REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
1201 L Street, NW

CITY, STATE and ZIP CODE
Washington, D.C. 20005-4014

APR 20 4 22 ...

2. FEC IDENTIFICATION NUMBER
C-0000-6080

3. ☐ This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 3-1-93 through 3-31-93		
6. (a) Cash on Hand January 1, 1993		$70,831.53
(b) Cash on Hand at Beginning of Reporting Period	$74,584.33	
(c) Total Receipts (from Line 18)	$15,526.13	$54,366.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$90,110.46	$125,198.48
7. Total Disbursements (from Line 30)	$28,857.09	$ 63,945.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$61,253.37	$ 61,253.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
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
Paul R. Willging, Ph.D.

Signature of Treasurer
Paul R. Willging

Date
4-20-93

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

FEC FORM 3X
(revised 1/1/91)

93U38360003

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 11/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD
FROM TO:

	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)	7,050.00	27,750.00
ii. Unitemized	8,275.00	21,042.50
iii. Total (add i and ii) ➤	15,325.00	48,792.50
b. Political Party Committees	-0-	5,000.00
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	15,325.00	53,792.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	201.13	574.45
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	15,526.13	54,366.95
20. Total Federal Receipts (subtract line 18 from line 19) ➤	15,526.13	54,366.95
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	57.09	295.11
c. Total Operating Expenditures (add a i, a ii, and b) ➤	57.09	295.11
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	28,800.00	63,650.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	28,857.09	63,945.11
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	28,857.09	63,945.11
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	15,325.00	53,792.50
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,325.00	53,792.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	57.09	295.11
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	57.09	295.11

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SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

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

Name of Committee (in full): American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James Cunningham 2131 Route 33 Trenton, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N J Assn of Hlth Care Prac President Aggregate Year-to-Date—$	03/31/93 500.00	500.00
B. Richard Grosso 130 Terhune Drive Wayne, NJ 07470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lakeview Conval Center President Aggregate Year-to-Date—$	03/08/93 300.00	300.00
C. John Jarrett P.O. Box 909 New Paltz, NY 12561 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Paltz Nursing Home Admin Aggregate Year-to-Date—$	03/08/93 250.00	250.00
D. Phil Caldwell 9200 Keystone Crossing Indianapolis, IN 46240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nationwide Management VP/Operations Aggregate Year-to-Date—$	03/31/93 500.00	500.00
E. Alan Anderson 3901 E. Fourth St. Long Beach, CA 90803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Nurse, Inc. Admin Aggregate Year-to-Date—$	03/08/93 500.00	500.00
F. Larry Juhl 104 GlenOaks Drive New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GlenOaks Care Center Administrator Aggregate Year-to-Date—$	03/02/93 250.00	250.00
G. Steven Bandstra 950 Taylor Ave. Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group President Aggregate Year-to-Date—$	03/25/93 250.00	250.00

SUBTOTAL of Receipts This Page (optional) 2,550.00

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

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Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (In Full): American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. H. David Hennis 1720 Cross Street Dover, OH 44622	Hennis Care Centre Asst. Administrator	03/25/93	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
B. Alan Solomont 300 Brickstone Square Andover, MA 01810	ADS Management Inc. President	03/02/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
C. Gail Horrigan 1016 E. Couley Dr., Ste. B Colton, CA 92324	Horrigan Enterprises Owner	03/02/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
D. Debra Finneran 2529 Six Mile Lane Louisville, KY 40220	Meadows East Administrator	03/31/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
E. Jerry Cutler 514 E. Broadway Montesano, WA 98563	Edgewood Manor Owner	03/08/93	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
F. Douglas Cochran 1030 High Street Worthington, OH 43085	Worthington Nurs & Conv. Center Admin	03/11/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
G. Jack MacDonald 620 Herndon Parkway, Ste. 200 Herndon, VA 22070	Wilmac, Inc. President	03/31/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	

SUBTOTAL of Receipts This Page (optional) 2,000.00

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

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SCHEDULE A — **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (in Full): American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Stuart Goldberg 10 Berkshire Rd. West Babylon, NY 11704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Berkshire Nursing Center Occupation: President Aggregate Year-to-Date—$ 1,000.00	03/11/93	1,000.00
B. Bobby Stephens P.O. Box 3324 Ft. Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation: Vice President Aggregate Year-to-Date—$ 250.00	03/25/93	250.00
C. John Chapple C Box 1103 Burlington, VT 05402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlin Management Service Corp Occupation: President Aggregate Year-to-Date—$ 1,000.00	03/08/93	1,000.00
D. H. Tom Taylor P.O. Box 4967 Spartanburg, SC 29305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Service Management Inc Occupation: Owner Aggregate Year-to-Date—$ 250.00	03/02/93	250.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			2,500.00
TOTAL This Period (last page this line number only)			7,050.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

American Health Care Association - Political Action Committee (AHCA-PAC)

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1217 Washington, D.C. 20004	Interest Earned	3/1/93-3/31/93	201.13
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 574.45		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . .

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Name of Committee (In Full)
American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frank Pallone 540 Broadway Long Branch, NJ 07740	D-0003-NJ 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/05/93	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William Jefferson 1661 Canal St. New Orleans, LA 70112	D-0002-LA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/12/93	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gary A. Condit P.O. Box 1710 Modesto, CA 95353	D-0015-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/05/93	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Lehman PO Box 829 Fresno, CA 93721	D-0018-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/26/93	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael Bilirakis P O Box 1077 Tarpon Springs, FL 34688	R-0009-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/18/93	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James Slattery 2220 S W 29th Street Terrace Topeka, KS 66611	D-0002-KS 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/12/93	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim McCrery P.O. Box 4650 Shreveport, LA 71134	R-004 -LA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/12/93	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Olver 181 Main St. Northampton, MA 01060	D-1 -MA 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/12/93	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steny Hoyer 6108 Old Silver Hill Rd. District Heights, MD 20747	D-0003-MD 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/05/93	1,000.00
SUBTOTAL of Disbursements This Page (optional)			6,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Page ____ of ____, for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (in Full)
American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bill Brewster P.O. Box 10 Medil, OK 73446	D-0003-OK 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/05/93	500.00
B. John Bryant 8035 E. RL Thurton Fwy, #310 Dallas, TX 75228	D-0005-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/12/93	500.00
C. Tom Harkin 3213 South West 9th St Des Moines, IA 50315	D-SEN-IA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/12/93	1,000.00
D. Wally Herger 7115 Galgate Drive , CA	R-0002-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/05/93	500.00
E. Sam Gibbons 940 S. Sterling Tampa, FL 33629	D-0007-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/05/93	1,000.00
F. Fred Grandy P.O. Box 1775 Sioux City, IA 51102	R-0006-IA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/18/93	500.00
G. Christopher Bond 1243 W 59th St Kansas City, MO 64113	R-SEN-MO 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/05/93	1,000.00
H. Harold Volkmer 719 Country Club Dr. Hannibal, MO 63401	D-0009-MO 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/12/93	300.00
I. Charles Rangel 74 West 132nd St New York, NY 10037	D-0015-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/05/93	500.00
SUBTOTAL of Disbursements This Page (optional)			5,800.00
TOTAL This Period (last page this line number only)			

93038360010

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (in Full)
American Health Care Association - Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Amory Houghton, Jr. 33 East Third Street Corning, NY 14830	R-0034-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/05/93	500.00
B. Full Name, Mailing Address and ZIP Code Chet Edwards 5006 Lakeland Circle Waco, TX 76710	D-11 -TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/12/93	500.00
C. Full Name, Mailing Address and ZIP Code DNC WASHINGTON, DC 20036	D-0001-DC Party cmte. contributions Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/01/93	15,000.00
D. Full Name, Mailing Address and ZIP Code. Earl Pomeroy P.O. Box 746 Bismarck, ND 58502	D-0001-ND 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/05/93	500.00
E. Full Name, Mailing Address and ZIP Code Ron Klink 107 S. Second St. Jeannette, PA 15644	-0004-PA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/26/93	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			17,000.00
TOTAL This Period (last page this line number only)			28,800.00

93038360011

SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

American Health Care Association - Political Action Committee (AHCA-PAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1217 Washington, D.C. 20004	Bank Fees Disbursement for: Primary General Other (specify)	3/1/93-3/31/93	57.09
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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

93038360012

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.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 4-20-93
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
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T.M. H
PREPARER

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