REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
REPORTS ANALYSIS DIVISION

MAY 21 5 34 PM '96

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, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

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

Monthly Report Due On:

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1 through 4/30/96		
6. (a) Cash on Hand January 1, 19 96		$86,167.07
(b) Cash on Hand at Beginning of Reporting Period	$ 58,312.32	
(c) Total Receipts (from Line 19)	$ 23,842.66	$ 113,314.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 82,154.98	$ 199,481.26
7. Total Disbursements (from Line 30)	$ 39,413.04	$ 156,739.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 42,741.94	$ 42,741.94
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 EDRYAN
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 DAVE LONG

Signature of Treasurer [signature] Date 5/21/96

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 6/93)

9 6 0 3 0 5 2 5 1 4 6

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM	TO:
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)	20,225.00	88,724.31
ii. Unitemized	3,574.00	18,033.69
iii. Total (add i and ii) ➤	23,799.00	106,758.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤		
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		6,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	43.66	556.19
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	23,842.66	113,314.19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	23,842.66	113,314.19
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
i. Non-Federal Share		
b. Other Federal Operating Expenditures	413.04	1,717.04
c. Total Operating Expenditures (add a i, a ii, and b) ➤	413.04	1,717.04
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	39,000.00	155,022.28
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) ➤	39,413.04	156,739.32
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	39,413.04	156,739.32
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
David L Guillot 7921 Picardy Ave. Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: David L Guillot Inc Occupation: President Aggregate Year-to-Date—$ [illegible]	[illegible]	[illegible]
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
Robert M Coury Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Aristocrat Berea Occupation: Administrator Aggregate Year-to-Date—$ [illegible]	[illegible]	[illegible]
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
David E Meillier PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pleasant Manor Inc Occupation: President Aggregate Year-to-Date—$ 1,000.00	04/26/96	[illegible]
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
Jenean Erickson 16051 Northwood Rd., N.W. Prior Lake, MN 55372 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Jade Enterprises Occupation: Admin Aggregate Year-to-Date—$ 500.00	04/09/96	[illegible]
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
Richard Radler PO Box 100129 Nashville, TN 37224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tennessee Health Care Occupation: Exec Dir Aggregate Year-to-Date—$ 250.00	04/11/96	[illegible]
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
Fred Watson 3735 Memorial Dr Decatur, GA 30032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Georgia Health Care Assoc Occupation: Executive VP Aggregate Year-to-Date—$ 1,000.00	04/02/96	[illegible]
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
Harvey Wertlieb 4041 Powder Mill Rd #410 Calverton, MD 20705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Global Health Management Occupation: Admin Aggregate Year-to-Date—$ 500.00	04/02/96	[illegible]

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible]

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group President Aggregate Year-to-Date—$ 250.00	04/23/96	250.00
B. Patricia Snyder 421 S 9th St #137 Lincoln, NE 68508 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nebraska Health Care Ass Executive Director Aggregate Year-to-Date—$ 300.00	04/02/96	300.00
C. Brick Nelson 313 Allen Memorial Dr SW Milledgeville, GA 31061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Green Acres Inc Admin Aggregate Year-to-Date—$ 300.00	04/05/96	300.00
D. Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sun Mar Management Serv President Aggregate Year-to-Date—$ 500.00	04/11/96	500.00
E. Joy Moy 2000 Domanik Dr Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln Lutheran Of Racine Admin Aggregate Year-to-Date—$ 500.00	04/02/96	500.00
F. William Mathies 5111 Rogers Avenue, Suite 40A Fort Smith, AR 72919 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises President Aggregate Year-to-Date—$ 1,000.00	04/02/96	1,000.00
G. John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Write Oak Manor Executive VP/CFO Aggregate Year-to-Date—$ 1,000.00	04/02/96	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,850.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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
Phillip Fogg, Sr. 6623 NE 82nd Ave Portland, OR 97220	Prestige Care Inc Administrator	04/02/96	[illegible]
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**
Edward Stafford 33 Elk St., Ste. 300 Albany, NY 12207	NYS Health Facilities Assn Director	04/11/96	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**
John Twaring PO Box 66 Girard, KS 66743	The Heritage [illegible]	04/25/96	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jack MacDonald 620 Herndon Parkway, Ste. 200 Herndon, VA 22070	Wilmac, Inc. President	04/26/96	250.00
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**
Joseph Warner PO Box 3189 Bloomington, IL 61702	Heritage Enterprises President	04/02/96	150.00
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**
Michael Riley 824 S 59th St Belleville, IL 62223	Professional Therapy President	04/23/96	2,[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,[illegible]		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Berry Drew 9628 Campo Rd #T Spring Valley, CA 91977	Brighton Health Alliance Admin	04/11/96	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		
SUBTOTAL of Receipts This Page (optional)			3,452.[illegible]
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. Michael Morton 100-B Garrison Ave Ft Smith, AR 72901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Arkansas Nursing Homes Occupation: Owner Aggregate Year-to-Date—$ 1,000.00	04/09/96	1,000.00
B. Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ivy Hall Geriatric Ctr Occupation: President Aggregate Year-to-Date—$ 500.00	04/22/96	[illegible]
C. Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Occupation: Chairman & CEO Aggregate Year-to-Date—$ 540.04	04/23/96	[illegible]
D. Joseph Donchess 7921 Picardy Ave Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Louisiana Health Care Occupation: Executive Director Aggregate Year-to-Date—$ 250.00	04/23/96	250.00
E. Kenneth Greiner Box 23017 Oklahoma City, OK 73123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Nursing Home Occupation: President Aggregate Year-to-Date—$ 1,000.00	04/22/96	1,000.00
F. Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HSA Corporation Occupation: Administrator Aggregate Year-to-Date—$ 542.50	04/07/96	250.00
G. Dirk Anjewierden 4035 S 500 E Salt Lake City, UT 84107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alta Care Center Occupation: Admin Aggregate Year-to-Date—$ 250.00	04/26/96	250.00
SUBTOTAL of Receipts This Page (optional)			3,750.00
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. Bobby Stephens PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Vice President Aggregate Year-to-Date—$ 750.00	04/02/96	750.00
B. Richard & Jill Mendlen 1333 E Madison #206 El Cajon, CA 92021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kennon S Shea & Assoc Dir/Operations Aggregate Year-to-Date—$ 250.00	04/09/96	250.00
C. Dennis Sherman 2237 Wyndbend Boulevard Powell, OH 43065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$ 750.00	04/02/96	250.00
D. Mark Nesselroad 1369 Stewartstown Rd Morgantown, WV 26505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Glenmark Associates Inc President Aggregate Year-to-Date—$ 500.00	04/05/96	500.00
E. Robert Lohr P.O. Box 10805 Pittsburgh, PA 15236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jefferson Hills Manor Occupation Aggregate Year-to-Date—$ 500.00	04/08/96	500.00
F. Melvin Harris 426 N. Washington Marksville, LA 71351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Manor Owner Aggregate Year-to-Date—$ 300.00	04/02/96	300.00
G. Barbra McClung 3710 W Mineral King Avenue Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Central Valley Inc Vice President Aggregate Year-to-Date—$ 1,000.00	04/26/96	500.00

SUBTOTAL of Receipts This Page (optional) 2,050.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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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. Hugh Franklin 865 North St. Jackson, MS 39212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franklin Nursing & Conv. Home Occupation: Owner Aggregate Year-to-Date—$ 250.00	04/26/96	125.00
B. Ronnie Rollins PO Box 63 Macon, GA 31202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CareMore Occupation: President Aggregate Year-to-Date—$ 1,000.00	04/05/96	1,000.00
C. Alfred Holbrook 6151 Powers Ferry Road, 490 Atlanta, GA 30339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ServiceMaster Senior Occupation: President Aggregate Year-to-Date—$ 250.00	04/23/96	250.00
D. Clark Peek 505 N. 5th Avenue Rome, GA 30165 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 500.00	04/27/96	500.00
E. Michael Massey 313 Memorial Drive Greer, SC 29652 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Huntington Nursing Ctr. Occupation: Administrator Aggregate Year-to-Date—$ 1,000.00	4/5/96	1,000.00
F. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$		
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$		

SUBTOTAL of Receipts This Page (optional) . . . . . 1,[illegible]

TOTAL This Period (last page this line number only) . . . . . 20,[illegible]

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Name of Committee (in Full)

A. Full Name, Mailing Address and ZIP Code Crestar Bank PO Box 85024 Richmond VA 23285-5024 Receipt For: ☐ Primary ☐ General ☒ Other (specify): INTEREST	Name of Employer BANKING Occupation Aggregate Year-to-Date—$	Date (month, day, year) 4/30/96	Amount of Each Receipt (this Period) 45.14
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)			45.14

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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 John Tanner P.O. Box 1988 Union City, TN 38261	D-0008-TN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	500.00
B. Full Name, Mailing Address and ZIP Code Thomas J. Bliley, Jr. 408 Henri Road Richmond, VA 23226	Purpose of Disbursement R-0007-VA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/22/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Sam Johnson , TX	Purpose of Disbursement R-S[illegible]-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	500.00
D. Full Name, Mailing Address and ZIP Code. Michael Bilirakis P O Box 1077 Tarpon Springs, FL 34688	Purpose of Disbursement R-0009-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	1,000.00
E. Full Name, Mailing Address and ZIP Code Mitch McConnell 9 Gardiner Court Louisville, KY 40205	Purpose of Disbursement R-REN-KY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	1,000.00
F. Full Name, Mailing Address and ZIP Code Jim McCrery Suite 350, 6475 Youree Dr. Shreveport, LA 71105	Purpose of Disbursement R-0005-LA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	1,000.00
G. Full Name, Mailing Address and ZIP Code Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	Purpose of Disbursement D-0017-MI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/11/94	1,000.00
H. Full Name, Mailing Address and ZIP Code Edolphus Towns 321 Stuyvesant Ave. Brooklyn, NY 11233	Purpose of Disbursement D-0010-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/22/94	1,000.00
I. Full Name, Mailing Address and ZIP Code Michael Oxley P O Box 1990 Findlay, OH 45839	Purpose of Disbursement R-0004-OH 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	1,000.00
SUBTOTAL of Disbursements This Page (optional)			5,500.00
TOTAL This Period (last page this line number only)			

9 6 0 3 0 2 5 1 7 5

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
Tom DeLay PO Box 181 Sugar Land, TX 77487	R-0077-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dick Armey 250 S Stemmons Suite 319 Lewisville, TX 75067	R-0074-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Stump PO Box 5 Tombstone, AZ 85353	R-0003-AZ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Philip Crane Suite 101, 1450 So. New Wilke Arlington Heights, IL 60005	R-0008-IL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Dingell P.O. Box 15522 Washington, DC, MI	D-0015-MI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Gephardt 7435 Watson Rd., #107 St Louis, MO 63119	D-0003-MO 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/19/94	[illegible]
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Lewis 1150 Brookside Ave. Redlands, CA 92373	R-0042-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/17/94	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas J. Manton 42-12 Queens Blvd., #219A Sunnyside, NY 11104	D-0007-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	[illegible]	500.00
I. 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-0[illegible]-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/24/94	[illegible]

SUBTOTAL of Disbursements This Page (optional) . . . . . [illegible]

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 [illegible]

A. Full Name, Mailing Address and ZIP Code Cliff Stearns P.O. Box 368 Silver Springs, Fl 34489	Purpose of Disbursement R-0364-Fl 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/17/94	Amount of Each Disbursement This Period [illegible]
B. Full Name, Mailing Address and ZIP Code President's Forum NRCC 320 First St., S.E. Washington, DC 20003	Purpose of Disbursement R- -DC 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/[illegible]/94	Amount of Each Disbursement This Period [illegible]
C. Full Name, Mailing Address and ZIP Code President's Forum NRCC 320 First St., S.E. Washington, DC 20003	Purpose of Disbursement R- -DC 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/[illegible]/94	Amount of Each Disbursement This Period [illegible]
D. Full Name, Mailing Address and ZIP Code Ron Talent 955 Executive Pkwy., #201 St. Louis, MO 63141	Purpose of Disbursement R-[illegible]-MO 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/17/94	Amount of Each Disbursement This Period [illegible]
E. Full Name, Mailing Address and ZIP Code Peter Deutsch P.O. Box 2477R Tamarac, FL 33320	Purpose of Disbursement D-[illegible]-Fl 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/17/94	Amount of Each Disbursement This Period [illegible]
F. Full Name, Mailing Address and ZIP Code Ron Klink 407 S. Second St. Jeannette, PA 15644	Purpose of Disbursement [illegible]-PA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/[illegible]/94	Amount of Each Disbursement This Period [illegible]
G. Full Name, Mailing Address and ZIP Code Sherrod Brown Elyria, OH	Purpose of Disbursement S-[illegible]-OH 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/17/94	Amount of Each Disbursement This Period [illegible]
H. Full Name, Mailing Address and ZIP Code Mike Ward 250 Bardstown Rd, Midcity Mall Louisville, KY 40204	Purpose of Disbursement [illegible] 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/[illegible]/94	Amount of Each Disbursement This Period [illegible]
I. Full Name, Mailing Address and ZIP Code Mike Ward 250 Bardstown Rd, Midcity Mall Louisville, KY 40204	Purpose of Disbursement [illegible] 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/17/94	Amount of Each Disbursement This Period [illegible]
SUBTOTAL of Disbursements This Page (optional)			[illegible]
TOTAL This Period (last page this line number only)			

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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 George Radanovich 2377 W. Shaw, Ste. 204 Fresno, CA 93711	Purpose of Disbursement R-19 -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/17/96	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Jon Christensen	Purpose of Disbursement - - 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/19/96	Amount of Each Disbursement This Period 3,500.00
C. Full Name, Mailing Address and ZIP Code Rick White , WA	Purpose of Disbursement R-1 -WA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/17/96	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code. Wes Watkins , OK	Purpose of Disbursement R- -OK 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/19/96	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Pete Stark PO Box 121 Hayward, CA 94543	Purpose of Disbursement D- -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/17/96	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Joe Pitts , PA	Purpose of Disbursement R- -PA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/09/96	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Elijah Cummings PO Box 1631 Baltimore, MD 21203	Purpose of Disbursement - -D Debt Retirement Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	Date (month, day, year) 04/17/96	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Virgil Goode 117 N Main Street Rocky Mount, VA 24151	Purpose of Disbursement D- -VA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/19/96	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code WOMEN'S CAMPAIGN FND 734 15th St, NW, Ste 500 Washington, DC 20005	Purpose of Disbursement - -DC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/19/96	Amount of Each Disbursement This Period 1,000.00
SUBTOTAL of Disbursements This Page (optional)			9,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page ____ of ____ for
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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 Bob Etheridge PO Drawer 1059 Lillington, NC 27546	D- -NC: 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/30/96	[illegible]
B. Full Name, Mailing Address and ZIP Code Cmte for Dem Majority 307 5th St, NE, 2nd Flr Washington, DC 20002	Purpose of Disbursement D- -DC: 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/29/96	Amount of Each Disbursement This Period [illegible]
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)			[illegible]
TOTAL This Period (last page this line number only)			[illegible]

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page __ of __ for
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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 Bill McCollum 1010 Cathy Drive Altamonte Springs, FL 32714	void check Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 96P	4/30/96	(500.00)
B. Full Name, Mailing Address and ZIP Code Steny Hoyer 7905 Malcolm Rd, Ste. 102 Clinton, MD 20735	void check Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 96P		(500.00)
C. Full Name, Mailing Address and ZIP Code Ralph Hall PO Box 711 Rockwall, TX 75087	void check Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 96P		(500.00)
D. Full Name, Mailing Address and ZIP Code Frank Pallone 540 Broadway, Ste. 118 Long Branch, NJ 07740	void check Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 96P		(500.00)
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)			
TOTAL This Period (last page this line number only)			(2,000.00)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code Crestar Bank PO Box 85024 Richmond, VA 23285-5024	Purpose of Disbursement BANKING Disbursement for: ☐ Primary ☐ General ☒ Other (specify): BANK FEES	Date (month, day, year) 4/30/96	Amount of Each Disbursement This Period 413.04
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)			413.04

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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 5-21-96
☐	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

SES

PREPARER

5-22-96

DATE PREPARED

FEC FORM 70-2 (12/92)

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