

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 OCT 20 AM 20

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (or MP)
American Health Care Association Political Action
Committee

ADDRESS (number and street) Check if different than previously reported
201 L Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-8080

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 16 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 _____

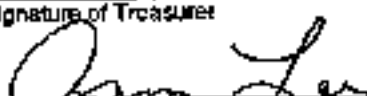
(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	09/01/99 through 09/30/99		
6. (a) Cash on Hand January 1, 1999			\$ 84,248.97
(b) Cash on Hand at Beginning of Reporting Period		\$ 120,070.95	
(c) Total Receipts (from Line 10)		\$ 48,583.09	\$ 355,226.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 168,654.04	\$ 439,475.13
7. Total Disbursements (from Line 30)		\$ 51,742.31	\$ 322,563.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 116,911.73	\$ 116,911.73
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-219-3420

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  Date
10-20-99

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

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FEC FORM 3X
(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
American Health Care Association Political Action Committee	FROM 09/01/99	TO: 09/30/99
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	36,036.42	301,578.04
ii. Unitemized	9,896.48	48,181.97
iii. Total (add i and ii) >	45,934.90	347,759.95
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	2,500.00	5,000.00
d. Total Contributions (add a iii, b and c) >	48,434.90	352,759.95
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	1,125.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	148.19	1,341.27
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	48,583.09	355,226.18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	48,583.09	355,226.18
20. Total Federal Receipts (subtract line 18 from line 19) >		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule 114)	0.00	0.00
i. Federal Share	0.00	0.00
ii. Non-Federal Share	642.31	6,357.27
b. Other Federal Operating Expenditures	642.31	6,357.27
c. Total Operating Expenditures (add a ii, b and c) >	-5,000.00	15,000.00
22. Transfers to Affiliated/Other Party Committees	53,500.00	291,981.13
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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:	1,600.00	3,225.00
a. Individual/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	1,600.00	3,225.00
d. Total Contribution Refunds (add a, b and c) >	1,000.00	5,000.00
29. Other Disbursements	51,742.31	322,563.40
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	51,742.31	322,563.40
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	48,434.90	352,759.95
33. Total Contribution Refunds (from line 28d)	1,600.00	3,225.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	46,834.90	349,534.95
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	642.31	6,357.27
36. Offsets to Operating Expenditures (from line 15)	0.00	1,125.00
37. Net Operating Expenditures (subtract line 36 from 35) >	642.31	5,232.27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 116

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

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

<p>A. Full Name, Mailing Address and ZIP Code Vencor PAC 3300 Providian 400 West Market Louisville, KY 40202</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 09/30/95</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>2,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>2,500.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701	Name of Employer Health Facilities Assn of MD Occupation	Date (month, day, year) 09/01/99	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,600.00	
B. Full Name, Mailing Address and ZIP Code Millard Cursey 531 Stevenson Ln Towson, MD 21286	Name of Employer Holly Hill Manor Occupation Administrator	Date (month, day, year) 09/01/99	Amount of Each Receipt This Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 800.00	
C. Full Name, Mailing Address and ZIP Code Millard Cursey 531 Stevenson Ln Towson, MD 21286	Name of Employer Holly Hill Manor Occupation Administrator	Date (month, day, year) 09/01/99	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 900.00	
D. Full Name, Mailing Address and ZIP Code Terry Kuzman 1157 Enfield St Enfield, CT 06082	Name of Employer Parkway Pavilion Occupation Administrator	Date (month, day, year) 09/02/99	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 850.00	
E. Full Name, Mailing Address and ZIP Code Jack Vatter 5020 South 118th St Omaha, NE 68137	Name of Employer Vetter Health Services Occupation Administrator	Date (month, day, year) 09/02/99	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,500.00	
F. Full Name, Mailing Address and ZIP Code Gail Clarkson 6450 Van Dyke Washington, MI 48095	Name of Employer The Medlodge Group Occupation Vice President	Date (month, day, year) 09/02/99	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 850.00	
G. Full Name, Mailing Address and ZIP Code Robert Rotolo 17441 W. Mulfield Baton Rouge, LA 70810	Name of Employer Occupation	Date (month, day, year) 09/03/99	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 600.00	

SUBTOTAL of Receipts This Page (optional)

1,950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Briscoe 5401 West 10th St. Greeley, CO 80634	Continuum Health Partnerships Occupation: Area VP	09/03/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 850.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha Carole White 114 Marketridge Dr Ridgeland, MS 39157	Mississippi Health Care Assn Occupation: Executive Director	09/03/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Royca Delaney 14 Northtown Drive Ste 202 Jackson, MS 39211	Delco Inc Occupation: Vice President	09/03/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda DeRuvo Keegan PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: VP PR & Prof Svcs	09/03/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 850.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda DeRuvo Keegan PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: VP PR & Prof Svcs	09/03/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 950.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick T Kriner 6228 Merger Drive Holland, OH 43528	Woodside Management Group Occupation: Owner	09/07/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theodore Lee 700 Hanover St Manchester, NH 03104	Hanover Hill Health Care Occupation: Owner/Administrator	09/08/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,400.00		

SUBTOTAL of Receipts This Page (optional) 1,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol M Garby RFD #3, Box 5684 Barre, VT 05641	Berlin Health & Rehab. Ctr. Occupation: Administrator	09/08/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 275.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Wren 380 French Horn Court Richmond, VA 23233	Paper PAK Products Occupation: President	09/08/99	1,200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kim Gallina 1400 8th Avenue Union Grove, WI 53182	Oak Ridge Care Center Occupation:	09/08/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Branscum 15750 Jay Road Detroit, MI 48228	Fairlane Nursing Center Occupation: Owner	09/09/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 375.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Taylor 13721 Glencaks Rd Sylmar, CA 91342	RETIRED Occupation:	09/10/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mike Hogan PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: Lobbyist	09/10/99	76.93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 384.65		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Deane PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: Chief Economist	09/10/99	19.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 726.81		

SUBTOTAL of Receipts This Page (optional) 1,696.16

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 13
FOR LINE NUMBER 11 a

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Schaeffler PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: Lobbyist	09/10/99	41.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 709.50		
B. Full Name, Mailing Address and ZIP Code Paul Willging 1201 L St. NW Washington, AH 20005	AHCA Occupation: Exec VP	09/10/99	182.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,481.58		
C. Full Name, Mailing Address and ZIP Code David Seckman PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: VP Regulatory	09/10/99	19.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 327.08		
D. Full Name, Mailing Address and ZIP Code Penny Prue 1201 L Street, NW Washington, AH 20005	AHCA Occupation: Vice President, Administration	09/10/99	38.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 684.00		
E. Full Name, Mailing Address and ZIP Code Don Isetti 927 Industrial Way Lodi, CA 95240	Delta Pharm Svcs Occupation: President	09/10/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code John Poirier 125 Airport Rd Concord, NH 03301	New Hampshire Health Care Assn Occupation: Exec Director	09/10/99	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 325.00		
G. Full Name, Mailing Address and ZIP Code F Leonard Herberth 1447 Stoneridge Drive Pleasanton, CA 94588	Herberth & Nettleton Occupation: Partner	09/13/99	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		

SUBTOTAL of Receipts This Page (optional)

1,141.05

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **5** OF **13**
FOR LINE NUMBER **113**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Flynn 40 White Hall Road Rochester, NH 03867	Rochester Manor Occupation Administrator	09/13/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
Alice Kim Lew 58-130 Kam Hwy Halelwa, HI 96712	Crawford's Convalescent Home Occupation Administrator	09/14/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,100.00		
Brad Stebbins 800 E Whaley Longview, TX 75601	Stebbins Five Companies Occupation Owner	09/14/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 425.00		
Roland Rapp 8 Windover Danville, CA 94506	Rapp & Associates Occupation Attorney	09/14/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
Jean Wells 725 Harvard Drive Owensboro, KY 42301	Wells Health Systems Occupation Owner	09/16/99	2,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,750.00		
Steven Chies 9920 Zilia Street NW Coon Rapids, MN 55433	Gara Paradigm Management Occupation President	09/17/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		
Debra Finneran 2529 Six Mile Ln Louisville, KY 40220	Meadows East Occupation Administrator	09/20/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		

SUBTOTAL of Receipts This Page (optional) **4,525.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **13**
FOR LINE NUMBER **11**

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

A. Full Name, Mailing Address and ZIP Code Lee Morey 2015 Prospect St Racine, WI 53404	Name of Employer Lincoln Lutheran Occupation Administrator	Date (month, day, year) 09/20/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 225.00	
B. Full Name, Mailing Address and ZIP Code Paul Engbracht 437 State St Box 209 Marion, SD 57043	Name of Employer Tieszen Memorial Home Occupation Chief Exec Officer	Date (month, day, year) 09/21/99	Amount of Each Receipt this Period 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 387.00	
C. Full Name, Mailing Address and ZIP Code Mike Hogan PAYROLL DEDUCTION Washington, AH 20005	Name of Employer AHCA Occupation Lobbyist	Date (month, day, year) 09/21/99	Amount of Each Receipt this Period 76.93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 461.58	
D. Full Name, Mailing Address and ZIP Code Robert Deane PAYROLL DEDUCTION Washington, AH 20005	Name of Employer AHCA Occupation Chief Economist	Date (month, day, year) 09/21/99	Amount of Each Receipt this Period 19.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 746.14	
E. Full Name, Mailing Address and ZIP Code John Schaeffler PAYROLL DEDUCTION Washington, AH 20005	Name of Employer AHCA Occupation Lobbyist	Date (month, day, year) 09/21/99	Amount of Each Receipt this Period 41.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 751.00	
F. Full Name, Mailing Address and ZIP Code Paul Willging 1201 L St NW Washington, AH 20005	Name of Employer AHCA Occupation Exec VP	Date (month, day, year) 09/21/99	Amount of Each Receipt this Period 192.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 3,653.87	
G. Full Name, Mailing Address and ZIP Code David Seckman PAYROLL DEDUCTION Washington, AH 20005	Name of Employer AHCA Occupation VP Regulatory	Date (month, day, year) 09/21/99	Amount of Each Receipt this Period 19.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 346.32	

SUBTOTAL of Receipts This Page (optional) **824.21**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 13

FOR LINE NUMBER 11 a

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Penny Prue 1201 L Street, NW Washington, AH 20005	AHCA Occupation Vice President, Administration	09/21/99	38.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 722.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Lynne Bailey 2112 West Laburnum Ave #206 Richmond, VA 23227	Virginia Health Care Assn Occupation Vice President	09/22/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Michael Leader 1070 W Areba Ave Hershey, PA 17033	Country Meadows of West Shore Occupation President	09/22/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh Franklin 14 Northtowne Dr. #202 Jackson, MS 39211	Franklin Consulting Co. Occupation Owner	09/23/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Poirier 125 Airport Rd Concord, NH 03301	New Hampshire Health Care Assn Occupation Exec Director	09/23/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 725.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Kuzman 1157 Enfield St Enfield, CT 06082	Parkway Pavilion Occupation Administrator	09/23/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Ousley One Marriott Drive Dept. 51/831.75 Washington, DC 20058	Senior Living Services Occupation	09/23/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (optional) 1,988.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J Randal Lee 176 Laurelhurst Ave. Columbia, SC 29210	South Carolina Hlth Care Assn Occupation: Executive Vice President	09/23/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Biggs 4605 Belton Highway Anderson, SC 29621	Richard Campbell Veterans Home Occupation: Administrator	09/23/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Lohr PO Box 10805 Pittsburgh, PA 15236	Jefferson Hills Manor Occupation: Executive Director	09/23/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alfred Santos 57 Kilvert Street Suite 200 Warwick, RI 02886	Rhode Island Healthcare Assn Occupation: Executive Director	09/23/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Rau 8939 S. 92nd St. Greenfield, WI 53228	Clement Manor Health Center Occupation:	09/23/99	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack MacDonald 520 Herndon Parkway Ste 200 Herndon, VA 22070	Wismac Inc Occupation: President	09/23/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David E Mellier 27 Brand Avenue P.O. Box 446 Faribault, MN 55021	Pleasant Manor Inc Occupation: Administrator	09/23/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,400.00		

SUBTOTAL of Receipts This Page (optional)

2,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 13
FOR LINE NUMBER 11 21

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Moran 315 N. 2nd St. Harrisburg, PA 17101-1305	Pennsylvania Health Care Assoc Occupation: Executive VP	09/23/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Reddy 8847 Long PO Box 14884 Lenexa, KS 66285-4884	Vintage Park Inc. Occupation:	09/23/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda DeRuvo Keegan PAYROLL DEDUCTION Washington, AH 20005	AHCA Occupation: VP PR & Prof Svcs	09/23/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dixie Taylor 832 Baddour Pkwy Lebanon, TN 37087	Quality Care Health Center Occupation: Administrator	09/23/99	1,150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Scharfenberger 7285 Kenwood Rd #300 Cincinnati, OH 45236	Nursing Care Management Occupation: Exec Vice President	09/23/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Blaine Hendrickson PO Box 7 PO Box 7 Rancho Mirage, CA 92270	Legacy Healthcare Occupation:	09/24/99	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Heywood Fralin 8917 Penn Forest Blvd. #300 Roanoke, VA 24018-4397	Med. Facilities of America Inc. Occupation:	09/24/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		

SUBTOTAL of Receipts This Page (optional) **5,475.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Vivencio 303 East River Road Oswego, NY 13126	Pontiac Nursing Home Occupation: Administrator	09/24/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
William Kempiners 1029 S 4th St Springfield, IL 62703	Illinois Health Care Assn Occupation: Executive Director	09/24/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
Paul Maggio 25 Schoanfeld Blvd Patchogue, NY 11772	Patchogue Nursing Center Occupation: Administrator	09/24/99	64.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406	Northport Health Services Inc Occupation: President	09/24/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
Rebecca Estes 931 Fairfax Park Tuscaloosa, AL 35408	Northport Health Services Inc. Occupation: Owner	09/24/99	1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6,000.00		
Stephen Spaugh 11572 Fall Creek Rd. Indianapolis, IN 46256	Spaugh & Co Occupation: Owner	09/24/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
David E Melller 27 Brand Avenue P.O. Box 446 Faribault, MN 55021	Pleasant Manor Inc Occupation: Administrator	09/24/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,475.00		

SUBTOTAL of Receipts This Page (optional)

3,089.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code Don Badali PO Box 1210 Sikeston, MO 63801	Name of Employer Health Facilities Mgmt Corp Occupation President	Date (month, day, year) 09/27/99	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code Phil Chase 6374 Long Shadow Ct Thousand Oaks, CA 91362	Name of Employer The Chase Group Occupation Nursing Home Consult	Date (month, day, year) 09/27/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,800.00	
C. Full Name, Mailing Address and ZIP Code Melvin Harris 426 N Washington Marksville, LA 71351	Name of Employer Colonial Manor Occupation Owner	Date (month, day, year) 09/27/99	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code Marlow Baar 17732 Corinthian Drive Encino, CA 91315	Name of Employer Haskin & Baar Occupation Owner	Date (month, day, year) 09/27/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 375.00	
E. Full Name, Mailing Address and ZIP Code Patti Turenne 7 Clayton Street Suite 1200 Montgomery, AL 36104	Name of Employer Turenne & Associates Inc Occupation Administrator	Date (month, day, year) 09/27/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code Stephen Reisman 4551 Glencoe Ave, 3rd Fl. Marina Del Ray, CA 90292	Name of Employer Country Villa Health Services Occupation Administrator	Date (month, day, year) 09/27/99	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Staven Wolf 2620 West Blvd. Belleville, IL 62221-7208	Name of Employer Eldercare Inc Occupation President	Date (month, day, year) 09/27/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00	

SUBTOTAL of Receipts This Page (optional)

5,075.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 13
FOR LINE NUMBER 11 81

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

A. Full Name, Mailing Address and ZIP Code Richard Sadler PO Box 100129 2809 Foster Avenue Nashville, TN 37224	Name of Employer Tennessee Health Care Assn Occupation Executive Director	Date (month, day, year) 09/27/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Robert Chur 7 Limestone Drive Williamsville, NY 14221-7898	Name of Employer Elderwood Affiliates Inc Occupation President	Date (month, day, year) 09/27/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code Thomas Gault PO Box 11327 Cincinnati, OH 45211	Name of Employer Harrison House Occupation Executive Director	Date (month, day, year) 09/28/98	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code Stuart Goldberg 134 Great East Neck Rd PO Box 5248 West Babylon, NY 11704	Name of Employer East Neck Nursing Center Occupation President	Date (month, day, year) 09/28/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Gary Macomber 2201 K Street PO Box 537004 Sacramento, CA 95853	Name of Employer CAHF Occupation Executive Vice President	Date (month, day, year) 09/28/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,100.00	
F. Full Name, Mailing Address and ZIP Code Ruth Graybeal 1881 Telegraph Road Rising Sun, MD 21911	Name of Employer Calvert Manor Healthcare Ctr Occupation	Date (month, day, year) 09/29/99	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code David Banks PO Box 3324 Ft Smith, AR 72913	Name of Employer Beverly Enterprises Occupation Chairman/President	Date (month, day, year) 09/30/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,575.00
TOTAL This Period (last page this line number only)	(blank)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and ZIP Code Ira Alpert 3220 S Higuera St Suite 103A San Luis Obispo, CA 93401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wilshire Foundation Inc</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 09/30/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Weirton Convalescent Home</p> <p>Occupation Owner/Administrator</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 09/30/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>750.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>36,038.42</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 5
FOR LINE NUMBER 110

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

A. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	200.00
		Aggregate Year-to-Date	\$ 8,404.00
B. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	200.00
		Aggregate Year-to-Date	\$ 8,604.00
C. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	200.00
		Aggregate Year-to-Date	\$ 8,804.00
D. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	150.00
		Aggregate Year-to-Date	\$ 8,954.00
E. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	200.00
		Aggregate Year-to-Date	\$ 9,154.00
F. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	200.00
		Aggregate Year-to-Date	\$ 9,354.00
G. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	200.00
		Aggregate Year-to-Date	\$ 9,554.00

SUBTOTAL of Receipts This Page (optional) 1,350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

A. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	125.00
Aggregate Year-to-Date > \$ 9,679.00			
B. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	125.00
Aggregate Year-to-Date > \$ 9,804.00			
C. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	125.00
Aggregate Year-to-Date > \$ 9,929.00			
D. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	100.00
Aggregate Year-to-Date > \$ 10,029.00			
E. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	100.00
Aggregate Year-to-Date > \$ 10,129.00			
F. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	125.00
Aggregate Year-to-Date > \$ 10,254.00			
G. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
Aggregate Year-to-Date > \$ 10,304.00			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **5**
FOR LINE NUMBER **110**

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

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

A. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
Aggregate Year-to-Date		\$ 10,354.00	
B. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	100.00
Aggregate Year-to-Date		\$ 10,454.00	
C. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	100.00
Aggregate Year-to-Date		\$ 10,554.00	
D. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
Aggregate Year-to-Date		\$ 10,604.00	
E. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
Aggregate Year-to-Date		\$ 10,654.00	
F. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
Aggregate Year-to-Date		\$ 10,704.00	
G. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
Aggregate Year-to-Date		\$ 10,754.00	

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

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 110

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

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

A. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
		Aggregate Year-to-Date >	\$ 10,804.00
B. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
		Aggregate Year-to-Date >	\$ 10,854.00
C. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
		Aggregate Year-to-Date >	\$ 10,904.00
D. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
		Aggregate Year-to-Date >	\$ 10,954.00
E. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
		Aggregate Year-to-Date >	\$ 11,004.00
F. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
		Aggregate Year-to-Date >	\$ 11,054.00
G. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/10/99	50.00
		Aggregate Year-to-Date >	\$ 11,104.00

SUBTOTAL of Receipts This Page (optional) 350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **5** OF **5**
FOR LINE NUMBER **110**

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

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

A. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 11,154.00	09/10/99	50.00
B. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 11,254.00	09/10/99	100.00
C. Full Name, Mailing Address and ZIP Code Dollars Received from Multi-Individuals	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 11,354.00	09/23/99	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		

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

TOTAL This Period (last page this line number only) **3,150.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **17**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
4922 Fairmont Ave Bethesda, MD 20814	Occupation Rushmore	09/30/99	47.22
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 404.39		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 85024 Richmond, VA 23285-5024	Occupation Crestar Bank	09/30/99	55.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 828.93		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional)			102.46
TOTAL This Period (last page this line number only)			102.45

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **219**

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 123 dc, DC 20005	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/99	321.54
Crestar Bank 123 dc, DC 20005	Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/99	144.59
Crestar Bank 123 dc, DC 20005	Amrax Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/99	176.18
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)

642.31

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

642.31

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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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
Democratic Senatorial Campaign Committee 350 South Capitol St., SE Washington, DC 20003	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/15/99	-5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	-5,000.00
TOTAL This Period (last page this line number only)	-5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **6** OF **6**
FOR LINE NUMBER
23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Joseph Lieberman, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/01/99	1,000.00
Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Joseph Lieberman, U.S. SENATE CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/01/99	5,000.00
Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/01/99	-1,000.00
Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/01/99	-5,000.00
Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Joseph Lieberman, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/01/99	1,000.00
Lieberman 2000 SH-316 Hart Senate Ofc Bldg CT	Joseph Lieberman, U.S. SENATE CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/01/99	5,000.00
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	-2,000.00
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	McCrary, U.S. HOUSE LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	2,000.00
Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Sander Levin, U.S. HOUSE 12th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **2** OF **6**

FOR LINE NUMBER **23**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	5,000.00
B. Full Name, Mailing Address and ZIP Code Thomas Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Purpose of Disbursement Thomas Daschle, DC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	2,500.00
C. Full Name, Mailing Address and ZIP Code Nelson for Senate 110-B East Broad Street Falls Church, FL 22046	Purpose of Disbursement Nelson, U.S. SENATE FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol St Washington, DC 20003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	5,000.00
E. Full Name, Mailing Address and ZIP Code Ken Calvert for Congress Lmt P.O. Box 1414 Riverside, CA 92502	Purpose of Disbursement Ken Calvert, U.S. HOUSE 43rd CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	500.00
F. Full Name, Mailing Address and ZIP Code Blue Dog PAC P.O. Box 7688 Washington, DC 20044	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	2,500.00
G. Full Name, Mailing Address and ZIP Code Dave Camp for Congress 135 Ashman Midland, MI 48640	Purpose of Disbursement Dave Camp, U.S. HOUSE 4th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	500.00
H. Full Name, Mailing Address and ZIP Code Mike Ross P.O. Box 374 Prescott, AR 71857	Purpose of Disbursement Ross, U.S. SENATE AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	5,000.00

SUBTOTAL of Disbursements This Page (optional)

23,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 6
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cliff Stearns for Congress PO Box 308 Silver Springs, FL 34489-0006	Cliff Stearns, U.S. HOUSE 6th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	1,000.00
Ed Bryant 1518 Longworth HOB TN	Ed Bryant, U.S. HOUSE 7th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	1,000.00
Royce Campaign Committee P.O. Box 6765 Fullerton, CA 92634	Ed Royce, U.S. HOUSE 39th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	500.00
People for Pete Domenici 2826 Morningside Dr., N.E. SD-427 Dirksen Senate Ofc Bldg Albuquerque, NM 87110	Pete Domenici, U.S. SENATE NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	09/08/99	1,000.00
Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	500.00
ViewPAC 1155 21st Street Suite #300 Washington, DC 20036	DC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	1,000.00
PIROZZI FOR CONGRESS P. O. Box 16021 Alexandria, VA 22302	Pirozzi, U.S. HOUSE CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	1,000.00
Delaware Republican Committee Wilmington, DE	William Roth Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	1,000.00
Jeffords for Vermont Cmte. 517 2nd St., N.E. SH-513 Hart Senate Ofc Bldg Washington, DC, VT	James Jeffords, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	5,000.00

SUBTOTAL of Disbursements This Page (optional)

12,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeffords for Vermont Cmte. 517 2nd St., N.E. SH-513 Hart Senate Ofc Bldg Washington, DC, VT	James Jeffords, U.S. SENATE VT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	6,800.00
B. Full Name, Mailing Address and ZIP Code Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	-2,000.00
C. Full Name, Mailing Address and ZIP Code Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	-1,000.00
D. Full Name, Mailing Address and ZIP Code Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	McCrery, U.S. HOUSE LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	2,000.00
E. Full Name, Mailing Address and ZIP Code Levin for Congress Cmte 436 New Jersey Ave SE Washington, DC 20003	Sander Levin, U.S. HOUSE 12th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	-2,000.00
G. Full Name, Mailing Address and ZIP Code Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	McCrery, U.S. HOUSE LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	2,000.00
H. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	-5,000.00
I. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 2nd St., N.E. Washington, DC 20002	1999 Membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	5,000.00

SUBTOTAL of Disbursements This Page (optional)

5,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Daschia 424 C Street, NE, 1st Floor Washington, DC 20002	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	-2,500.00
Thomas Daschia 424 C Street, NE, 1st Floor Washington, DC 20002	Thomas Daschia, DC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	2,500.00
People for Pete Domenici 2828 Morningside Dr., N.E. SD-427 Dirksen Senate Ofc Bldg Albuquerque, NM 87110	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	09/08/99	-1,000.00
People for Pete Domenici 2828 Morningside Dr., N.E. SD-427 Dirksen Senate Ofc Bldg Albuquerque, NM 87110	Pete Domenici, U.S. SENATE NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	09/08/99	1,000.00
Thomas Daschia 424 C Street, NE, 1st Floor Washington, DC 20002	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/09/99	-2,500.00
Jeffords for Vermont Cmte. 617 2nd St., N.E. SH-513 Hart Senate Ofc Bldg Washington, DC, VT	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/14/99	-5,000.00
Jeffords for Vermont Cmte. 617 2nd St., N.E. SH-513 Hart Senate Ofc Bldg Washington, DC, VT	James Jeffords, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/14/99	2,000.00
Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Ra Issue of check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/15/99	5,000.00
Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/15/99	-5,000.00

SUBTOTAL of Disbursements This Page (optional)

-5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 6

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 450 South Capitol St., SE Washington, DC 20003	Reissue of March check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/15/99	5,000.00
B. Full Name, Mailing Address and ZIP Code Kerrey for Senate 810 4th St. NE Suite 201 SH-303 Hart Senate Ofc Bldg Washington, DC 20002, NE	Purpose of Disbursement Robert Kerrey, U.S. SENATE NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/15/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Stupak for Congress PO Box 143 Menominee, MI 49858	Purpose of Disbursement Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/17/99	1,500.00
D. Full Name, Mailing Address and ZIP Code Friends for Houghton 83 East Third Street Corning, NY 14830	Purpose of Disbursement Aino Houghton, U.S. HOUSE 31st NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/17/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Bob Matsui for Congress 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	Purpose of Disbursement Robert Matsui, U.S. HOUSE 5th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/17/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Radanovich for Congress 2377 W. Shaw, Ste. 204 813 Cannon HOB Fresno, CA 93711	Purpose of Disbursement George Radanovich, U.S. HOUSE 19th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/17/99	500.00
G. Full Name, Mailing Address and ZIP Code Orrin Hatch Presidential Exploratory Committee Inc P.O. Box 1480 Washington, DC 20093	Purpose of Disbursement Hatch, PRESIDENT OF U.S. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/17/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Thomas Daschle 424 C-Street, NE, 1st Floor Washington, DC 20002	Purpose of Disbursement Thomas Daschle, DC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/20/99	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

12,000.00

TOTAL This Period (last page this line number only)

53,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**

FOR LINE NUMBER **28A**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Duncan PO Box 308 Mound City, MD 64470	Refund For: David Duncan Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Other	09/07/99	1,600.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,600.00
TOTAL This Period (last page this line number only)	1,600.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**

FOR LINE NUMBER **25**

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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
Talent for Governor 100 Executive Drive Suite 100 St. Louis, MO 63141	Talen, GOVERNOR MO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Other	09/17/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-20-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jal</i> PREPARER	<i>10-20-99</i> DATE PREPARED