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)
C00006080 030494 p 209
GERALD L BAKER
AMERICAN HEALTH CARE ASSOCIATI
ON POLITICAL ACTION COMMITTEE
1201 L STREET NW
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 3-1-94 through 3-31-94		
6. (a) Cash on Hand January 1, 19 94		$ 89,913.07
(b) Cash on Hand at Beginning of Reporting Period	$ 84,238.53	
(c) Total Receipts (from Line 19)	$ 24,812.23	$ 77,426.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 109,050.76	$ 167,339.67
7. Total Disbursements (from Line 30)	$ 44,083.22	$ 102,372.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 64,967.54	$ 64,967.54
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., Assistant Treasurer

Signature of Treasurer: Paul R. Willging
Date: 4/13/94

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 9/93)
FE44N101

9403894 1176

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

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM 3-1-94 TO: 3-31-94

	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)	16,358.44	51,003.44	11(a)(i)
ii. Unitemized	8,220.23	25,702.73	11(a)(ii)
iii. Total (add i and ii) ➤	24,578.67	76,706.17	11(a)(iii)
b. Political Party Committees	-		11(b)
c. Other Political Committees (such as PACs)	-		11(c)
d. Total Contributions (add a iii, b and c) ➤	24,578.67	76,706.17	11(d)
12. Transfers From Affiliated/Other Party Committees	-		12
13. All Loans Received	-		13
14. Loan Repayments Received	-		14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-		15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-		16
17. Other Federal Receipts (Dividends, Interest, etc.)	233.56	720.43	17
18. Transfers from Nonfederal Account for Joint Activity	-		18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	24,812.23	77,426.60	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	24,812.23	77,426.60	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-	-	21(a)(i)
ii. Non-Federal Share	-	-	21(a)(ii)
b. Other Federal Operating Expenditures	483.22	672.13	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	483.22	672.13	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	43,600.00	101,700.00	23
24. Independent Expenditure (use Schedule E)	-		24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-		25
26. Loan Repayments Made	-		26
27. Loans Made	-		27
28. Refunds of Contributions To:	-		
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees	-		28(b)
c. Other Political Committees (such as PACs)	-		28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-		28(d)
29. Other Disbursements	-		29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	44,083.22	102,372.13	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	44,083.22	102,372.13	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	24,578.67	76,706.17	32
33. Total Contribution Refunds (from line 28d)	-		33
34. Net Contributions (other than loans)(subtract line 33 from 32)	24,578.67	76,706.17	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	483.22	672.13	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	483.22	672.13	37

FE4AN101

9403894177

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
Doyle Sowerby 291 Main St Sanford, ME 04073	Maine Stay Nursing Home Admin	03/15/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Jarrett PO Box 909 New Paltz, NY 12561	New Paltz Nursing Home Admin	03/30/94	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**
William Dunn 195 Executive Dr Marion, OH 43302	Marion Manor Nursing Hm Inc Admin	03/11/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	225.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Bill Phelan PO Box 1459 Tallahassee, FL 32302	Florida Health Care Assn Exec Dir	03/23/94	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Fred Watson 3735 Memorial Dr Decatur, GA 30032	Georgia Health Care Assoc Executive VP	03/16/94	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417	Community Centre Group President	03/23/94	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**
Scott Bell 320 W Sabal Palm Pl #200 Longwood, FL 32779	Beverly Enterprises Vice President	03/23/94	260.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	260.00	

SUBTOTAL of Receipts This Page (optional) 2,960.00

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. Gary Marwitz PO Drawer 2239 Waco, TX 76703	Marwitz Brothers Inc Owner	03/23/94	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 750.00		
B. Julius Cox PO Box 1629 Marshall, TX 75671	Marshall Manor Nursing Home Administrator	03/23/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
C. Jerry Tretwold Box 829 200 River Plaza Brewster, WA 98812	Harmony House Owner	03/11/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
D. John K Smith 1201 Park St Commerce, TX 75428	Birchwood Manor Admin	03/11/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 240.00		
E. Gary Bowers 9311 San Pedro #1103 San Antonio, TX 78216	Health Care Administrators Vice President	03/23/94	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
F. Richard Van Allen 6831 Chapel Rd Madison, OH 44057	Concept One United Health Ctr Owner/Administrator	03/23/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
G. Debra Finneran 2529 Six Mile Ln Louisville, KY 40220	Meadows East Administrator	03/11/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
SUBTOTAL of Receipts This Page (optional)			3,475.00
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. Paul Willging 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Exec VP Aggregate Year-to-Date-$ 278.44	03/31/94	278.44
B. Frank Wronski 223 S Main Romeo,MI 48065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Occupation: Admin Aggregate Year-to-Date-$ 1,000.00	03/11/94	1,000.00
C. Stanley Dicker 182-15 Hillside Ave Jamaica Estates,NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Occupation: Exec Dir Aggregate Year-to-Date-$ 500.00	03/30/94	250.00
D. Henry Burch PO Box 23314 New Orleans,LA 70123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henry J Burch & Associates Occupation: Owner Aggregate Year-to-Date-$ 2,000.00	03/30/94	2,000.00
E. J Randal Lee 170 Laurelhurst Dr Columbia,SC 29210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	South Carolina Hlth Care Assn Occupation: VP Aggregate Year-to-Date-$ 1,000.00	03/16/94	1,000.00
F. Kensett Moyle 55425 Santa Fe Tr Yucca Valley,CA 92284 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Health Care Inc Occupation: President Aggregate Year-to-Date-$ 500.00	03/16/94	500.00
G. Gary Marsh 2950 Breckinridge Ln #8 Louisville,KY 40220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Seniorcare Inc Occupation: President Aggregate Year-to-Date-$ 1,000.00	03/23/94	1,000.00
SUBTOTAL of Receipts This Page (optional)			6,028.44
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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Barody 455 N Indian Rocks Rd Belleair Bluffs, FL 34640 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern Mgmt Services Inc Admin Aggregate Year-to-Date—$ 1,565.00	03/23/94	65.00
B. Benjamin Miller 35 Cottage St Berkeley Heights, NJ Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Berkeley Heights Convalesc Ctr Admin Aggregate Year-to-Date—$ 300.00	03/23/94	300.00
C. Mark Nesselroad 1369 Stewartstown Rd Morgantown, WV 26505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Glenmark Associates President Aggregate Year-to-Date—$ 300.00	03/16/94	300.00
D. Brad Stebbins 600 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Five Companies Owner Aggregate Year-to-Date—$ 300.00	03/31/94	300.00
E. Barbra McClung 2910 W Main St #B Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Central Valley Inc Vice President Aggregate Year-to-Date—$ 2,000.00	03/15/94	1,000.00
F. David Beck 1233 20th St NW #800 Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DC Health Care Associates Exec VP Aggregate Year-to-Date—$ 275.00	03/04/94	250.00
G. William McGuinness PO Box 2349 Inverness, FL 32650 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Health Care/Inverness Administrator Aggregate Year-to-Date—$ 230.00	03/23/94	100.00

SUBTOTAL of Receipts This Page (optional) 2,315.00

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. William McGuinness PO Box 2349 Inverness, FL 32650	Heritage Health Care/Inverness Occupation: Administrator	03/23/94	130.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 230.00		
B. Faroop Khan 163 Quinnipine Ave North Haven, CT 06473	Montower Health Care Occupation: President	03/31/94	210.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
C. Faroop Khan 163 Quinnipine Ave North Haven, CT 06473	Montower Health Care Occupation: President	03/31/94	90.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
D. Michael Batza 515 Fairmount Ave Towson, MD 21286	Meridian Healthcare Occupation: Partner	03/04/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
E. Harry Hennis 1720 Cross St Dover, OH 44622	Hennis Care Center Occupation: Owner	03/23/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
F. G. Edward Haywood 6928 Cherry Valley, S.E. Caledonia, MI 49316	Healthcare & Retirement Corp. Occupation: Sr. Regional Mgr.	03/30/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
G. Robert Dickson P.O. Box 3188 Bloomington, IL 61702	Heritage Enterprises Occupation: Exec. Vice Presiden	03/04/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		

SUBTOTAL of Receipts This Page (optional) 1,580.00

TOTAL This Period (last page this line number only) 16,358.44

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SCHEDULE A **ITEMIZED RECEIPTS**

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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 1217 Washington, DC 20004	Interest earned for period	3-1-94 3-31-94	233.56
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 720.43		
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 B **ITEMIZED DISBURSEMENTS**

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 Robert Kerrey 1511 K St., NW, Ste. 640 Washington, DC, NE	Purpose of Disbursement D-SEN-NE 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/10/94	Amount of Each Disbursement This Period 4,000.00
B. Full Name, Mailing Address and ZIP Code Robert Kerrey 1511 K St., NW, Ste. 640 Washington, DC, NE	Purpose of Disbursement D-SEN-NE 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 03/16/94	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	Purpose of Disbursement D-0006-NJ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/11/94	Amount of Each Disbursement This Period 500.00
D. 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):	Date (month, day, year) 03/16/94	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Ray Thornton 700 W. Capitol Ave., #1527 Fed Little Rock, AR 72201	Purpose of Disbursement D-0002-AR 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/11/94	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Dan Schaefer 10755 W Iliff Avenue Lakewood, CO 80227	Purpose of Disbursement R-0006-CO 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/16/94	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Barbara Kennelly 95 Scarborough St Hartford, CT 06105	Purpose of Disbursement D-0001-CT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/11/94	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Jim McCrary Suite 350, 6425 Youree Dr. Shreveport, LA 71105	Purpose of Disbursement R-0005-LA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/14/94	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code John Olver 181 Main St. Northampton, MA 01060	Purpose of Disbursement D-1-MA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/19/94	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			12,500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. John Oliver 181 Main St. Northampton, MA 01060	D-1 -MA 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/28/94	500.00
B. Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	D-0005-MD 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/16/94	500.00
C. Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	D-0012-MI 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/11/94	500.00
D. Bill Brewster P.O. Box 10 Madil, OK 73446	D-0003-OK 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/16/94	500.00
E. Donald Young PO Box 100-298 Anchorage, AK 99510	R-0001-AK 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/23/94	300.00
F. G.V. Montgomery Box 5252 Meridian, MS 39301	D-0003-MS 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/29/94	5,000.00
G. John Lewis 1520 Pinehurst Drive SW Atlanta, GA 30311	D-0005-GA 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/16/94	1,000.00
H. Newt Gingrich 221 Upper Riverdale Road Apt # Jonesboro, GA 30236	R-0006-GA 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/16/94	1,000.00
I. Richard Baker 9132 Highland Garden Road Baton Rouge, LA 70811	R-0006-LA 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/23/94	200.00
SUBTOTAL of Disbursements This Page (optional)			9,500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gerry Studds 16 Black Horse Lane Cohasset, MA 02025	D-0010-MA 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/14/94	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Trent Lott 801 Beach Blvd Pascagoula, MS 39567	R-SEN-MS 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/14/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
H. Martin Lancaster PO Box 3600 Durham, NC 27702	D-0003-NC 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/14/94	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Daniel Moynihan 488 Madison Avenue 12th Floor New York, NY 10022	D-SEN-NY 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/11/94	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Daniel Moynihan 488 Madison Avenue 12th Floor New York, NY 10022	D-SEN-NY 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/16/94	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Daniel Moynihan 488 Madison Avenue 12th Floor New York, NY 10022	D-SEN-NY 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/25/94	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Charles Rangel 74 West 132nd St New York, NY 10037	D-0015-NY 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/24/94	1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Thomas Foley 704 W 6Th Avenue #608 Spokane, WA 99204	D-0005-WA 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/18/94	3,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Robert Matsui 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	D-0005-CA 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/16/94	1,000.00
SUBTOTAL of Disbursements This Page (optional)			9,500.00
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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victor Fazio 722 B Main St Woodland, CA 96595	D-0003-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/11/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victor Fazio 722 B Main St Woodland, CA 96595	D-0003-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/14/94	600.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Douglas "Pete" Peterson 109 W. College Ave., #2 Tallahassee, FL 32301	-0002-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/16/94	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Douglas "Pete" Peterson 109 W. College Ave., #2 Tallahassee, FL 32301	-0002-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/24/94	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James Walsh P.O. Box 1974 Syracuse, NY 13201	R-0025-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/11/94	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Blanche Lambert 44 Waverly Wood Helena, AR 72917	D-0001-AR 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/16/94	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Maria Cantwell P.O. Box 144 Mountlake Terrac, WA 98043	D-0001-WA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/23/94	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jane Frank Harman 2250 E. Imperial Hwy., #320 El Segundo, CA 90245	D-36 -CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/14/94	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 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/29/94	4,000.00
SUBTOTAL of Disbursements This Page (optional)			8,600.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Minge 542 First St, South Montevideo, MN 56265	D-0002-MN 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/16/94	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Alexander Sands P.O. Box 1796 Reidsville, NC 27323	D-5 -NC 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/17/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Moore P.O. Box 40 Oxford, NC 27565	D-2 -NC 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/17/94	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Robert Ney 112 Overlook Cr. St. Clairsville, OH 43950	R-18 -OH 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/18/94	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim Mattox P.O. Box 13223 Austin, TX 78711	D-SEN-TX 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/28/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			4,500.00
TOTAL This Period (last page this line number only)			44,600.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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 G.V. Montgomery Box 5252 Meridien, MS 39301	Purpose of Disbursement 94-P Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 6-11-93	Amount of Each Disbursement This Period (1,000.00) check lost
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1214 Washington, DC 20004	Purpose of Disbursement Bank fees for period Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 3-1-94 3-31-94	Amount of Each Disbursement This Period 483.22
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 4/4/94
☐	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

E.S.
PREPARER

4/19/94
DATE PREPARED

FEC FORM 70-2 (12/92)

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