REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 20 12 52 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AMERICAN HEALTHCARE ASSOCIATION POLITICAL ACTION COMMITTEE

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

CITY, STATE and ZIP CODE
WASHINGTON, DC 20005

2. FEC IDENTIFICATION NUMBER
C-000-6080

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

4. TYPE OF REPORT

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

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☑ May 20 ☐ September 20 ☐ January 31

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4-1-97 through 4-30-97		
6. (a) Cash on Hand January 1, 19 97		$73,064.62
(b) Cash on Hand at Beginning of Reporting Period	$49,888.42	
(c) Total Receipts (from Line 19)	$44,285.22	$104,966.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$94,173.64	$178,031.01
7. Total Disbursements (from Line 30)	$44,968.55	$128,825.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$49,205.09	$49,205.09
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 WILLSING

Signature of Treasurer [signature] Date 5-20-97

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

FEC FORM 3X
(revised 9/93)

FEGAN155

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

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN HEALTHCARE ASSOCIATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 4-1-97 TO 4-30-97

	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)	35,687.50	83,879.90	11(a)(i)
ii. Unitemized	8,364.50	20,309.38	11(a)(ii)
iii. Total (add i and ii) ➤	44,052.00	104,189.28	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	44,052.00	104,189.28	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	233.22	777.11	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	44,285.22	104,966.39	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	44,285.22	104,966.39	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	468.55	1825.92	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	468.55	1825.92	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)	44,500.00	127,000.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	44,968.55	128,825.92	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	44,968.55	128,825.92	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE4AN101

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. Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Dimensions Occupation: Nursing Home Admin Aggregate Year-to-Date—$ 250.00	04/17/97	250.00
B. Eugene Bishop PO Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Services Center Occupation: President Aggregate Year-to-Date—$ 500.00	04/18/97	250.00
C. Robert M Coury Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aristocrat Berea Occupation: Administrator Aggregate Year-to-Date—$ 500.00	04/17/97	250.00
D. John Snyder 135 S Morgan St Rushville, IL 62681 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Snyders Vaughn Haven Inc Occupation: Administrator Aggregate Year-to-Date—$ 500.00	04/24/97	500.00
E. Jerry Sansby 2319 W 7th St St Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highland Chateau Occupation: President Aggregate Year-to-Date—$ 250.00	04/30/97	250.00
F. Richard Grosso 130 Terhune Dr Wayne, NJ 07470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lakeview Subacute Care Inc Occupation: President Aggregate Year-to-Date—$ 250.00	04/10/97	250.00
G. James Durante 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark Nursing Center Occupation: Admin Aggregate Year-to-Date—$ 500.00	04/09/97	250.00
SUBTOTAL of Receipts This Page (optional)			2,000.00
TOTAL This Period (last page this line number only)			

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James Durante 526 Altamont Ave Schenectady, NY 12303	Hallmark Nursing Centre		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	04/21/97	250.00
	Aggregate Year-to-Date—$	500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Jarrett PO Box 909 New Paltz, NY 12561	New Paltz Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	04/30/97	500.00
	Aggregate Year-to-Date—$	500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Don Angell PO Box 1670 Clemmons, NC 27012	Angell Group Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner	04/18/97	250.00
	Aggregate Year-to-Date—$	500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Kenneth Morris 401 Snyder Ave Barberton, OH 44203	Pleasant View Health Care		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	04/14/97	250.00
	Aggregate Year-to-Date—$	250.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Roger C. Lipitz 515 Fairmount Ave #800 Towson, MD 21286	Genesis Health Ventures		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner	04/18/97	500.00
	Aggregate Year-to-Date—$	1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Wolf 820 S 59th St Belleville, IL 62223	Eldercare Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	04/17/97	500.00
	Aggregate Year-to-Date—$	1,000.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Marchant PO Box 427 Bloomington, IN 47402	LJM Enterprises		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Exec Officer	04/18/97	250.00
	Aggregate Year-to-Date—$	500.00	
SUBTOTAL of Receipts This Page (optional)			2,500.00
TOTAL This Period (last page this line number only)			

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A. Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beaumont Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 250.00	04/14/97	125.00
B. Larry Juhl 104 GlenOaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GlenOaks Care Center Occupation: Administrator Aggregate Year-to-Date—$ 500.00	04/10/97	250.00
C. Don Bedell PO Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Mgmt Corp Occupation: President Aggregate Year-to-Date—$ 500.00	04/09/97	250.00
D. Pat McElhose 615 East 9th Street Stromsburg, NE 68666 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Covenant Home Occupation: Admin Aggregate Year-to-Date—$ 550.00	04/11/97	500.00
E. Pat McElhose 615 East 9th Street Stromsburg, NE 68666 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Covenant Home Occupation: Admin Aggregate Year-to-Date—$ 550.00	04/30/97	50.00
F. Don Vessett 417 S. Main St. Oberlin, OH 44074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Welcome Nursing Home Inc Occupation: President Aggregate Year-to-Date—$ 250.00	04/07/97	250.00
G. Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Occupation: Admin Aggregate Year-to-Date—$ 250.00	04/18/97	125.00

SUBTOTAL of Receipts This Page (optional) 1,550.00

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

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Gary Toth PO Box 640 246 N Broadway Geneva,OH 44041	Manor Home Mgmt Admin	04/07/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Louis Serra 2525 Pennsylvania Ave Weirton,WV 26062	Weirton Convalescent Home Owner/Adm	04/09/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dixie Taylor 932 Baddour Pkwy Lebanon,TN 37087	Quality Care Health Centers Admin	04/09/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
H Wes Handy 1817 Imperial Ridge Las Cruces,NM 88011	Mountain Shadows Nrsg Ctr Owner	04/14/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Franks 124 S Elm Pl Broken Arrow,OK 74102	Park Blvd Inc Owner	04/09/97	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gail Clarkson 64500 Van Dyke Washington,MI 48095	The Meditodge Group Vice President	04/11/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
J Robert Wilson 947 Worthington Circle Ft Collins,CO 80526	Columbine Care Center President	04/07/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
SUBTOTAL of Receipts This Page (optional)			4,250.00
TOTAL This Period (last page this line number only)			

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A. Alan Solomont 300 Brickstone Square Andover, MA 01810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ADS Management Inc Occupation: President Aggregate Year-to-Date—$ 2,000.00	04/18/97	2,000.00
B. Elton Beebe PO Box 6015 Ridgeland, MS 39158 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Magnolia Management Company Occupation: President Aggregate Year-to-Date—$ 1,000.00	04/10/97	500.00
C. Brick Nelson 313 Allen Memorial Dr SW Milledgeville, GA 31061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Green Acres Inc Occupation: Admin Aggregate Year-to-Date—$ 300.00	04/07/97	300.00
D. Mary Baker 812 W Main St PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Elness Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$ 2,000.00	04/03/97	2,000.00
E. Steven Reissman 4551 Glencoe Ave, Ste 300 Marina Del Ray, CA 90292 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Country Villa Health Services Occupation: Admin Aggregate Year-to-Date—$ 250.00	04/07/97	250.00
F. Joy Noy 2000 Domanik Dr Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lincoln Lutheran Of Racine Occupation: Admin Aggregate Year-to-Date—$ 250.00	04/11/97	125.00
G. Richard Feingold 861 S Harbour Blvd Anaheim, CA 92805 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Casa Pacifica Conv Hospital Occupation: Admin Aggregate Year-to-Date—$ 250.00	04/08/97	125.00

SUBTOTAL of Receipts This Page (optional) 5,300.00

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

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Troy Athon 1150 Dogwood Greensboro, GA 30642	Caremore Mgt Co Inc VP, Dev	04/09/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steve Briscoe 1100-10th Street, No. 201 Greeley, CO 80631	Continuum Health Partnerships Area VP	04/09/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steve Briscoe 1100-10th Street, No. 201 Greeley, CO 80631	Continuum Health Partnerships Area VP	04/18/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608	Mayview Conv Home Inc Admin	04/07/97	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
R Peter Nadel 108 8th St NW Waseca, MN 56093	Lake Shore Inn Nursing Home Admin	04/07/97	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David Banks PO Box 3324 Ft Smith, AR 72913	Beverly Enterprises Chairman/President	04/14/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Chur 7 Limestone Drive Williamsville, NY 14221	Elderwood Affiliates Inc President	04/30/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	

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Neil Pruitt PO Box 1210 Toccoa, GA 30577	Pruitt & Associates Inc Admin	04/07/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Neil Pruitt PO Box 1210 Toccoa, GA 30577	Pruitt & Associates Inc Admin	04/09/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ruth Brasuell 3674 Pacific Ave Riverside, CA 92509	Vista Pacifica Enterprises Owner/Administrator	04/22/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Larry Conaway PO Box F Hancock Park Moundsville, WV 26041	Mound View Health Care Inc Administrator	04/21/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Larry Bradley PO Box 709 Durham, CA 95938	Integrated Health Services Inc Admin	04/07/97	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Linda Sechovec 6400 Uptown Blvd NE #520W Albuquerque, NM 87110	New Mexico Health Care Assn Executive Director	04/30/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432	Hillside Manor Exec Dir	04/14/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	

SUBTOTAL of Receipts This Page (optional)	2,125.00
TOTAL This Period (last page this line number only)	

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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. Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Occupation: Proprietor Aggregate Year-to-Date—$ 500.00	04/18/97	250.00
B. Michael Riley 824 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Professional Therapy Services Occupation: President Aggregate Year-to-Date—$ 1,000.00	04/28/97	1,000.00
C. Chester Erickson 3901 E 4th St Long Beach, CA 90814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alamitos-Belmont Conv Hosp Occupation: Owner Aggregate Year-to-Date—$ 250.00	04/18/97	250.00
D. Donald Griggs 55 Grand St New Britain, CT 06052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Walnut Hill Conv Home Occupation: Administrator Aggregate Year-to-Date—$ 250.00	04/09/97	125.00
E. Jim Klausman 3715 SW 29th Street, No. 200 Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Services Occupation: Owner-Adm Aggregate Year-to-Date—$ 250.00	04/07/97	250.00
F. John K. Gresham 431 S Washington Ave Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	RETIRED Occupation: Aggregate Year-to-Date—$ 250.00	04/18/97	125.00
G. Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Occupation: Exec Dir Aggregate Year-to-Date—$ 1,000.00	04/14/97	500.00
SUBTOTAL of Receipts This Page (optional)			2,500.00
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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. J Wayne Franklin 125 Springfield St #1 O'Fallon, IL 62269 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franklin Healthcare Consultant President Aggregate Year-to-Date—$ 250.00	04/21/97	250.00
B. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation President Aggregate Year-to-Date—$ 500.00	04/10/97	250.00
C. Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Chairman & CEO Aggregate Year-to-Date—$ 500.00	04/04/97	250.00
D. Joseph Donchess 7844 Office Park Blvd Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Louisiana Nursing Home Assn Executive Director Aggregate Year-to-Date—$ 250.00	04/16/97	125.00
E. Jerry Neal 2205 Broadway Mt Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services of Southern Ill President Aggregate Year-to-Date—$ 500.00	04/14/97	250.00
F. Patti Turenne 407 S McDonough St Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Turenne & Associates Administrator Aggregate Year-to-Date—$ 1,000.00	04/14/97	1,000.00
G. F Leonard Herberth 4447 Stoneridge Drive Pleasanton, CA 94588 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Herberth & Nettleton Partner Aggregate Year-to-Date—$ 300.00	04/17/97	300.00

SUBTOTAL of Receipts This Page (optional) 2,425.00

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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. Jeanne Sanders 19 NH RT 104 Meredith, NH 03253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Golden View Health Ctr Occupation: Administrator Aggregate Year-to-Date—$ 250.00	04/09/97	250.00
B. Betty Solomonson 8111 Tiswell Dr Alexandria, VA 22306 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mt Vernon Nursing Ctr Occupation: Administrator Aggregate Year-to-Date—$ 250.00	04/22/97	125.00
C. Steven Brant 101 S Belt W Belleville, IL 62220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Four Fountains Conv Ctr Occupation: Administrator Aggregate Year-to-Date—$ 250.00	04/18/97	250.00
D. Grover Baker PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mark One Corp Occupation: Vice President Aggregate Year-to-Date—$ 1,000.00	04/03/97	1,000.00
E. Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Occupation: Administrator Aggregate Year-to-Date—$ 250.00	04/30/97	125.00
F. John Elliot 901 Quarrier St #306 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AMFM Inc Occupation: CEO Aggregate Year-to-Date—$ 2,000.00	04/09/97	2,000.00
G. Ron Floyd 505 Robert Rd Slidell, LA 70458 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenbriar Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 250.00	04/22/97	187.50
SUBTOTAL of Receipts This Page (optional)			3,937.50
TOTAL This Period (last page this line number only)			

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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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Lohr P.O. Box 10805 Pittsburgh, PA 15236	Jefferson Hills Manor Executive Director	04/30/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mark Tobin 50 Christy Place Brockton, MA 02401	The Pointe Group President	04/10/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gerald Romano 7 Creek Ln Bristol, RI 02809	Silver Creek Manor Administrator	04/22/97	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joe Stephens PO Drawer 1130 Magee, MS 39111	Millcreek Management CEO	04/30/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stephen Guillard 11 Powederhouse Road Dover, MA 02030	Harborside Healthcare President	04/09/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gary Macomber PO Box 537004 Sacramento, CA 95853	CAHF Executive Director	04/04/97	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Murtha 27 E Russell St #200 Columbus, OH 43215	The MacIntosh Company President	04/18/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	

SUBTOTAL of Receipts This Page (optional) 3,500.00

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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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Faroop Khan 163 Quinnipine Ave North Haven, CT 06473	Montower Health Care President	04/30/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Hugh Franklin 14 Northtowne Drive Jackson, MS 39211	Health Care Facilities Owner	04/07/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Cheryl Rapp 7500 Camino Tassajara Pleasanton, CA 94588	Carre President	04/14/97	1,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
William Kinschner 4934 Valencia Dr. Toledo, OH 43623	Health Care & Ret Group VP of Bus Planning	04/11/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Robert Gay 1080 W. Sam Houston N #110 Houston, TX 77043	Autumn Hills Conv Ctr President	04/07/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
John Sims PO Box 1129 Turlock, CA 95381	Elness Convalescent Hospital Administrator	04/10/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Clark Peek 505 N. 5th. Avenue Rome, GA 30165	Fifth Avenue Healthcare Owner/Administrator	04/07/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	

SUBTOTAL of Receipts This Page (optional) 3,300.00

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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 Damian Dell'Anno 470 Atlantic Avenue Boston, MA 02210	Name of Employer Harborside Healthcare Corp	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Exec VP & COO Aggregate Year-to-Date—$	04/30/97 300.00	300.00
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)			300.00
TOTAL This Period (last page this line number only)			35,687.50

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SCHEDULE A — ITEMIZED RECEIPTS

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Name of Committee (In Full): AMERICAN HEALTHCARE 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. CRESTAR BANK P.O. BOX 85024 RICHMOND, VA 23285	INTEREST RECEIPTS	4-30-97	185.86
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
B. RUSHMORE FUND FOR GVMT INVESTORS 4922 FAIRMONT AVE. BETHESDA, MD 20814	INTEREST RECEIPTS	4-30-97	47.36
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
C.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
D.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
E.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
F.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
G.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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(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
Dave Hobson 82 W. Columbia St. Springfield, OH 45502	R-0007-OH 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Larry Craig 9008 Donny Brook Court Boise, ID 83709	R-SEN-ID 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	04/15/97	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Byron Dorgan P O Box 871 Bismarck, ND 58502	D-SEN-ND 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Judd Gregg Box L Greenfield, NH 03047	R-SEN-NH 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Judd Gregg Box L Greenfield, NH 03047	R-SEN-NH 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Nickles 1412 Meadowbrook Ponca City, OK 74601	R-SEN-OK 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	R-0006-CT 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	D-0005-MD 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dave Camp 135 Ashman Midland, MI 48640	R-0004-MI 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
SUBTOTAL of Disbursements This Page (optional)			8,000.00
TOTAL This Period (last page this line number only)			

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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. Dick Armey 250 S Stemmons Suite 318 Lewisville, TX 75067	R-0026-TX 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
B. Bob Stump PO Box 5 Tolleson, AZ 85353	R-0003-AZ 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
C. Wally Herger 7115 Gatgate Drive , CA	R-0002-CA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
D. Bob Graham 700 North Adams St Tallahassee, FL 32301	D-SEN-FL 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
E. Newt Gingrich 221 Upper Riverdale Road Jonesboro, GA 30236	R-0006-GA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
F. Philip Crane Suite 101, 1450 So. New Wilke Arlington Height, IL 60005	R-0008-IL 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
G. Bob Livingston Boc 1565 Gretna, LA 70053	R-0001-LA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
H. Richard Gephardt 7435 Watson Rd., #107 St Louis, MO 63119	D-0003-MO 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	5,000.00
I. David Obey 932 Ross Avenue Wausau, WI 54401	D-0007-WI 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
SUBTOTAL of Disbursements This Page (optional)			12,000.00
TOTAL This Period (last page this line number only)			

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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. William Thomas 4003 Federal Bldg. Casper, CA 82601	R-0021-CA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
B. Jerry Lewis 1150 Brookside Ave. Redlands, CA 92373	R-0040-CA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
C. Thomas Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	D-SEN-DC 98 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	04/22/97	5,000.00
D. Thomas Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	D-SEN-DC 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/22/97	5,000.00
E. Ed Royce P.O. Box 6765 Fullerton, CA 92634	R-39 -CA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
F. Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	R-0006-FL 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
G. Gene Green P.O. Box 16126 Houston, TX 77222	D-29 -TX 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
H. Jim Talent 955 Executive Pkwy., #201 St. Louis, MO 63141	R-0002-MO 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
I. Nathan Deal P.O. Box 2522 Gainesville, GA 30503	D-0009-GA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
SUBTOTAL of Disbursements This Page (optional)			14,000.00
TOTAL This Period (last page this line number only)			

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ITEMIZED DISBURSEMENTS

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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. Jon Fox 36 W. Skippack Ambler, PA 19002	R-13 -PA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
B. Lauch Faircloth P.O. Box 26585 Raleigh, NC 27611	R-SEN-NC 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
C. Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	D-0013-OH 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
D. Tom Davis 3817 Plaza Drive Fairfax, VA 22030	R-11 -VA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/28/97	500.00
E. Roger Wicker P.O. Box 874 Tupelo, MS 38802	R-1 -MS 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
F. Bill Luther 3399 Geneva Ave., N., #103 Oakdale, MN 56201	D-6 -MN 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
G. John Baldacci 9 Palm St. Bangor, ME 04401	D-0002-ME 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
H. Bart Stupak P.O. Box 143 Menominee, MI 49858	D-0001-MI 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
I. Charles Norwood PO Box 499 Evans, GA 30809	R-10 -GA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
SUBTOTAL of Disbursements This Page (optional)			5,500.00
TOTAL This Period (last page this line number only)			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. George Radanovich 2377 W. Shaw, Ste. 204 Fresno, CA 93711	R-19 -CA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
B. Philip English P.O. Box 1940 Erie, PA 16512	R-0021-PA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
C. John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	R-1 -NV 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
D. Pete Stark PO Box 121 Hayward, CA 94543	D- -CA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	1,000.00
E. Marion Berry PO Box 8084 Jonesboro, AR 72055	- -AR 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
F. John Cooksey 1310 North 19th St Monroe, LA 71201	- -LA 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
G. Kenny Hulshof 1005 Cherry Street, Suite 203 Columbia, MO 65201	R- -MO 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
H. Diana DeGette 770 Grant Street, #218 Denver, CO 80203	- -CO 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/97	500.00
I. Eric Serna PO Box 8254 Santa Fe, NM 87504	- -NM 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/28/97	500.00

SUBTOTAL of Disbursements This Page (optional) 5,000.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. 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
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)			.00
TOTAL This Period (last page this line number only)			44,500.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full) AMERICA HEALTHCARE 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 CRESTAR BANK P.O. BOX 85024 RICHMOND VA 23285	BANK FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	4/30/97	468.55
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)			

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 5-20-97
☐	First Class Mail	POSTMARKED
☐	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
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

[signature] 5-20-97

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)