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

CITY, STATE and ZIP CODE
Washington, DC 20005-4014

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 5-1-94 through 5-31-94		
6. (a) Cash on Hand January 1, 19 94		$ 89,913.07
(b) Cash on Hand at Beginning of Reporting Period	$ 65,064.35	
(c) Total Receipts (from Line 19)	$ 15,761.07	$ 132,960.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 80,825.42	$ 222,873.52
7. Total Disbursements (from Line 30)	$ 39,839.62	$ 181,887.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 40,985.80	$ 40,985.80
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)	$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

Type or Print Name of Treasurer
Paul R. Willging, Ph.D., Assistant Treasurer

Signature of Treasurer
Paul Willging

Date
6/18/94

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 11/93)

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-PACO

REPORT COVERING PERIOD FROM: 5-1-94 TO: 5-31-94

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)	10,010.00	87,538.44
ii. Unitemized	5,527.50	39,272.73
iii. Total (add i and ii) ➤	15,537.50	126,811.17
b. Political Party Committees		
c. Other Political Committees (such as PACs)		5,000.00
d. Total Contributions (add a iii, b and c) ➤	15,537.50	131,811.17
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	223.57	1,149.28
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	15,761.07	132,960.45
20. Total Federal Receipts (subtract line 18 from line 19) ➤	15,761.07	132,960.45
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	139.62	1,062.72
c. Total Operating Expenditures (add a i, a ii, and b) ➤	139.62	1,062.72
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	39,700.00	180,600.00
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		225.00
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) ➤	39,839.62	181,887.72
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	39,839.62	181,887.72
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	15,537.50	131,811.17
33. Total Contribution Refunds (from line 28d)	--	225.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,537.50	131,586.17
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	139.62	1,062.72
36. Offsets to Operating Expenditures (from line 15)	--	--
37. Net Operating Expenditures (subtract line 36 from 35) ➤	139.62	1,062.72

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)
Steven Chies 9899 Avocet St Coon Rapids, MN 55433	Park River Estates Car President	05/18/94	125.00
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**
Doyle Sowerby 291 Main St Sanford, ME 04073	Maine Stay Nursing Home Admin	05/18/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	400.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
J Craig Souza 5109 Bur Oak Cir Raleigh, NC 27612	North Carolina Health Care Fa Exec Dir	05/11/94	500.00
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**
William Dunn 195 Executive Dr Marion, OH 43302	Marion Manor Nursing Hm Inc Admin	05/11/94	275.00
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**
Jerry Hill 2034 Cochran Rd Maryville, TN 37801	Colonial Hills Owner	05/18/94	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**
Robert Kilgett 7309 2nd Ave Sykesville, MD 21784	Sykesville Eldercare Center Administrator/Pres	05/11/94	250.00
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**
Michael Maistros 42350 National Rd Belmont, OH 43718	Bell Nursing Home Inc Admin	05/18/94	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	400.00	

SUBTOTAL of Receipts This Page (optional) 1,425.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code John Austin 7774 Warner Rd PO Box 427 Madison, OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Stewart Lodge Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 250.00	05/11/94	250.00
B. Full Name, Mailing Address and ZIP Code 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	05/11/94	250.00
C. Full Name, Mailing Address and ZIP Code Gail Clarkson 223 S Main St Romeo, MI 48065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Medilodge Occupation: Chief Operating Off Aggregate Year-to-Date—$ 375.00	05/11/94	125.00
D. Full Name, Mailing Address and ZIP Code Jack Markovitz 11630 S Grevillea Ave Hawthorne, CA 90250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hawthorne Care Ctr Occupation: President Aggregate Year-to-Date—$ 1,300.00	05/18/94	800.00
E. Full Name, Mailing Address and ZIP Code V Richard Miller PO Box 498 Plymouth, IN 46563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Millers Merry Manor Inc Occupation: CEO Aggregate Year-to-Date—$ 1,000.00	05/11/94	1,000.00
F. Full Name, Mailing Address and ZIP Code 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—$ 250.00	05/11/94	125.00
G. Full Name, Mailing Address and ZIP Code David Banks PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beverly Enterprises Occupation: Chairman/President Aggregate Year-to-Date—$ 500.00	05/11/94	250.00

SUBTOTAL of Receipts This Page (optional) 2,800.00

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

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Page ____ of ____ for
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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
Mary Berndt 1653 Cypress Ln Paradise, CA 95969	Cypress Acres Conv Hosp Asst Adm	05/11/94	500.00
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**
Kennon S Shea 75 Court St PO Box U Quincy, CA 95971	California Convalescent Hosp Admin	05/11/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 225.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Tom Davis PO Box 1148 Hickory, NC 28603	Brian Center Management Corp Exec VP	05/11/94	125.00
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**
Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433	HBA Management VP	05/31/94	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**
William McReynolds 1430 Larimer St, #300 Denver, CO 80202	LTC Health Care Services, Inc President	05/18/94	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**
Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544	Rapp Health Facilities Admin	05/18/94	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**
Jeanne Bishop Parise 1300 Mill St Reno, NV 89502	Reno Health Care Administrator	05/18/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 375.00		

SUBTOTAL of Receipts This Page (optional) 1,525.00

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	Date (month, day, year)	Amount of Each Receipt this Period
A. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills,CA 90212	Wilshire Foundation In		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date—$	05/11/94 500.00	250.00
B. Kensett Moyle 55425 Santa Fe Tr Yucca Valley,CA 92284	Moyle's Health Care In		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date—$	05/18/94 1,000.00	500.00
C. Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale,FL 33309	HBA Corporation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date—$	05/31/94 500.00	250.00
D. Dirk Anjewierden 4035 B 500 E Salt Lake City,UT 84107	Alta Care Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$	05/31/94 250.00	125.00
E. Terry Kuzman 1157 Enfield St Enfield,CT 06082	Parkway Pavilion		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date—$	05/11/94 285.00	250.00
F. Terry Kuzman 1157 Enfield St Enfield,CT 06082	Parkway Pavilion		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date—$	05/31/94 285.00	35.00
G. Grant Asay 415 6th St Juneau,AK 99801	St Ann's Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date—$	05/18/94 300.00	300.00

SUBTOTAL of Receipts This Page (optional) 1,710.00

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. Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Occupation: Administrator Aggregate Year-to-Date—$ 250.00	05/31/94	125.00
B. Ronald Gouk 2045 Hwy 59 PO Box 204 Mandeville, LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gulf South Medical Ent Occupation: President Aggregate Year-to-Date—$ 1,000.00	05/18/94	750.00
C. Francis Feltham 1200 Talisman Dr North Augusta, SC 29841 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fane Management Inc Occupation: President Aggregate Year-to-Date—$ 250.00	05/31/94	250.00
D. John Sims 7150 Manor Rd. Columbus, GA 31907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Muscogee Manor Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 1,000.00	05/11/94	1,000.00
E. Joe Stephens PO Drawer 1130 Magee, MS 39111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millcreek Management Inc Occupation: CEO Aggregate Year-to-Date—$ 250.00	05/11/94	125.00
F. Ellis Bodron P.O. Box 1558 Vicksburg, MS 39180 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Way, Field & Bodron Occupation: Health Counsel Aggregate Year-to-Date—$ 300.00	05/31/94	300.00
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) 2,550.00

TOTAL This Period (last page this line number only) 10,010.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Riggs National Bank P.O. Box 1214 Washington, DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Interest earned for period Occupation Aggregate Year-to-Date > $ 1,149.28	5/1/94- 5/31/94	223.57
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) .....

Page ____ of ____ for
LINE NUMBER ____
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SCHEDULE B **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. Jolene Unsoeld P O Box 10231 Olympia, WA 98502	D-0003-WA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	05/06/94	500.00
B. Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	D-0035-NJ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	05/27/94	1,000.00
C. Slade Gorton 2366 Eastlake Ave., E., #313 Seattle, WA 98102	R-SEN-WA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	05/27/94	200.00
D. Gephardt Effective Gov't Cmte 80 F St., N.W., 6th Floor Washington, DC, MO	[illegible]-MO 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	05/19/94	5,000.00
E. Howard Berman 291 S. LaCienega Blvd., # 212 Los Angeles, CA 90211	D-0026-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	05/09/94	500.00
F. Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	R-0006-CT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	05/27/94	250.00
G. Michael Bilirakis P O Box 1077 Tarpen Springs, FL 34688	R-0009-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	05/06/94	500.00
H. Michael Bilirakis P O Box 1077 Tarpen Springs, FL 34688	R-0009-FL 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/06/94	500.00
I. Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	D-0021-MD 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/19/94	2,500.00

SUBTOTAL of Disbursements This Page (optional) 10,950.00

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

9 1 3 9 3 1 1 5 7

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page ___ of ___ for
LINE NUMBER _____.
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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 Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	D-0012-MI 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/27/94	2,000.00
B. Full Name, Mailing Address and ZIP Code Edolphus Towns 321 Stuyvesant Ave. Brooklyn, NY 11233	D-0010-NY 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/02/94	500.00
C. Full Name, Mailing Address and ZIP Code Bob Stump PO Box 5 Tolleson, AZ 85353	R-0003-AZ 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/06/94	500.00
D. Full Name, Mailing Address and ZIP Code Daniel Akaka 3125 Kaphiani Drive Honolulu, HI 96817	D-SEN-HI 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/06/94	1,000.00
E. Full Name, Mailing Address and ZIP Code Barbara Mikulski PO Box 13147 Baltimore, MD 21203	D SEN-MD 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/06/94	250.00
F. Full Name, Mailing Address and ZIP Code Frederick Upton P.O. Box 490 St Joseph, MI 49085	R-0006-MI 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/19/94	500.00
G. Full Name, Mailing Address and ZIP Code Charles Rangel 74 West 132nd St New York, NY 10037	D-0015-NY 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/06/94	500.00
H. Full Name, Mailing Address and ZIP Code Thomas Sawyer 411 Wolf Ledges Pkwy, Ste. 400 Akron, OH 44311	D-0014-OH 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/27/94	500.00
I. Full Name, Mailing Address and ZIP Code Jerry Lewis 1150 Brookside Ave. Redlands, CA 92373	R-0040-CA 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/27/94	500.00
SUBTOTAL of Disbursements This Page (optional)			6,250.00
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	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Neal , MA	D-0002-MA 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/19/94	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Martin Sabo 2425 E. Franklin Ave., #310 Minneapolis, MN 55406	D-0005-MN 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/06/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rob Andrews 16 Somerdale Somerdale, NJ 08083	-0001-NJ 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/27/94	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Lewis F. Payne P.O. Box 235 Nellysford, VA 22958	D-0005-VA 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	06/06/94	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Eva Clayton P.O. Box 479 Warrenton, NC 27589	D-001 -NC 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/27/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
President's Council NRSC 425 2nd St., N.E. Washington, DC 20002	-- --DC 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/06/94	15,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dan Hamburg 1330 Boonville Rd. Ukiah, CA 94582	C-0001-CA 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/06/94	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Anna Eshoo 525 Alma St. Palo Alto, CA 94301	D-14 -CA 94 Primary Disbursement for: X Primary ☐ General ☐ Other (specify):	05/27/94	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Lynn Schenk 8340 Clairemont Mesa Blvd. San Diego, CA 92111	D-49 -CA 94 General Disbursement for: ☐ Primary X General ☐ Other (specify):	05/27/94	250.00
SUBTOTAL of Disbursements This Page (optional)			19,750.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page ___ of ___ for
LINE NUMBER ___
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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Tom Barlow , KY	Purpose of Disbursement D-0001-KY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/06/94	Amount of Each Disbursement This Period 250.00
B. Full Name, Mailing Address and ZIP Code Tom Davis 3817 Plaza Drive Fairfax, VA 22030	Purpose of Disbursement R- -VA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/06/94	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Dan Webber P.O. Box 500 Okarche, OK 73762	Purpose of Disbursement D-0006-OK 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/06/94	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code John Ashcroft P.O. Box 15577 Clayton, MO 63105	Purpose of Disbursement R-SEN-MO 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/27/94	Amount of Each Disbursement This Period 2,000.00
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)			3,250.00
TOTAL This Period (last page this line number only)			40,200.00

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Bolmer 4108 Park Road Charlotte, NC	'94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/15/94	(500.00) check voided
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) ..... (500.00)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1214 Washington, DC	Bank fees for period Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/1/94- 5/31/94	139.62
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
☑	First Class Mail	POSTMARKED 6-17-94
☐	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

6-20-94 — DATE PREPARED

FEC FORM 70-2 (12/92)