

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 American Health Care Association Political Action Committee

ADDRESS (number and street) 1201 L Street, NW
 Check if different than previously reported. (ACC) Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00006090 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	X Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post-Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 11 01 2001 through 11 30 2001

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 Anna Lee, PAC Director
 Signature of Treasurer Electronically Filed by Anna Lee, PAC Director Date 12 14 2001

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
American Health Care Association Political Action Committee

Report Covering the Period: From: ¹¹ 11 ⁰¹ 01 ²⁰⁰¹ 2001 To: ¹¹ 11 ³⁰ 30 ²⁰⁰¹ 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ²⁰⁰¹ 2001		89814.06
(b) Cash on Hand at Beginning of Reporting Period	138300.80	
(c) Total Receipts (from Line 19)	25445.06	473375.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	163745.86	563189.32
7. Total Disbursements (from Line 30)	12722.42	412165.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	151023.44	151023.44
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-426-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: ^{MM}11 ^{DD}01 ^{YYYY}2001 To: ^{MM}11 ^{DD}30 ^{YYYY}2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	22981.76	
(ii) Unitemized	2389.31	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	25371.07	466492.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	25371.07	471492.20
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	731.00
17. Other Federal Receipts (Dividends, Interest, etc.)	73.99	1152.06
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	25445.06	473375.26
20. Total Federal Receipts (subtract Line 18 from Line 19)	25445.06	473375.26

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1263.42	7540.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1263.42	7540.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11459.00	405375.43
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	-750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	-750.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	12722.42	412165.88
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	12722.42	412165.88
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	25371.07	471492.20
33. Total Contribution Refunds (from Line 28(d)).....	0.00	-750.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	25371.07	472242.20
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1263.42	7540.45
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1263.42	7540.45

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 / 32

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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 (Last, First, Middle Initial)
Mr Dennis Anderson

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2001

Mailing Address
2025 4th Street

City State Zip Code
White Bear Lake MN 55110

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pathway Health Services VP Finance

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: 10000003914900002

B. Full Name (Last, First, Middle Initial)
Ms. Carolina Smith

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2001

Mailing Address
9848 SW 110th St

City State Zip Code
Ocala FL 34481

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Turnbridge Nursing

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 600.00

Transaction ID: 10000003915000003

C. Full Name (Last, First, Middle Initial)
Mr Daniel Mosca

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2001

Mailing Address
4221 Highway, 150 East PO Box 415

City State Zip Code
Browns Summit NC 27214

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AdvoCare Companies President & CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2300.00

Transaction ID: 10000003915300004

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 6 / 32

(check only one)

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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr Tim Blythe

Mailing Address
7 Minnesota St

City State Zip Code
Edwardsville IL 62025

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Springwood Associates VP, Legislative Affairs

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 475.00

Amount of Each Receipt this Period 75.00

Transaction ID: 10000003920900005

Full Name (Last, First, Middle Initial)
B. Mr Jesse Samples

Mailing Address
300 Capitol Street Suite 700

City State Zip Code
Charleston WV 25301

Date of Receipt
N M / D E / Y Y Y Y
11 / 02 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AMFM Inc VP of Planning & Acquisitions

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 600.00

Amount of Each Receipt this Period 500.00

Transaction ID: 10000003915800006

Full Name (Last, First, Middle Initial)
C. Mr John C. Orestis

Mailing Address
PO Box 1408 179 Lisbon St

City State Zip Code
Lewiston ME 04240-1408

Date of Receipt
N M / D E / Y Y Y Y
11 / 02 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
North Country Associates President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 625.00

Amount of Each Receipt this Period 125.00

Transaction ID: 10000003915700007

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Eldon Teper

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Mailing Address
4551 Glencoe #300

City State Zip Code
Marina del Rey CA 90291

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Country Villa Health Services

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 10000003918100008

B. Full Name (Last, First, Middle Initial)
Mr. Robert Vandemere

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Mailing Address
802 West Bannock #304

City State Zip Code
Boise ID 83701

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Idaho Health Care Association
State Executive

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 550.00

Transaction ID: 10000003918300008

C. Full Name (Last, First, Middle Initial)
Mr Terry Mundy, NHA

Date of Receipt
M M / D D / Y Y Y Y
11 / 05 / 2001

Mailing Address
2633 W Rumble Rd

City State Zip Code
Modesto CA 95350

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
English Oaks Convalescent Hosp
Owner/Administrator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1100.00

Transaction ID: 10000003920400010

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 32

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11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr Michael Meiller

Mailing Address
27 Brand Ave PO Box 448

City State Zip Code
Faribault MN 55021

Date of Receipt
N M / D E / Y Y Y Y
11 / 05 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pleasant Manor Inc Social Services Dir

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Amount of Each Receipt this Period
75.00

Transaction ID: 10000003920500011

Full Name (Last, First, Middle Initial)
B. Mr William R. Abrams

Mailing Address
1201 L Street NW

City State Zip Code
Washington AH 20005

Date of Receipt
N M / D E / Y Y Y Y
11 / 06 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AHCA COO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1460.00

Amount of Each Receipt this Period
80.00

Transaction ID: 10000003916800012

Full Name (Last, First, Middle Initial)
C. Mr Paul Hensley

Mailing Address
1201 L St NW

City State Zip Code
Washington AH 20005

Date of Receipt
N M / D E / Y Y Y Y
11 / 06 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AHCA Comptroller

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 320.00

Amount of Each Receipt this Period
10.00

Transaction ID: 10000003917100013

SUBTOTAL of Receipts This Page (optional)	▶	145.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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FOR LINE NUMBER:
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Mike Hagan

Date of Receipt
M M / D D / Y Y Y Y
11 / 06 / 2001

Mailing Address
PAYROLL DEDUCTION

City State Zip Code
Washington AH 20005

Amount of Each Receipt this Period
47.82

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AHCA Lobbyist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 809.54

Transaction ID: 10000003917200014

B. Full Name (Last, First, Middle Initial)
Mr David Kyle

Date of Receipt
M M / D D / Y Y Y Y
11 / 06 / 2001

Mailing Address
1201 L Street NW PAYROLL DEDUCTION

City State Zip Code
Washington AH 20005

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AHCA Director, Assisted Living

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 650.00

Transaction ID: 10000003917400015

C. Full Name (Last, First, Middle Initial)
Ms Penny Prue

Date of Receipt
M M / D D / Y Y Y Y
11 / 06 / 2001

Mailing Address
1201 L Street, NW PAYROLL DEDUCTION

City State Zip Code
Washington AH 20005

Amount of Each Receipt this Period
38.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AHCA Vice President, Administration

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 836.00

Transaction ID: 10000003917500016

SUBTOTAL of Receipts This Page (optional) ▶ **110.62**

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

**SCHEDULE A (FEC Form 3X)
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11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Chip Roachman

Mailing Address
1201 L Street NW
City Washington State AH Zip Code 20005

Payroll Deduction

Date of Receipt
N M / D E / Y Y Y Y
11 / 06 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer AHCA Occupation President & CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1550.00

Transaction ID: 10000003917800017

Full Name (Last, First, Middle Initial)
B. Mr John Schaeffler

Mailing Address
PAYROLL DEDUCTION
City Washington State AH Zip Code 20005

Date of Receipt
N M / D E / Y Y Y Y
11 / 06 / 2001

Amount of Each Receipt this Period
76.92

FEC ID number of contributing federal political committee.

Name of Employer AHCA Occupation Lobbyist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1692.25

Transaction ID: 10000003917700018

Full Name (Last, First, Middle Initial)
C. Ms Jennifer Souza

Mailing Address
1201 L Street NW
City Washington State AH Zip Code 20005

Date of Receipt
N M / D E / Y Y Y Y
11 / 06 / 2001

Amount of Each Receipt this Period
33.34

FEC ID number of contributing federal political committee.

Name of Employer AHCA Occupation Senior Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 733.48

Transaction ID: 10000003917800019

SUBTOTAL of Receipts This Page (optional)	▶	160.26
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 32	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Donald Franco

Mailing Address
274 Hemingway Ave

City State Zip Code
East Haven CT 06512

Date of Receipt
M M / D D / Y Y Y Y
11 / 09 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Paragon Group Inc. President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1200.00

Transaction ID: 10000003921000020

B. Full Name (Last, First, Middle Initial)
Mr R. Peter Madel, Jr.

Mailing Address
108 8th St NW

City State Zip Code
Waseca MN 56093-1912

Date of Receipt
M M / D D / Y Y Y Y
11 / 13 / 2001

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lake Shore Inn Nursing Home CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 10000003921300021

C. Full Name (Last, First, Middle Initial)
Ms Kathy Graves

Mailing Address
PO Box 7

City State Zip Code
Gainsboro TN 38562-0553

Date of Receipt
M M / D D / Y Y Y Y
11 / 13 / 2001

Amount of Each Receipt this Period
2500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mabry Health Care & Rehab Administrator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2500.00

Transaction ID: 10000003921400022

SUBTOTAL of Receipts This Page (optional) ▶ **2875.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Thomas Mabry

Date of Receipt
N M / D E / Y Y Y Y
11 / 13 / 2001

Mailing Address
PO Box 7

City State Zip Code
Gainesboro TN 38562

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mabry Health Care Administrator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: 10000003921500023

B. Full Name (Last, First, Middle Initial)
Mr William R. Abrams

Date of Receipt
N M / D E / Y Y Y Y
11 / 13 / 2001

Mailing Address
1201 L Street NW

City State Zip Code
Washington AH 20005

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AHCA COO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1520.00

Transaction ID: 10000003921800024

C. Full Name (Last, First, Middle Initial)
Mr Paul Hensley

Date of Receipt
N M / D E / Y Y Y Y
11 / 13 / 2001

Mailing Address
1201 L St NW

City State Zip Code
Washington AH 20005

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AHCA Comptroller

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 330.00

Transaction ID: 10000003921800025

SUBTOTAL of Receipts This Page (optional) ▶ **1070.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 13 / 32

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Mike Hagan

Date of Receipt
M M / D D / Y Y Y Y
11 / 13 / 2001

Mailing Address
PAYROLL DEDUCTION

City State Zip Code
Washington AH 20005

Amount of Each Receipt this Period
47.82

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AHCA Lobbyist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 857.16

Transaction ID: 10000003921900026

B. Full Name (Last, First, Middle Initial)
Mr David Kyle

Date of Receipt
M M / D D / Y Y Y Y
11 / 13 / 2001

Mailing Address
1201 L Street NW PAYROLL DEDUCTION

City State Zip Code
Washington AH 20005

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AHCA Director, Assisted Living

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 675.00

Transaction ID: 10000003922000027

C. Full Name (Last, First, Middle Initial)
Ms Penny Prue

Date of Receipt
M M / D D / Y Y Y Y
11 / 13 / 2001

Mailing Address
1201 L Street, NW PAYROLL DEDUCTION

City State Zip Code
Washington AH 20005

Amount of Each Receipt this Period
38.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AHCA Vice President, Administration

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 874.00

Transaction ID: 10000003922100028

SUBTOTAL of Receipts This Page (optional) ▶ **110.62**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 32

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13		14		15		16		

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

Full Name (Last, First, Middle Initial)

A. Mr. Chip Roachman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
11 / 13 / 2001

1201 L Street NW Payroll Deduction

City State Zip Code

Washington AH 20005

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation

AHCA President & CEO

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1800.00

Transaction ID: 10000003922200029

Full Name (Last, First, Middle Initial)

B. Mr. John Schaeffler

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
11 / 13 / 2001

PAYROLL DEDUCTION

City State Zip Code

Washington AH 20005

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 76.92

Name of Employer Occupation

AHCA Lobbyist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1769.17

Transaction ID: 10000003922200030

Full Name (Last, First, Middle Initial)

C. Ms. Jennifer Souza

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
11 / 13 / 2001

1201 L Street NW

City State Zip Code

Washington AH 20005

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 33.34

Name of Employer Occupation

AHCA Senior Director

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 766.82

Transaction ID: 10000003922200031

SUBTOTAL of Receipts This Page (optional) ► **160.26**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 32	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mr Travis Tomlinson

Mailing Address
513 E Whitaker Mill Rd
City: Raleigh State: NC Zip Code: 27608

Date of Receipt
N M / D E / Y Y Y Y
11 / 13 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Mayview Conv Home Inc Occupation: Administrator

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1850.00

Transaction ID: 10000003922800032

Full Name (Last, First, Middle Initial)
B. Mr Joseph Warner

Mailing Address
115 W Jefferson, Suite 401
City: Bloomington State: IL Zip Code: 61702-3188

Date of Receipt
N M / D E / Y Y Y Y
11 / 13 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer: Heritage Enterprise Occupation: President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Transaction ID: 10000003922700033

Full Name (Last, First, Middle Initial)
C. Mr Brad Stebbins

Mailing Address
600 E Whaley
City: Longview State: TX Zip Code: 75801

Date of Receipt
N M / D E / Y Y Y Y
11 / 14 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Stebbins Five Companies Occupation: Owner

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Transaction ID: 10000003922800034

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 32

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms Zeiga Moriarty

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2001

Mailing Address
5D10 S 118th St Sba 250

City State Zip Code
Omaha NE 68137

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Vetter Health Services Operations Supervisor

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 10000003940700035

B. Full Name (Last, First, Middle Initial)
Mr Leonard Wiggins

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2001

Mailing Address
PO Box 670

City State Zip Code
Judsonia AR 72081

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Oakdale Nursing Home Owner/Administrator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 10000003940800036

C. Full Name (Last, First, Middle Initial)
Mr Steve Briscoe

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2001

Mailing Address
5401 West 10th St

City State Zip Code
Greeley CO 80634

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Continuum Health Partnerships Area VP

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2100.00

Transaction ID: 10000003924800037

SUBTOTAL of Receipts This Page (optional) ▶ **2375.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 32	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mr Don Wessel

Mailing Address
417 S Main St

City State Zip Code
Oberlin OH 44074

Date of Receipt
N M / D E / Y Y Y Y
11 / 26 / 2001

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Welcome Nursing Home Inc President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000003925000038

Full Name (Last, First, Middle Initial)
B. Mr Michael Meilier

Mailing Address
27 Brand Ave PO Box 446

City State Zip Code
Faribault MN 55021

Date of Receipt
N M / D E / Y Y Y Y
11 / 26 / 2001

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pleasant Manor Inc Social Services Dir

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 575.00

Transaction ID: 10000003925100039

Full Name (Last, First, Middle Initial)
C. Mr James Urwerferth

Mailing Address
1100 Shawnee Road

City State Zip Code
Lima OH 45805

Date of Receipt
N M / D E / Y Y Y Y
11 / 26 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HCF, Inc. President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 4000.00

Transaction ID: 10000003940300040

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 32

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)

A. Mr. Peter Segal

Mailing Address

4525 N. Glebe Rd.

City

Arlington

State

VA

Zip Code

22207-4848

Date of Receipt

N M / D E / Y Y Y Y
11 / 27 / 2001

Amount of Each Receipt this Period

475.00

FEC ID number of contributing
federal political committee.

Name of Employer
Edelman

Occupation

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Transaction ID: 1000003940000041

Full Name (Last, First, Middle Initial)

B. Mr. Kannon S Shea

Mailing Address

75 Court St

PO Box U

City

Quincy

State

CA

Zip Code

95671

Date of Receipt

N M / D E / Y Y Y Y
11 / 27 / 2001

Amount of Each Receipt this Period

4625.00

FEC ID number of contributing
federal political committee.

Name of Employer
California Convalescent Hosp

Occupation

Administrator

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Transaction ID: 1000003940100042

Full Name (Last, First, Middle Initial)

C. Mr. Jerry Sarsky

Mailing Address

2319 W 7th St

City

St Paul

State

MN

Zip Code

55116

Date of Receipt

N M / D E / Y Y Y Y
11 / 27 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Highland Chateau

Occupation

President

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Transaction ID: 1000003940200043

SUBTOTAL of Receipts This Page (optional) ▶ **5350.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. John Vinson

Mailing Address
1220 N Main Street

City State Zip Code
Fikeon MO 63801

Date of Receipt
N M / D E / Y Y Y Y
11 28 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Health Systems Inc.

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: 10000003924400044

B. Full Name (Last, First, Middle Initial)
Mr Robert Rotola

Mailing Address
17441 W. Muirfield

City State Zip Code
Baton Rouge LA 70810

Date of Receipt
N M / D E / Y Y Y Y
11 28 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Harahan Guest House
Owner

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: 10000003924500045

C. Full Name (Last, First, Middle Initial)
Mr Rick Gater

Mailing Address
2850 Metro Dr #200

City State Zip Code
Bloomington MN 55425

Date of Receipt
N M / D E / Y Y Y Y
11 28 2001

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Care Providers of Minnesota

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2225.00

Transaction ID: 10000003924600046

SUBTOTAL of Receipts This Page (optional) ▶ **4000.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 32

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Joe Lubarsky

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2001

Mailing Address
330 East Kilbourn

City State Zip Code
Milwaukee WI 53202

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BDO Seidman LLP Partner

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: 10000003924700047

B. Full Name (Last, First, Middle Initial)
Mr. Robert Possanza

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2001

Mailing Address
8 Mulberry Circle

City State Zip Code
Gladstone MI 49837-9999

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Administrator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 10000003939000048

C. Full Name (Last, First, Middle Initial)
Ms. Dana Smith

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2001

Mailing Address
W8521 Groveland Mine Rd.

City State Zip Code
Felch MI 49831

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 10000003939100049

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 21 / 32

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)

A. Mr. Gerald Baker

Mailing Address

11384 North Linden Road Suite F

City State Zip Code

Clio MI 48420

Date of Receipt

N M / D E / Y Y Y Y
11 / 20 / 2001

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

225.00

Transaction ID: 10000003939300050

Full Name (Last, First, Middle Initial)

B. Ms. Sharon Reardon

Mailing Address

1202 Weiss

City State Zip Code

Saginaw MI 48602

Date of Receipt

N M / D E / Y Y Y Y
11 / 20 / 2001

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer Occupation

Hoyt Nursing Home Owner

Receipt For: Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

225.00

Transaction ID: 10000003939300051

Full Name (Last, First, Middle Initial)

C. Mr. Paul Ver Lee

Mailing Address

22600 W. Main Street

City State Zip Code

Amhria MI

Date of Receipt

N M / D E / Y Y Y Y
11 / 20 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer Occupation

Fair Acres Care Center Owner

Receipt For: Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

300.00

Transaction ID: 10000003939300052

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 22 / 32

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr Ronald J. Squillace

Mailing Address

3D1 Union Street

City

State

Zip Code

Hackensack

NJ

07601

Date of Receipt

N M / D E / Y Y Y Y
11 / 20 / 2001

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

150.00

Name of Employer
Wellington Hall

Occupation
President

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1000003941000053

Full Name (Last, First, Middle Initial)

B. Mr Louis E Cabrel, Jr.

Mailing Address

PQ Box 189

City

State

Zip Code

Killen

AL

35645-0189

Date of Receipt

N M / D E / Y Y Y Y
11 / 30 / 2001

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
Lauderdale Christian NH

Occupation
Administrator

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Transaction ID: 1000003940500054

Full Name (Last, First, Middle Initial)

C. Mr. Robert Vandemerwe

Mailing Address

802 West Bannock #304

City

State

Zip Code

Boise

ID

83701

Date of Receipt

N M / D E / Y Y Y Y
11 / 30 / 2001

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

25.00

Name of Employer
Idaho Health Care Association

Occupation
State Executive

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Transaction ID: 1000003940600055

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 23 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mr Lary Overstreet

Mailing Address
1300 Belk St

City State Zip Code
Oxford MS 38655

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
75.00

Name of Employer Graceland Management Corp.	Occupation Owner
--	---------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Transaction ID: 10000003941100058

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	22981.76

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 / 32

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Mailing Address
4922 Fairmont Ave
City State Zip Code
Bethesda MD 20814

Date of Receipt
N M / D E / Y Y Y Y
11 30 2001

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 1.06

Name of Employer Occupation
Rushmore

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 820.70

Transaction ID: 1000003941200057

Full Name (Last, First, Middle Initial)

B.

Mailing Address
730 15th Street 2nd Floor
City State Zip Code
Washington DC 20005

Date of Receipt
N M / D E / Y Y Y Y
11 30 2001

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 65.86

Name of Employer Occupation
Bank of America Checking

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.54

Transaction ID: 1000003941300058

Full Name (Last, First, Middle Initial)

C.

Mailing Address
730 15th Street 2nd Floor
City State Zip Code
Washington DC 20005

Date of Receipt
N M / D E / Y Y Y Y
11 30 2001

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 7.27

Name of Employer Occupation
Bank of America Checking

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 507.81

Transaction ID: 1000003941600059

SUBTOTAL of Receipts This Page (optional)	▶	73.99
TOTAL This Period (last page this line number only)	▶	73.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 32

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									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

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement 11 / 30 / 2001
Mailing Address		Amount of Each Disbursement this Period 285.41
City Washington	State DC	Zip Code 20005
Purpose of Disbursement		Transaction ID: 1000003938800002
Candidate Name		Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement 11 / 30 / 2001
Mailing Address		Amount of Each Disbursement this Period 345.53
City Washington	State DC	Zip Code 20005
Purpose of Disbursement		Transaction ID: 1000003941400003
Candidate Name		Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Bank of America		Date of Disbursement 11 / 30 / 2001
Mailing Address		Amount of Each Disbursement this Period 18.78
City Washington	State DC	Zip Code 20005
Purpose of Disbursement		Transaction ID: 1000003941500004
Candidate Name		Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) ▶ **649.72**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement 11 / 30 / 2001	
Mailing Address		Amount of Each Disbursement this Period 613.70	
City Washington	State DC	Zip Code 20005	
Purpose of Disbursement		Candidate Name	
Office Sought: House Senate President		Disbursement For: Primary General Other (specify) ▼	
State:	District:	Category/ Type	Transaction ID: 10000003941800005

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	613.70
TOTAL This Period (last page this line number only)	▶	1263.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Blue Dog PAC		Date of Disbursement 11 / 02 / 2001
Mailing Address P.O. Box 7668 City Washington State DC Zip Code 20044		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD: \$2000.00 Voided Check		24K Category/ Type
Candidate Name Blue Dog PAC		
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000003913400008
State: DC District:		

Full Name (Last, First, Middle Initial) B. Blue Dog PAC		Date of Disbursement 11 / 02 / 2001
Mailing Address P.O. Box 7668 City Washington State DC Zip Code 20044		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD: \$2000.00 Blue Dog PAC		24K Category/ Type
Candidate Name Blue Dog PAC		
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000003913500007
State: DC District:		

Full Name (Last, First, Middle Initial) C. Lindsey Graham for Congress		Date of Disbursement 11 / 07 / 2001
Mailing Address PO Box 1155 City Seneca State SC Zip Code 29679		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD: \$3000.00 Lindsey Graham, U.S. HOUSE		24K Category/ Type
Candidate Name Mr. Lindsey Graham		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000003916700008
State: SC District: 3		

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. AHCA Administrative Fund		Date of Disbursement 11 / 08 / 2001	
Mailing Address 1201 L Street, NW City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement Transfer direct deposit from Meadowbrook		24K Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: 1000003918500009		

Full Name (Last, First, Middle Initial) B. AHCA Administrative Fund		Date of Disbursement 11 / 08 / 2001	
Mailing Address 1201 L Street, NW City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 38.00	
Purpose of Disbursement Transfer direct deposit from Sun Health		24K Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: 1000003918600010		

Full Name (Last, First, Middle Initial) C. Nebraskan for Nelson		Date of Disbursement 11 / 08 / 2001	
Mailing Address 2912 South 84th Street Suite B City Omaha State NE Zip Code 68124		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3000.00 Ben Nelson, U.S. SENATE NE		24K Category/ Type	
Candidate Name Mr. Ben Nelson			
Office Sought: House Senate President	Disbursement For: X Primary General Other (specify) ▼		
State: NE District:	Transaction ID: 1000003918800011		

SUBTOTAL of Disbursements This Page (optional) ▶	1138.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement 11 / 06 / 2001
Mailing Address		Amount of Each Disbursement this Period 71.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement	24K Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		Transaction ID: 10000003941700012

Full Name (Last, First, Middle Initial) B. Ballenger for Congress		Date of Disbursement 11 / 14 / 2001
Mailing Address		Amount of Each Disbursement this Period -500.00
City Hickory	State NC	
Zip Code 28603	Purpose of Disbursement YTD:5-1000.00 Voided Check	24K Category/ Type
Candidate Name Mr. Cass Ballenger		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NC	District: 10	Transaction ID: 10000003920000013

Full Name (Last, First, Middle Initial) C. Friends of John Rockefeller		Date of Disbursement 11 / 19 / 2001
Mailing Address		Amount of Each Disbursement this Period -1000.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement YTD:\$2500.00 Voided Check	24K Category/ Type
Candidate Name Senator John Rockefeller		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: WV	District:	Transaction ID: 10000003923100014

SUBTOTAL of Disbursements This Page (optional)	-1429.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Hutchinson for Senate		Date of Disbursement 11 / 26 / 2001	
Mailing Address P.O. Box 998 City: Rogers State: AR Zip Code: 72756		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$4000.00 Tim Hutchinson, U.S. SENATE		24K Category/ Type	
Candidate Name Mr. Tim Hutchinson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AR District:	Transaction ID: 1000000392300015		

Full Name (Last, First, Middle Initial) B. Becerra for Congress		Date of Disbursement 11 / 26 / 2001	
Mailing Address 1810 Sunset Blvd Suite 540 City: Los Angeles State: CA Zip Code: 90028		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Xavier Becerra, U.S. HOUSE		24K Category/ Type	
Candidate Name Mr. Xavier Becerra			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 30	Transaction ID: 10000003923400016		

Full Name (Last, First, Middle Initial) C. Shaheen Exploratory Committee		Date of Disbursement 11 / 26 / 2001	
Mailing Address 2 1/2 Beacon St. City: Concord State: NH Zip Code: 03301		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement YTD:\$1250.00 Jeanne Shaheen, NH		24K Category/ Type	
Candidate Name Ms. Jeanne Shaheen			
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NH District:	Transaction ID: 10000003923500017		

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Pat Toomey for Congress		Date of Disbursement 11 / 26 / 2001
Mailing Address 2720 Jordan Road City: Orefield State: PA Zip Code: 18089		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Pat Toomey, U.S. HOUSE 15th		24K Category/ Type
Candidate Name Mr. Pat Toomey		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000003923800018
State: PA District: 15		

Full Name (Last, First, Middle Initial) B. Heather Wilson for Congress		Date of Disbursement 11 / 26 / 2001
Mailing Address PO Box 14070 City: Albuquerque State: NM Zip Code: 87191		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Heather Wilson, U.S. HOUSE		24K Category/ Type
Candidate Name Ms. Heather Wilson		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000003923700019
State: NM District:		

Full Name (Last, First, Middle Initial) C. Wyden for Senate		Date of Disbursement 11 / 26 / 2001
Mailing Address PO Box 3498 City: Portland State: OR Zip Code: 97208		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Ronald Wyden, U.S. SENATE 0		24K Category/ Type
Candidate Name Mr. Ronald Wyden		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000003923800020
State: OR District:		

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Schrock for Congress		Date of Disbursement 11 / 26 / 2001	
Mailing Address PO Box 61480 City Virginia Beach State VA Zip Code 23466		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1500.00 Ed Schrock, U.S. HOUSE 2nd		24K Category/ Type	
Candidate Name Mr. Ed Schrock			
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: VA District: 2	Transaction ID: 10000003923900021		

Full Name (Last, First, Middle Initial) B. Luther for Cong Volunteer Cmt		Date of Disbursement 11 / 30 / 2001	
Mailing Address 1399 Geneva Ave., N., #103 1418 Longworth HOB City Oakdale State MN Zip Code 56201		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Bill Luther, U.S. HOUSE 6th		24K Category/ Type	
Candidate Name Mr. Bill Luther			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MN District: 6	Transaction ID: 10000003925600022		

Full Name (Last, First, Middle Initial) C. Rely on Your Beliefs Fund		Date of Disbursement 11 / 30 / 2001	
Mailing Address 1300 Pennsylvania Avenue NW #70D City Washington State DC Zip Code 20004		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement YTD:\$6000.00 Roy Blunt's PAC		24K Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Transaction ID: 10000003925600023		

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	11459.00