HAND DELIVERED

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
FEDERAL ELECTION COMMISSION
REPORTS ANALYSIS DIVISION
SEP 16 9 33 AM '96

USE FEC MAILNG 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 8/1 through 8/31/96		
6. (a) Cash on Hand January 1, 1996		$ 86,167.07
(b) Cash on Hand at Beginning of Reporting Period	$ 44,729.41	
(c) Total Receipts (from Line 19)	$ 25,348.65	$ 237,020.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 70,078.06	$ 323,187.54
7. Total Disbursements (from Line 30)	$ 16,875.38	$ 269,984.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 53,202.68	$ 53,202.68
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

Signature of Treasurer PAUL WILLGING

Date 9/16/96

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 9/93)

FE4AN101

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

REPORT COVERING PERIOD FROM 8/1 TO 8/31/96

	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)	18,550.00	181,644.77	11(a)(i)
ii. Unitemized	1682.50	41,442.84	11(a)(ii)
iii. Total (add i and ii) ➤	20,232.50	223,087.61	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	5000.00	5170.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	25,232.50	228,257.61	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		8000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	116.15	762.86	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	25,348.65	237,020.47	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	25,348.65	237,020.47	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	530.13	3583.45	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	530.13	3583.45	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	16,345.25	265,401.41	23
24. Independent Expenditures (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		1000.00	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) ➤		1000.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16,875.38	269,984.86	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	16,875.38	269,984.86	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE4AN101

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)
Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008	Health Dimensions		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Home Admin Aggregate Year-to-Date—$ 375.00	08/21/96	125.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Keith Holloway 1475 N Cole Rd Boise, ID 83704	Western Health Care Corp		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Administrator Aggregate Year-to-Date—$ 1,750.00	08/06/96	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Keith Holloway 1475 N Cole Rd Boise, ID 83704	Western Health Care Corp		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Administrator Aggregate Year-to-Date—$ 1,750.00	08/06/96	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Charles Olsen 719 Ocampo Dr Pacific Palisade, CA 90272	California Assoc of Hlth Plan		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Legislative Advocate Aggregate Year-to-Date—$ 500.00	08/21/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Alan Anderson 3901 E 4th St Long Beach, CA 90803	National Nurse Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Admin Aggregate Year-to-Date—$ 500.00	08/06/96	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Edward N Sage 30 Northview Court Lake Oswego, OR 97035	Oregon Health Care Association		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Executive Director Aggregate Year-to-Date—$ 300.00	08/22/96	300.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Marchant PO Box 427 Bloomington, IN 47402	LJM Enterprises		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chief Exec Officer Aggregate Year-to-Date—$ 750.00	08/14/96	250.00

SUBTOTAL of Receipts This Page (optional) 2,425.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Don Bedell PO Box 1219 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Mgmt Corp President Aggregate Year-to-Date—$ 1,750.00	08/23/96	1,000.00
B. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group President Aggregate Year-to-Date—$ 750.00	08/09/96	250.00
C. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group President Aggregate Year-to-Date—$ 750.00	08/09/96	500.00
D. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group President Aggregate Year-to-Date—$ 750.00	08/23/96	500.00-
E. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Admin Aggregate Year-to-Date—$ 375.00	08/02/96	150.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Admin. Aggregate Year-to-Date—$ 1,600.00	08/06/96	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Biggs 4605 Belton Highway Anderson, SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richard Campbell Veterans Home Administrator Aggregate Year-to-Date—$ 250.00	08/21/96	250.00

SUBTOTAL of Receipts This Page (optional) 2,150.00

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Chunyk PO Box 11309 Tacoma, WA 98411 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quad "C" Health Care Centers President Aggregate Year-to-Date—$ 250.00	08/14/96	125.00
B. George Cannata 65 N Sussex St Dover, NJ 07801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dover Christian Nursing Home Administrator Aggregate Year-to-Date—$ 200.00	08/02/96	100.00
C. Michael Hamm 1501 42nd St. West Des Moines, IA 50266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hawkeye Care Centers (Inc) President Aggregate Year-to-Date—$ 250.00	08/28/96	250.00
D. Garry Baker 192 W Vienna Rd Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beecher Manor Inc Admin Aggregate Year-to-Date—$ 2,550.00	08/28/96	250.00
E. Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ararrat Conv. Hosp. ~~Admin~~ Owner Aggregate Year-to-Date—$ 225.00	08/14/96	75.00
F. V Richard Miller PO Box 498 Plymouth, IN 46563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Miller's Merry Manor Inc CEO Aggregate Year-to-Date—$ 2,250.00	08/23/96	250.00
G. Wally Miller 104 E Central Ave LaGrange, IN 46761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Inc CEO Operations Aggregate Year-to-Date—$ 1,500.00	08/09/96	500.00

SUBTOTAL of Receipts This Page (optional) 1,550.00

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A. R Peter Madel 108 8th St NW Waseca, MN 56093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Shore Inn Nursing Home Admin Aggregate Year-to-Date—$ 275.00	08/09/96	125.00
B. Douglas Cecil PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	White Oak Manor Dir/Human Resources Aggregate Year-to-Date—$ 750.00	08/27/96	750.00
C. Debra Finneran 2529 Six Mile Ln Louisville, KY 40220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadows East Administrator Aggregate Year-to-Date—$ 600.00	08/14/96	500.00
D. Jack and Jean Wells 725 Harvard Drive Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wells Health Systems Owners Aggregate Year-to-Date—$ 1,500.00	08/09/96	500.00
E. Coy Williamson 165 Winston Drive Athens, GA 30607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grandview Care Center President/Owner Aggregate Year-to-Date—$ 250.00	08/02/96	250.00
F. G. Michael Leader 1070 W. Areba Ave. Hershey, PA 17033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Meadows of Westbrooke President Aggregate Year-to-Date—$ 375.00	08/06/96	150.00
G. Larry Bradley PO Box 709 Durham, CA 95938 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Integrated Health Services Inc Admin Aggregate Year-to-Date—$ 375.00	08/06/96	125.00

SUBTOTAL of Receipts This Page (optional) 2,400.00

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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. Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Westgate Nursing Home Occupation: Proprietor Aggregate Year-to-Date—$ 750.00	08/21/96	750.00
B. Joseph Warner PO Box 3188 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Heritage Enterprises Occupation: President Aggregate Year-to-Date—$ 250.00	08/23/96	250.00
C. Terry Mundy 2633 W Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: English Oaks Convalescent Hosp Occupation: Administrator/Owner Aggregate Year-to-Date—$ 750.00	08/21/96	250.00
D. Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Ivy Hall Geriatric Ctr Occupation: President Aggregate Year-to-Date—$ 2,250.00	08/23/96	250.00
E. J Wayne Franklin 125 Springfield St #1 O'Fallon, IL 62269 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Franklin Healthcare Corporation Occupation: President Aggregate Year-to-Date—$ 500.00	08/22/96	125.00
F. J Wayne Franklin 125 Springfield St #1 O'Fallon, IL 62269 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Franklin Healthcare Corporation Occupation: President Aggregate Year-to-Date—$ 500.00	08/23/96	250.00
G. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Wilshire Foundation Inc Occupation: President Aggregate Year-to-Date—$ 750.00	08/14/96	250.00
SUBTOTAL of Receipts This Page (optional)			2,125.00
TOTAL This Period (last page this line number only)			

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Abraham Morse 990 Washington St #207S Dedham, MA 02026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MA Extended Care Federation Exec VP Aggregate Year-to-Date—$ 225.00	08/06/96	225.00
B. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Admin Aggregate Year-to-Date—$ 1,500.00	08/23/96	1,000.00
C. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services of Ill President Aggregate Year-to-Date—$ 750.00	08/02/96	250.00
D. Abraham Gosman 513 N Country Rd Palm Beach, FL 33480 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meditrust Chairman of Board Aggregate Year-to-Date—$ 750.00	08/22/96	750.00
E. Bobby Stephens PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Vice President Aggregate Year-to-Date—$ 1,000.00	08/28/96	250.00
F. Robert Van Dyk 304 South Van Dien Ave. Ridgewood, NJ 07450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Van Dyk Manor President/CEO Aggregate Year-to-Date—$ 625.00	08/23/96	250.00
G. Robert Van Dyk 304 South Van Dien Ave. Ridgewood, NJ 07450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Van Dyk Manor President/CEO Aggregate Year-to-Date—$ 625.00	08/23/96	125.00

SUBTOTAL of Receipts This Page (optional) 2,850.00

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
A. Richard & Jill Mendlen 1333 E Madison #206 El Cajon, CA 92021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rennon S Shea & Assoc Occupation: Dir/Operations Aggregate Year-to-Date—$ 750.00	08/23/96	250.00
B. Jeanne Sanders 19 NH RT 104 Meredith, NH 03253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Golden View Health Care Ctr Occupation: Administrator Aggregate Year-to-Date—$ 1,000.00	08/02/96	1,000.00
C. William Abrams 2131 Rt 33, Lexington Square Trenton, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NJAHCF Occupation: Vice President Aggregate Year-to-Date—$ 225.00	08/06/96	75.00
D. Hollis Helgeson 520 1st St NE Sartell, MN 56377 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Country Manor Occupation: Chief Executive Offi Aggregate Year-to-Date—$ 300.00	08/22/96	300.00
E. Richard Matros 2742 Dow Ave Tustin, CA 92680 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Care Enterprises Occupation: President Aggregate Year-to-Date—$ 375.00	08/02/96	125.00
F. William Conley PO Box 11309 Tacoma, WA 98411 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Quad-C Occupation: Owner Aggregate Year-to-Date—$ 500.00	08/14/96	125.00
G. Angelo S Rotelia 303 Rhodes Ave Woonsocket, RI 02895 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Friendly Home Inc Occupation: President/Admin Aggregate Year-to-Date—$ 1,000.00	08/09/96	1,000.00
SUBTOTAL of Receipts This Page (optional)			2,875.00
TOTAL This Period (last page this line number only)			

Page ____ of ____ for
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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. Lorraine Daubner 450 Lake St Mellen, WI 54546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mellen Manor Occupation: Administrator Aggregate Year-to-Date—$ 300.00	08/09/96	300.00
B. Jim Wahrer 3724 W. Wisconsin Ave. Milwaukee, WI 53208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health, Inc. Occupation: Vice President Admin & Gov. Rel. Aggregate Year-to-Date—$ 275.00	09/14/96	225.00
C. Robert Murtha 27 E Russell St #200 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The MacIntosh Company Occupation: President Aggregate Year-to-Date—$ 250.00	08/06/96	250.00
D. Zaiga Moriarty 5010 S. 118th St., Ste. 250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vetter Health Services Occupation: Operations Super. Aggregate Year-to-Date—$ 300.00	08/21/96	150.00
E. Kris Baldock 8028 Ritchie Hwy., Ste. 210B Pasadena, MD 21122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Future Care Health Mgmt Occupation: President Aggregate Year-to-Date—$ 950.00	08/23/96	250.00
F. Phil McLaughlin 425 West Capitol, Suite 3300 Little Rock, AR 72201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moore, Stephens, Frost Occupation: Director Aggregate Year-to-Date—$ 1,000.00	08/23/96	1,000.00
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) 2,175.00

TOTAL This Period (last page this line number only) 18,550.00

Page 1 of 1 for
LINE NUMBER 11c
(Use separate schedule(s) for each category of the Detailed Summary Page)

SCHEDULE A

ITEMIZED RECEIPTS

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	Date (month, day, year)	Amount of Each Receipt this Period
VENCOR, INC POLITICAL ACTION COMMITTEE 400 WEST MARKET LOUISVILLE, KY 40202	N/A	8/1/96	5000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: N/A Aggregate Year-to-Date—$ 5000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
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)			5000.00

Page 1 of 1 for
LINE NUMBER 17
(Use separate schedule(s) for each category of the Detailed Summary Page)

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in Full)
AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, NA PO BOX 85024 RICHMOND, VA 23285	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	8/31/96	
Receipt For: ☐ Primary ☐ General ☑ Other (specify): INTEREST, BANK ACCT.	Aggregate Year-to-Date—$		116.15
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
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)			116.15

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Frank Pallone Suite 11B, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John Kerry 326 Beacon St Boston, MA 02116	D-SEN-MA 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	5,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Gerald Kleczka 3268 South 9th Street Milwaukee, WI 53215	D-0004-WI 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	500.00
D. 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 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ron Klink 107 S. Second St. Jeannette, PA 15644	-0004-PA 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
David Minge 2630 S. First St. Willmar, MN 56201	D-0002-MN 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	95.25
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jay Dickey 6th and Walnut Sts. Pine Bluff, AR 71611	R-0004-AR 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	500.00
H. 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 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Burr P.O. Box 4169 Winston-Salem, NC 27115	R-0005-NC 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	500.00
SUBTOTAL of Disbursements This Page (optional)			8,595.25
TOTAL This Period (last page this line number only)			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Lindsey Graham PO Box 1155 Seneca, SC 29679	R-3 -SC 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Steve Largent 2424 East 21 Street Tulsa, OK 74114	R-1 -OK 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pete Stark PO Box 121 Hayward, CA 94543	D- -CA 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Elijah Cummings PO Box 1631 Baltimore, MD 21203	- -MD 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Susan Collins PO Box 1096 Bangor, ME 04402	- -ME 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nick Lampson PO Box 21578 Beaumont, TX 77720	- -TX 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	250.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Marion Berry PO Box 306 Gillette, AR 72055	- -AR 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Guy Millner 1730 Northeast Expressway Atlanta, GA 30329	- -GA 96 General Disbursement for: ☐ Primary X ☐ General ☐ Other (specify):	08/20/96	5,000.00
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) 9,750.00

TOTAL This Period (last page this line number only) 19,345.25

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code MITCH MCCONNELL 1930 BISHOP LN. #1018 LOUISVILLE, KY 40218	Purpose of Disbursement VOIDED CHECK 96P Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 8/31/96	Amount of Each Disbursement This Period (1000.00)
B. Full Name, Mailing Address and ZIP Code MITCH MCCONNELL 1930 BISHOP LN. #1018 LOUISVILLE, KY 40218	Purpose of Disbursement VOIDED: CHECK 96P Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 8/31/96	Amount of Each Disbursement This Period (1000.00)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			(2000.00)

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK MA. PO BOX 85024 RICHMOND, VA 23285	Purpose of Disbursement BANK FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 8/31/96	Amount of Each Disbursement This Period 530.13
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)			530.13

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 9-17-96
☐	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

PREPARER

9-18-96
DATE PREPARED

FEC FORM 70-2 (12/92)