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 (AHCA-PAC)

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

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

DEC 20 4 46 PM '93

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 11-1-93 through 11-30-93		
6.	(a) Cash on Hand January 1, 19 93		$ 70,831.53
	(b) Cash on Hand at Beginning of Reporting Period	$ 101,759.74	
	(c) Total Receipts (from Line 19)	$ 19,805.75	$ 258,019.04
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 121,565.49	$ 328,850.57
7.	Total Disbursements (from Line 30)	$ 19,871.66	$ 227,156.74
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 101,693.83	$ 101,693.83
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 Willging, Ph.D., Ass't. Treasurer

Signature of Treasurer
Paul Willging

Date
12/20/93

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)

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

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM 11/1/93 TO: 11/30/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	13,632.50	181,451.05
ii. Unitemized	5,932.50	69,034.62
iii. Total (add i and ii) ➤	19,565.00	250,485.67
b. Political Party Committees		
c. Other Political Committees (such as PACs)		5,000.00
d. Total Contributions (add a iii, b and c) ➤	19,565.00	255,485.67
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		500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	240.75	2,033.37
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	19,805.75	258,019.04
20. Total Federal Receipts (subtract line 18 from line 19) ➤	19,805.75	258,019.04
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	246.66	1,906.74
c. Total Operating Expenditures (add a i, a ii, and b) ➤	246.66	1,906.74
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	19,625.00	224,825.00
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		425.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		425.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	19,871.66	227,156.74
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	19,871.55	227,156.74
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	19,565.00	255,485.67
33. Total Contribution Refunds (from line 28d)		425.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	19,565.00	255,060.67
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	246.66	1,906.74
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures	246.66	1,906.74

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Timothy J Boyle P.O. Box 5467 Sioux City, IA 51102	Care Center Mgmt Co Chief Operating Off	11/12/93	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 1,550.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David L Guillot 11862 E Chama Rd Scottsdale, AZ 85255	David L Guillot Inc President	11/12/93	250.00
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**
Sandra Higgins PO Box 743 Madisonville, KY 42431	Senior Citizens Nrsg Home Owner/Administrator	11/30/93	125.00
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**
Jerry Sansby 2319 W 7th St St Paul, MN 55116	Highland Chateau President	11/12/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date $ 500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Chies 9899 Avocet St NW Coon Rapids, MN 55433	Park River Estates Care Ctr President	11/30/93	125.00
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**
Paul Maggio 25 Schoenfeld Blvd Patchogue, NY 11772	Patchogue Nursing Center Admin	11/30/93	62.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 250.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Sadler PO Box 100129 Nashville, TN 37224	Tennessee Health Care Assn Exec Dir	11/19/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 750.00		

SUBTOTAL of Receipts This Page (optional) 1,087.50

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

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A. 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—$ 1,000.00	11/12/93	250.00
B. Daniel Mosca 150 Fayetteville St Mall #2700 Raleigh, NC 27601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AdvoCare of North Carolina Occupation: Vice President Aggregate Year-to-Date—$ 1,000.00	11/19/93	500.00
C. Don Wessell 54 E Hamilton St Oberlin, OH 44074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Welcome Nursing Home Inc Occupation: President Aggregate Year-to-Date—$ 300.00	11/12/93	75.00
D. Robert Killett 7309 2nd Ave Sykesville, MD 21784 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sykesville Eldercare Center Occupation: Administrator/Pres Aggregate Year-to-Date—$ 500.00	11/12/93	125.00
E. Bruce Baldwin 2151 NE Coachman Rd Clearwater, FL 34625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baldwin Thomas & Associates Occupation: President Aggregate Year-to-Date—$ 750.00	11/12/93	250.00
F. Patricia Snyder 421 S 9th St #137 Lincoln, NE 68508 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nebraska Health Care Asso Occupation: Executive Director Aggregate Year-to-Date—$ 300.00	11/22/93	150.00
G. Lester Robertson 4239 War Memorial Dr Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Convalescent Management Assoc Occupation: Exec VP Aggregate Year-to-Date—$ 300.00	11/30/93	75.00

SUBTOTAL of Receipts This Page (optional) 1,425.00

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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Craig Rowley 15 Rutland St Dover, NH 03820	Dover House		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date—$	11/12/93 290.00	65.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J Robert Wilson 1501 Lemay #204 Ft Collins, CO 80524	Columbine Care Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date—$	11/12/93 1,000.00	375.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alan Solomont 300 Brickstone Square Andover, MA 01810	ADS Management Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: President Aggregate Year-to-Date—$	11/12/93 1,000.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Hill PO Box 6159 Kinston, NC 28501	Brittthaven Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sr. Vice President Aggregate Year-to-Date—$	11/10/93 1,125.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342			
Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Occupation: Admin Aggregate Year-to-Date—$	11/22/93 375.00	150.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668	Sun Mar Management Services		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: President Aggregate Year-to-Date—$	11/19/93 1,000.00	625.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven Reissman 11266 Washington Pl Culver City, CA 90232	Country Villa Service Corp		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$	11/19/93 500.00	125.00
SUBTOTAL of Receipts This Page (optional)			2,590.00
TOTAL This Period (last page this line number only)			

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A. Jack Markovitz 11630 S Greville Ave Hawthorne, CA 90250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hawthorne Care Ctr Occupation: President Aggregate Year-to-Date—$ 1,000.00	11/12/93	250.00
B. Thomas Boerboom 500 Ford Rd Minneapolis, MN 55426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beverly Enterprises Occupation: Vice President Aggregate Year-to-Date—$ 200.00	11/12/93	200.00
C. R Peter Madel 108 8th St NW Waseca, MN 56093 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Lake Shore Inn Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 500.00	11/12/93	125.00
D. Warren Wolfson 3601 S Green Rd #102 Beachwood, OH 44122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Care Services Associates Occupation: Admin Aggregate Year-to-Date—$ 300.00	11/12/93	75.00
E. Daniel Veloric 5601 Chestnut St Philadelphia, PA 19139 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Geriatric & Medical Centers Occupation: President Aggregate Year-to-Date—$ 500.00	11/12/93	250.00
F. James Unverferth 2615 Ft Amanda Rd Lima, OH 45804 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Care Facilities Inc Occupation: Director Aggregate Year-to-Date—$ 200.00	11/12/93	50.00
G. Coy Williamson 2645 Whiting St NW Atlanta, GA 30318 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Imperial Health Care Center Occupation: President/Owner Aggregate Year-to-Date—$ 300.00	11/12/93	75.00
SUBTOTAL of Receipts This Page (optional)			1,025.00
TOTAL This Period (last page this line number only)			

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A. Dennis Callies 804 N Western Ave Sioux Falls, SD 57104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: South Dakota Hlth Care Assn Occupation: Exec Dir Aggregate Year-to-Date—$ 300.00	11/30/93	75.00
B. Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hillside Manor Occupation: Exec Dir Aggregate Year-to-Date—$ 500.00	11/12/93	500.00
C. Tom Davis PO Box 1148 Hickory, NC 28603 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brian Center Management Corp Occupation: Exec VP Aggregate Year-to-Date—$ 500.00	11/30/93	125.00
D. Jane Hibbard-Merrill Guilford St PO Box 159 Dover-Foxcroft, ME 04426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hibbard Nsg Hm Occupation: Admin Aggregate Year-to-Date—$ 500.00	11/19/93	75.00
E. John Gresham 431 S Washington Ave Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mississippi Ext Care Of Gre Occupation: Admin Aggregate Year-to-Date—$ 500.00	11/19/93	125.00
F. Terry Mundy 2633 W Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: English Oaks Convalescent Hosp Occupation: Administrator/Owner Aggregate Year-to-Date—$ 500.00	11/12/93	75.00
G. Connie Miller PO Box 377 Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Millers Merry Manor Inc Occupation: President Aggregate Year-to-Date—$ 1,000.00	11/19/93	250.00

SUBTOTAL of Receipts This Page (optional) 1,225.00

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Inc President Aggregate Year-to-Date—$ 1,000.00	11/30/93	250.00
B. Dave Helmsin 1251 Beacon Blvd West Sacramento, CA 95691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAHF Program Director Aggregate Year-to-Date—$ 300.00	11/19/93	75.00
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—$ 1,000.00	11/19/93	250.00
D. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services of Ill President Aggregate Year-to-Date $ 750.00	11/17/93	250.00
E. Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spaugh & Co Occupation Aggregate Year-to-Date $ 300.00	11/12/93	75.00
F. James Clark PO Box 271 3142 County Line Rd Geneva, OH 44041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lakeland Nursing Home Admin Aggregate Year-to-Date—$ 300.00	11/30/93	75.00
G. Kensett Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Health Care Inc President Aggregate Year-to-Date—$ 1,500.00	11/12/93	500.00

SUBTOTAL of Receipts This Page (optional) 1,475.00

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Kensett Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Health Care President Aggregate Year-to-Date—$ 1,500.00	11/12/93	250.00
B. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Gov Rel Consultant Aggregate Year-to-Date—$ 1,000.00	11/12/93	250.00
C. Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Corporation Administrator Aggregate Year-to-Date—$ 1,125.00	11/30/93	125.00
D. Jeanne Sanders Rt 104 Box 51 RFD 3 Meredith, NH 03253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Golden View Health Care Ctr Administrator Aggregate Year-to-Date—$ 230.00	11/12/93	130.00
E. Jan Thayer 404 Woodland Dr Grand Island, NE 68801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverside Lodge Owner/Admin Aggregate Year-to-Date—$ 500.00	11/12/93	125.00
F. Joseph Sousa 54 Barker Ave Warren, RI 02885 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grace Barker Nursing Home Admin Aggregate Year-to-Date—$ 580.00	11/12/93	130.00
G. Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gulf South Medical Ent President Aggregate Year-to-Date—$ 1,000.00	11/12/93	250.00

SUBTOTAL of Receipts This Page (optional) 1,260.00

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Theodore Lee 700 Hanover St Manchester, NH 03104 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Hanover Hill Health Care Occupation: Owner/Administrator Aggregate Year-to-Date—$	11/12/93 380.00	130.00
B. Melvin Harris 413 N Wash Marksville, LA 71351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Manor Occupation: Owner Aggregate Year-to-Date—$	11/22/93 300.00	75.00
C. Dwight Sowerby RR 2 Box 312C Spring Hill Rd Peterborough, NH 03458 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Sowerby Healthcare Inc Occupation: Owner/Administrator Aggregate Year-to-Date—$	11/12/93 260.00	260.00
D. Patricia Ramsey 928 South St Portsmouth, NH 03801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Edgewood Center Occupation: Owner/Administrator Aggregate Year-to-Date—$	11/12/93 520.00	520.00
E. Jim Wahner 105 W Michigan St 9th Fl Milwaukee, WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unicare Health Facilities Occupation: Aggregate Year-to-Date—$	11/22/93 200.00	100.00
F. Jean Filer 1633 Cypress Ln Paradise, CA 95969 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CACH Inc Occupation: Administrator Aggregate Year-to-Date—$	11/12/93 500.00	500.00
G. Joe Stephens PO Drawer 1130 Magee, MS 39111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millcreek Management Inc Occupation: CEO Aggregate Year-to-Date—$	11/12/93 500.00	125.00

SUBTOTAL of Receipts This Page (optional) 1,710.00

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

93038703042

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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. Lorraine Franco Talmadge Ave East Haven, CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Talmadge Park Occupation: Administrator Aggregate Year-to-Date—$ 250.00	11/12/93	250.00
B. Robert Murtha 27 E Russell St #200 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The MacIntosh Company Occupation: President Aggregate Year-to-Date—$ 1,000.00	11/12/93	250.00
C. Lester & Betty Krueger 2430 N 13th Shelton, WA 98584 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fir Lane Terrace Occupation: Aggregate Year-to-Date—$ 550.00	11/19/93	500.00
D. David Reynolds 414 Collettes Grove Derry, NH 03038 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Hampshire Health Care Occupation: Long Term Care Med Aggregate Year-to-Date—$ 260.00	11/12/93	260.00
E. Mary Johnson 207 Riverdale Rd Goffstown, NH 03045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Hampshire Nursing Home Ass Occupation: Administrator Aggregate Year-to-Date—$ 275.00	11/12/93	275.00
F. Richard Fortier 131 Chad Rd Manchester, NH 03104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NHHCA Occupation: Consultant Pharm Aggregate Year-to-Date—$ 260.00	11/12/93	260.00
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) 1,835.00

TOTAL This Period (last page this line number only) 13,632.50

93 03 87 13 04 X

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 (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1217 Washington, D.C. 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Interest Earned for Period Occupation Aggregate Year-to-Date- $ 2,033.37	Date (month, day, year) 11/1/93-11/30/93	Amount of Each Receipt this Period 240.75
B. 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
C. 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
D. 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
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)			
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 Frank Pallone 540 Broadway Long Branch, NJ 07740	Purpose of Disbursement D-0003-NJ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 11/05/93	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Slade Gorton 2366 Eastlake Ave., E., #313 Seattle, WA 98102	Purpose of Disbursement R-SEN-WA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 11/19/93	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Edolphus Towns 321 Stuyvesant Ave. Brooklyn, NY 11233	Purpose of Disbursement D-0011-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 11/19/93	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code Bill Brewster P.O. Box 10 Medil, OK 73446	Purpose of Disbursement D-0003-OK 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 11/05/93	Amount of Each Disbursement This Period 25.00
E. Full Name, Mailing Address and ZIP Code Rick Santorum P.O. Box 10495 Pittsburgh, PA 15234	Purpose of Disbursement R-6 -PA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 11/05/93	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code William Roth 2206 OLD KENNETT ROAD Wilmington, DE 19807	Purpose of Disbursement R-SEN-DE 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 11/01/93	Amount of Each Disbursement This Period 5,000.00
G. Full Name, Mailing Address and ZIP Code William Roth 2206 OLD KENNETT ROAD Wilmington, DE 19807	Purpose of Disbursement R-SEN-DE 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 11/01/93	Amount of Each Disbursement This Period 5,000.00
H. Full Name, Mailing Address and ZIP Code Newt Gingrich 221 Upper Riverdale Road Apt # Jonesboro, GA 30236	Purpose of Disbursement R-0006-GA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 11/12/93	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Dale Kildee 1434 Jane Flint, MI 48506	Purpose of Disbursement D-0007-MI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/19/93	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			13,625.00
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	Date (month, day, year)	Amount of Each Disbursement This Period
A. Charles Rangel 74 West 132nd St New York, NY 10037	D-0016-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/19/93	500.00
B. Butler Derrick Post Office Box 606 Edgefield, SC 29824	D-0003-SC 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/19/93	500.00
C. Victor Fazio 1717 I St., Ste. B Sacramento, CA 95814	D-0004-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/05/93	1,000.00
D. Robert Clement PO Box 150608 Nashville, TN 37215	D-0005-TN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/12/93	500.00
E. Douglas "Pete" Peterson 109 W. College Ave., #2 Tallahassee, FL 32301	-0002-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/19/93	500.00
F. Steve Buyer 103 W. Broadway Monticello, IN 47960	R-0005-IN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	11/01/93	500.00
G. Blanche Lambert 44 Waverly Wood Helena, AR 72917	D-0001-AR 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/05/93	500.00
H. Robert Franks 219 South St. New Providence, NJ 07974	R-0007-NJ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/19/93	500.00
I. Sherrod Brown , OH	D-13 -OH 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/01/93	500.00
SUBTOTAL of Disbursements This Page (optional)			5,000.00
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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Fund/Dem. Leadership P.O. Box 1347 Sacramento, CA 95812	D- -CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/12/93	1,000.00
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)			1,000.00
TOTAL This Period (last page this line number only)			19,625.00

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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 (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1214 Washington, D.C. 20004	Purpose of Disbursement Bank Fees for Period Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 11/1/93- 11/30/93	Amount of Each Disbursement This Period 246.66
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)			

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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 12-20-93
☐	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

JMH
PREPARER

12-21-93
DATE PREPARED

FEC FORM 70-2 (12/92)

93038/0 0 4 7