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

JUL 20 5 03 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 6-1-93 through 6-30-93		
6.	(a) Cash on Hand January 1, 19 93		$ 70,831.53
	(b) Cash on Hand at Beginning of Reporting Period	$ 44,150.79	
	(c) Total Receipts (from Line 19)	$ 30,153.19	$ 137,597.60
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 74,303.98	$ 208,429.13
7.	Total Disbursements (from Line 30)	$ 33,172.70	$ 167,297.85
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 41,131.28	$ 41,131.28
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 Willging

Date: 7-20-93

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 Assn-Political Action Committee

REPORT COVERING PERIOD FROM 6-1-93 TO: 6-30-93

	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)	19,153.97	88,709.79
ii. Unitemized	10,912.58	42,378.98
iii. Total (add i and ii) ➤	30,066.55	131,088.77
b. Political Party Committees	-0-	5,000.00
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	30,066.55	136,088.77
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	-0-	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	86.64	1,008.83
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	30,153.19	137,597.60
20. Total Federal Receipts (subtract line 16 from line 19) ➤		
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	72.70	797.85
c. Total Operating Expenditures (add a i, a ii, and b) ➤	72.70	797.85
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	33,100.00	166,500.00
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) ➤	33,172.70	167,297.85
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	33,172.70	167,297.85
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	30,066.55	136,088.77
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	30,066.55	136,088.77
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	72.70	797.85
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	72.70	797.85

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF 1
	FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

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

	Name of Employer / Occupation	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	6/1/93-6/30/93	86.64
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1008.83		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
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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. Gary Kreidt 100 Elm Ave New Salem, ND 58563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elm Crest Manor Occupation: Administrator Aggregate Year-to-Date—$ 250.00	06/11/93	125.00
B. David E Meillier PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Occupation: President Aggregate Year-to-Date—$ 500.00	06/04/93	250.00
C. Billy Reed 20191 Pineville Rd Long Beach, MS 39560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	R & R Management Inc Occupation: President Aggregate Year-to-Date—$ 500.00	06/04/93	500.00
D. J Craig Souza 5109 Bur Oak Cir Raleigh, NC 27612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Carolina Health Care Fa Occupation: Exec Dir Aggregate Year-to-Date—$ 1,000.00	06/11/93	1,000.00
E. Howard Bennett 600 W Gregory St Pensacola, FL 32501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Magnolias Occupation: Owner Aggregate Year-to-Date—$ 425.00	06/18/93	125.00
F. 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	06/04/93	250.00
G. Don Bedell PO Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Mgmt Corp Occupation: President Aggregate Year-to-Date—$ 625.00	06/30/93	125.00

SUBTOTAL of Receipts This Page (optional) 2,375.00

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. Daniel Mosca 150 Fayetteville St Mall #2700 Raleigh,NC 27601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AdvoCare of North Carolina Occupation: Vice President Aggregate Year-to-Date—$ 500.00	06/25/93	500.00
B. Robert Killett 7309 2nd Ave Sykesville,MD 21784 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Sykesville Eldercare Center Occupation: Administrator/Pres Aggregate Year-to-Date—$ 250.00	06/30/93	125.00
C. Nolan Brown 101 S State St PO Box 969 Yadkinville,NC 27055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Triad Medical Services, Inc Occupation: President Aggregate Year-to-Date—$ 500.00	06/18/93	500.00
D. James Judy 9403 Mill Brook Rd Louisville,KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Kentucky Assn of Hlth Care Fac Occupation: Exec VP Aggregate Year-to-Date—$ 500.00	06/18/93	250.00
E. Dixie Taylor 932 Baddour Pkwy Lebanon,TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Quality Care Health Center Occupation: Admin Aggregate Year-to-Date—$ 600.00	06/18/93	600.00
F. Michael Hamm 1200 35th St West Des Moines,IA 50266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hawkeye Care Centers Inc Occupation: President Aggregate Year-to-Date—$ 500.00	06/04/93	500.00
G. Ann Fagan Cook Route 1 Shamrock,TX 79079 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Convalescent Services Inc Occupation: Administrator Aggregate Year-to-Date—$ 300.00	06/30/93	300.00

SUBTOTAL of Receipts This Page (optional) 2,775.00

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. Mary Baker 812 W Main St PO Box 1129 Turlock, CA 95381	Elness Convalescent Hospital Admin	06/04/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
B. Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668	Sun Mar Management Services President	06/11/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
C. Gail Horrigan 1016 E Couley Dr #6 Colton, CA 92324	Horrigan Enterprises Owner	06/18/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
D. Boyd Hendrickson PO Box 3324 Ft Smith, AR 72913	Beverly Enterprises President	06/25/93	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
E. George Couch 225 Russell Ave New Martinsville, WV 26155	New Martinsville Health Care Admin	06/18/93	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
F. Paul Dioguardi 574 Fulton St Farmingdale, NY 11735	Daleview Nursing Home & Manor Executive Director	06/04/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
G. Linda Sechovec 6400 Uptown Blvd NE #520W Albuquerque, NM 87110	New Mexico Health Care Assn Executive Director	06/18/93	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
SUBTOTAL of Receipts This Page (optional)			2,325.00
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. Jack MacDonald 620 Herndon Parkway, Ste. 200 Herndon, VA 22070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilmac, Inc. President Aggregate Year-to-Date—$ 500.00	06/18/93	250.00
B. Paul Willging 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assoc Exec VP Aggregate Year-to-Date—$ 500.11	06/30/93	269.29
C. Jim Klausman 3715 SW 29th St Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Services Owner-Adm Aggregate Year-to-Date—$ 300.00	06/30/93	300.00
D. William Gamboa 632 E Yosemite Ave Madera, CA 93637 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Management Vice Pres/Operation Aggregate Year-to-Date—$ 200.00	06/04/93	200.00
E. Roland Rapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Admin Aggregate Year-to-Date—$ 250.00	06/18/93	125.00
F. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Admin Aggregate Year-to-Date—$ 250.00	06/04/93	125.00
G. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Admin Aggregate Year-to-Date—$ 250.00	06/25/93	125.00
SUBTOTAL of Receipts This Page (optional)			1,394.29
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. David Seckman 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assoc VP Regulatory Aggregate Year-to-Date—$ 250.12	06/30/93	134.68
B. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services President Aggregate Year-to-Date—$ 500.00	06/11/93	250.00
C. Mary Ousley 301 N Hurstbourne Pkwy #225 Louisville, KY 40222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillhaven Corp Regional Mgr Aggregate Year-to-Date—$ 500.00	06/18/93	500.00
D. Gary Marsh 2950 Breckinridge Ln #8 Louisville, KY 40220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Seniorcare Inc President Aggregate Year-to-Date—$ 500.00	06/30/93	400.00
E. John F Underwood 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KAHCF Vice President Aggregate Year-to-Date—$ 250.00	06/18/93	250.00
F. LaDonna Ross 124 S Elm Pl Broken Arrow, OK 74012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Nursing Home Consu Aggregate Year-to-Date—$ 1,000.00	06/18/93	500.00
G. Robert Van Dyk 301 Sicomac Ave Wyckoff, NJ 07481 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Christian Health Care President/CEO Aggregate Year-to-Date—$ 600.00	06/18/93	500.00

SUBTOTAL of Receipts This Page (optional) 2,534.68

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
Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231	Lake Pointe Woods General Manager	06/25/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	225.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Terry Friese 900 Boyce Dr Rhinelander, WI 54501	Peterson Health Care CEO	06/04/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Harold Moffie 433 S Main St Corporate Ctr W West Hartford, CT 06110	Connecticut Health Facilities President	06/11/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Russ Peterson 650 W 21st St Fremont, NE 68025	Excel Management & Development Administrator	06/18/93	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**
Floyd Eaton 3715 SW 29th St Topeka, KS 66614	Midwest Health Services Occupation	06/19/93	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Francis Feltham 1200 Talisman Dr North Augusta, SC 29841	Fane Management Inc President	06/11/93	125.00
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**
Douglas Wright 110 S Broadway PO Box 3667 Tupelo, MS 38802	Right Care Inc President	06/04/93	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,050.00	

SUBTOTAL of Receipts This Page (optional) 1,350.00

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. Patricia Cornett 932 Ward Ave #430 Honolulu, HI 96814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Assn of Hawaii VP Long Term Care Aggregate Year-to-Date-$ 200.00	06/04/93	100.00
B. Robert Murtha 27 E Russell St #200 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The MacIntosh Company President Aggregate Year-to-Date-$ 500.00	06/11/93	500.00
C. John Suter 2503 Bishop Estates Rd Jacksonville, FL 32259 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Suter Health President Aggregate Year-to-Date-$ 500.00	06/18/93	400.00
D. Amy Suter 2503 Bishop Estates Rd Jacksonville, FL 32259 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Suter Health Care Admin Aggregate Year-to-Date-$ 500.00	06/18/93	500.00
E. David Barr 148 W State St Kennett Square, PA 19348 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures Exec Vice President Aggregate Year-to-Date-$ 1,000.00	06/18/93	1,000.00
F. Edward Boeggman 148 W State St Kennett Square, PA 19348 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures VP/Accounting Svcs Aggregate Year-to-Date-$ 200.00	06/18/93	200.00
G. George Hager 148 W State St Kennett Square, PA 19348 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures VP/CFO Aggregate Year-to-Date-$ 500.00	06/30/93	500.00

SUBTOTAL of Receipts This Page (optional) 3,200.00

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. Richard Howard 93 W Seven Stars Rd Spring City,PA 19475 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures VP Aggregate Year-to-Date—$ 1,000.00	06/18/93	1,000.00
B. Morton Silverman 530 Dreshertown Rd Ft Washington,PA 19034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASCO Healthcare/Genesis Senior VP Aggregate Year-to-Date—$ 200.00	06/18/93	200.00
C. Louis Swart 375 Morris Rd West Point,PA 19486 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Total Care Systems/Genesis President Aggregate Year-to-Date—$ 1,000.00	06/18/93	1,000.00
D. Michael Walker 148 W State St Kennett Square,PA 19348 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures Chairman Aggregate Year-to-Date—$ 1,000.00	06/18/93	1,000.00
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) 3,200.00

TOTAL This Period (last page this line number only) 19,153.97

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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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)	6/1/93-6/30/93	72.70
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) .....

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER

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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 Charlie Rose P.O. Box 1891 Fayetteville, NC 28302	Purpose of Disbursement NC-0007 92-General Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/2/92	Amount of Each Disbursement This Period Check Returned ($500.00)
B. Full Name, Mailing Address and ZIP Code Melvin Watt 700 E. Stonewall St., #500 Charlotte, NC 28202	Purpose of Disbursement NC-12 92-General Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/2/92	Amount of Each Disbursement This Period Check Returned ($500.00)
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) .....

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. Peter Hoagland 8601 W. Dodge, Ste. 12 Omaha, NE 68114	D-0002-NE 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/25/93	500.00
B. Michael Andrews 1001 Fannin Suite 2500 Houston, TX 77002	D-0025-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/03/93	500.00
C. DCCC 430 South Capitol St Washington, DC 20003	-DC Party cmte. contributions Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	06/25/93	5,000.00
D. Alan Mollohan PO Box 1343 Fairmont, WV 26554	D-0001-WV 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/18/93	500.00
E. John Glenn 1000 Urlin Avenue Columbus, OH 43212	D-SEN-OH 84 Presidential Race Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	06/14/93	1,000.00
F. Gerald Klaczka 3268 South 9th Street Milwaukee, WI 53215	D-0004-WI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/18/93	500.00
G. Bob Stump PO Box 5 Tolleson, AZ 85353	R-0003-AZ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/03/93	500.00
H. G.V. Montgomery Box 5252 Meridian, MS 39301	D-0003-MS 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/11/93	1,000.00
I. Ben Nighthorse Campbell Ignacio, CO	D-SEN-CO 92 General Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/25/93	1,000.00

SUBTOTAL of Disbursements This Page (optional) 10,500.00

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Henry Hyde PO Box 332 Des Plaines, IL 60016	R-0006-IL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/11/93	200.00
B. Full Name, Mailing Address and ZIP Code Dennis Hastert P.O. Box 625 Batavia, IL 60510	R-0014-IL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/30/93	500.00
C. Full Name, Mailing Address and ZIP Code Joseph Kennedy 73 Bigelow St Brighton, MA 02135	D-0008-MA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/03/93	500.00
D. Full Name, Mailing Address and ZIP Code. Terry Sanford 2500 Auburn Street Durham, NC 27706	D-0002-NC 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	06/08/93	300.00
E. Full Name, Mailing Address and ZIP Code H. Martin Lancaster PO Box 3600 Durham, NC 27702	D-0003-NC 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/25/93	500.00
F. Full Name, Mailing Address and ZIP Code Louis Stokes P O box 99358 Cleveland, OH 44119	D-0021-OH 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/03/93	500.00
G. Full Name, Mailing Address and ZIP Code John Chafee PO Box 623 Providence, RI 02901	R-SEN-RI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/03/93	5,000.00
H. Full Name, Mailing Address and ZIP Code John Chafee PO Box 623 Providence, RI 02901	R-SEN-RI 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	06/03/93	5,000.00
I. Full Name, Mailing Address and ZIP Code Durenberger Vol. Cmt , MN	MN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/11/93	1,000.00
SUBTOTAL of Disbursements This Page (optional)			13,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page ____, of ____ for
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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
Victor Fazio 1717 I St., Ste. B Sacramento, CA 95814	D-0004-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/11/93	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Olympia Snowe 114 Nottingham Road Auburn, ME 04210	R-0002-ME 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/03/93	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Christopher Smith 217 Hancock Ave. Bridgewater, NJ 08807	R-0004-NJ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/18/93	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ed Royce P.O. Box 6765 Fullerton, CA 92634	R-39 -CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/03/93	600.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Earl Pomeroy P.O. Box 746 Bismarck, ND 58502	D-0001-ND 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/18/93	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Kreidler P.O. Box 4839 Federal Way, WA 98063	D-0009-WA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/03/93	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Franks 219 South St. New Providence, NJ 07974	R-0007-NJ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/18/93	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Calvert P.O. Box 5-1992 Riverside, CA 92517	R-0043-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/03/93	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mass. Dem. Party 45 Bromfield St., 7th Floor Boston, MA 02108	94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/08/93	5,000.00
SUBTOTAL of Disbursements This Page (optional)			9,600.00
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 Calvin Moore , TN	Purpose of Disbursement - -TN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 06/11/93	Amount of Each Disbursement This Period 500.00
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)			500.00
TOTAL This Period (last page this line number only)			34,100.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 7-20-93
☐	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
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

T.M.H
PREPARER

7-21-93
DATE PREPARED

FEC FORM 70-2 (12/92)