI 98 Primary 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
David Obey 932 Ross Avenue Wausau, WI 54401	D-0007-WI 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/23/97	1,500.00
B. Full Name, Mailing Address and Zip Code Robert Matsui 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	Purpose of Disbursement D-0005-CA 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	2,500.00
C. Full Name, Mailing Address and Zip Code Robert Andrews 16 Somerdale Somerdale, NJ 08083	Purpose of Disbursement -0001-NJ 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/23/97	500.00
D. Full Name, Mailing Address and Zip Code Jim Talent 955 Executive Pkwy., #201 St. Louis, MO 63141	Purpose of Disbursement R-0002-MO 98 General Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/29/97	5,000.00
E. Full Name, Mailing Address and Zip Code David Minge 2630 S. First St. Willmar, MN 56201	Purpose of Disbursement D-0002-MN 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/23/97	500.00
F. Full Name, Mailing Address and Zip Code Sherrad Brown 111 Edgefield Drive Elyria, OH 44035	Purpose of Disbursement D-0013-OH 98 General Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	5,000.00
G. Full Name, Mailing Address and Zip Code Ron Lewis 1705 N. Dixie Star Plaza, #73 Elizabethtown, KY 42701	Purpose of Disbursement -0002-KY 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	250.00
H. Full Name, Mailing Address and Zip Code Richard Burr P.O. Box 4169 Winston-Salem, NC 27115	Purpose of Disbursement R-0005-NC 98 General Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	1,000.00
I. Full Name, Mailing Address and Zip Code Robert Weygand PO Box 28405 Providence, RI 02908	Purpose of Disbursement D- -RI 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/29/97	500.00
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....			<b>16,750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Page \_\_\_\_\_ of \_\_\_\_\_ for  
 LINE NUMBER \_\_\_\_\_  
 (Use separate schedule(s) for each  
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 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
Max Sandlin 1600 South Washington Marshall, TX 75670	D- -TX 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	500.00
B. Full Name, Mailing Address and Zip Code John Shimkus PO Box 5458 Springfield, IL 62705	R- -IL 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	500.00
C. Full Name, Mailing Address and Zip Code Howard Carroll 5528 N Milwaukee Ave Chicago, IL 60630	- -IL 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	500.00
D. Full Name, Mailing Address and Zip Code David Phelps 35 Dewey Road El Dorado, IL 62930	- -IL 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	500.00
E. Full Name, Mailing Address and Zip Code Ken Lucas 10839 Omaha Trace Richwood, CT 41091	- -CT 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	500.00
F. Full Name, Mailing Address and Zip Code Ernesto Scorsone 167 West Main St Lexington, KY 40507	- -KY 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	500.00
G. Full Name, Mailing Address and Zip Code Jay Williams 14142 Walton Berona Rd Berona, KY 41092	- -KY 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	500.00
H. Full Name, Mailing Address and Zip Code Eck Rose PO Box 78 Winchester, KY 40391	- -KY 98 Primary Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	500.00
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
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....			4,000.00
<b>TOTAL</b> This Period (last page this line number only) .....			45,900.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Page \_\_\_\_\_ of \_\_\_\_\_ for  
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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 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
Crestar Bank P.O. BOX 85024 Richmond, VA 23285	<b>BANK CHARGES</b>	12-31-97	402.87
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) .....

**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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>1-30-98</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>SES</i> PREPARER	<i>1-30-98</i> DATE PREPARED