REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported

1201 L STREET N.W

CITY, STATE and ZIP CODE

WASHINGTON DC 20005

FEDERAL ELECTION COMMISSION MAIL ROOM

NOV 20 4 03 PM '95

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 10/1/95 through 10/31/95		
6. (a) Cash on Hand January 1, 19__		$ 38,132.89
(b) Cash on Hand at Beginning of Reporting Period	$ 20,474.85	
(c) Total Receipts (from Line 19)	$ 18,783.35	$ 307,054.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 99,258.20	$ 345,187.57
7. Total Disbursements (from Line 30)	$ 38,242.60	$ 284,171.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 61,015.60	$ 61,015.60
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 WILLGING

Signature of Treasurer: [signature]

Date: 11/15/95

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 8/88)

95030083193

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

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN HEALTH CARE ASSN. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 10/1/95 TO: 10/31/95

	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)	13,185.00	236,960.38
ii. Unitemized	5,375.00	68,117.34
iii. Total (add i and ii) ➤	18,560.00	305,077.72
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		
17. Other Federal Receipts (Dividends, Interest, etc.)	223.35	1976.36
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	18,783.35	307,054.68
20. Total Federal Receipts (subtract line 18 from line 19) ➤	18,783.35	307,054.68
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	392.60	3946.97
c. Total Operating Expenditures (add a i, a ii, and b) ➤	392.60	3946.97
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	37,850.00	280,225.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	38,242.60	284,171.97
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	38,242.60	284,171.97
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) ➤		

95030831C4

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. David L Guillot 7921 Picardy Ave. Baton Rouge, LA 70809	David L Guillot Inc President	10/18/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	850.00	
B. Rick Carter 2850 Metro Dr #200 Bloomington, MN 55425	Providers of Minnesota Exec Dir	10/30/95	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	620.00	
C. Michael W Massey PO Box 1149 Greer, SC 29652	Roger Huntington Nursing Ctr Administrator	10/30/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,150.00	
D. Harvey Wertlieb 4041 Powder Mill Rd #410 Calverton, MD 20705	Global Health Management Admin	10/30/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	575.00	
E. Herman Conaway 2312 Highland Avenue Parkersburg, WV 26101		10/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	435.00	
F. James Judy 9403 Mill Brook Rd Louisville, KY 40223	Kentucky Assn of Hlth Care Fac Exec VP	10/16/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,600.00	
G. Bruce Baldwin 2151 NE Coachman Rd Clearwater, FL 34625	Baldwin Thomas & Associates President	10/30/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,200.00	

SUBTOTAL of Receipts This Page (optional) 1,200.00

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): Amer[illegible]an 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
H David Hennis 1720 Cross St Dover, OH 44622 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hennis Care Centre Occupation: Asst Administrator Aggregate Year-to-Date—$ 300.00	10/12/95	300.00
Ron Thurston 303 State St Augusta, ME 0433[illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maine Health Care Ass[illegible] Occupation: Exec VP Aggregate Year-to-Date—$ 720.00	10/30/95	100.00
Finley Matthew 2421 E Texas Av[illegible] Alexandria, LA 7[illegible]301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Occupation: Owner/Administrator Aggregate Year-to-Date—$ 800.00	10/18/95	100.00
Jerry Franks 124 S Elm Pl Broken Arrow, OK 74102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Blvd Inc Occupation: Owner Aggregate Year-to-Date—$ 2,750.00	10/18/95	50.00
Jerry Franks 124 S Elm Pl Broken Arrow, OK 74102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Blvd Inc Occupation: Owner Aggregate Year-to-Date—$ 2,750.00	10/18/95	100.00
Herbert Heflich 857 Vasseller Ave Martinsville, NJ 08836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bey Lea Village Occupation: Owner Aggregate Year-to-Date—$ 1,600.00	10/16/95	1,000.00
Mary Baker 812 W Main St P O Box 1129 Turlock, CA 9380[illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$ 3,000.00	10/12/95	1,000.00
SUBTOTAL of Receipts This Page (optional)			2,650.00
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
Jay Ilay 2000 Domanik Dr Racine, WI 53404	Lincoln Lutheran Of Racine Admin	10/30/95	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	370.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Wally Miller 104 E Central Ave LaGrange, IN 46761	MMM Invest Inc CEO Operations	10/18/95	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Troy Athon PO Box 497 Conyers, GA 30207	Geriatric Health Services President	10/04/95	200.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,200.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Debra Finneran 2529 Six Mile Ln Louisville, KY 40220	Meadows East Administrator	10/16/95	200.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	700.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Coy Williamson 2645 Whiting St NW Atlanta, GA 30318	Imperial Health Care Center President/Owner	10/12/95	150.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	225.00	
F. 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	10/16/95	75.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	350.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Paul Dioguardi 574 Fulton St Farmingdale, NY 11735	Daleview Nursing Home & Manor Executive Director	10/30/95	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	350.00	

SUBTOTAL of Receipts This Page (optional) 1,325.00

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. Joseph Nichols 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark N H Occupation: VP Aggregate Year-to-Date—$ 850.00	10/30/95	100.00
B. Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Westgate Nursing Home Occupation: Proprietor Aggregate Year-to-Date—$ 850.00	10/30/95	100.00
C. Stanley Dicker 162-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Occupation: Exec Dir Aggregate Year-to-Date—$ 2,200.00	10/30/95	100.00
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—$ 2,100.00	10/18/95	100.00
E. Earl Carlson 236 Metro Dr Jefferson City, MO 65109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Missouri Health Care Assoc Occupation: Exec Dir Aggregate Year-to-Date—$ 425.00	10/10/95	200.00
F. Gerald Reilly 2120 State St NE #102 Olympia, WA 98506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Health Care Assoc Occupation: Executive Director Aggregate Year-to-Date—$ 270.00	10/18/95	100.00
G. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services of Ill Occupation: President Aggregate Year-to-Date—$ 850.00	10/30/95	100.00
SUBTOTAL of Receipts This Page (optional)			600.00
TOTAL This Period (last page this line number only)			

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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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Yarwood 200 P St #F31 Sacramento, CA 95814	Yarwood and Associates Gov Rel Consultant	10/16/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Floyd A. Schlossberg 4200 Peterson #140 Chicago, IL 60646	Alden Management Inc President	10/10/95	900.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,900.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gary Marsh 2950 Breckinridge Ln #B Louisville, KY 40220	Seniorcare Inc President	10/16/95	200.00
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**
Don Chensvold 4080 1st Ave NE #103 Cedar Rapids, IA 52402	Health Care of Iowa Vice President	10/10/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Sue Damrell 2840 W Clay St Charles, MO 63301	Claywest House Admin	10/10/95	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,075.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
LaDonna Ross 124 S Elm Pl Broken Arrow, OK 74012	Nursing Home Consul	10/12/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,200.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Barody 455 North Indian Rock Road Belleair Bluff, FL 34640	Southern Management Services Admin	10/12/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,100.00	

SUBTOTAL of Receipts This Page (optional) 2,800.00

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. Walter Ledig PO Box 892 Minden,LA 71058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Towne & Country Nrsg Hm Administrator Aggregate Year-to-Date—$	10/18/95 500.00	100.00
B. Patrick Lane 403 S. Amelia Ave. DeLand,FL 32724 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Coordinated Care Vice President Aggregate Year-to-Date—$	10/10/95 200.00	100.00
C. John Elliot 901 Quarrier St #306 Charleston,WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AMFM Inc CEO Aggregate Year-to-Date—$	10/30/95 1,300.00	100.00
D. Delta Holloway 1475 N Cole Rd Boise,ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Holly Hills Care Center Owner/Nurse Consult Aggregate Year-to-Date—$	10/30/95 700.00	100.00
E. Ron Floyd 505 Robert Rd Slidell,LA 70458 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenbriar Nursing Home Administrator Aggregate Year-to-Date—$	10/18/95 350.00	100.00
F. Adele Wilzack 229 Hanover St Annapolis,MD 21401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Assoc of MD Executive Director Aggregate Year-to-Date—$	10/16/95 475.00	210.00
G. Terry Cash PO Box 4888 Spartanburg,SC 29305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Group Inc VP/Operations Aggregate Year-to-Date—$	10/30/95 200.00	100.00

SUBTOTAL of Receipts This Page (optional) 810.00

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

9 5 0 3 0 0 8 3 2 0

SCHEDULE A **ITEMIZED RECEIPTS**

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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	10/12/95	300.00
B. Joanne Grubbs 3735 Memorial Dr Decatur, GA 30032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Georgia Nursing Home Assoc. Occupation: Dir. Reg Affairs Aggregate Year-to-Date $ 1,100.00	10/30/95	100.00
C. Guy Sarver 408 SE Evangeline Thwy Lafayette, LA 70501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Acadiana Nursing Home Occupation: Administrator Aggregate Year-to-Date $ 300.00	10/18/95	100.00
D. Guy Sarver 408 SE Evangeline Thwy Lafayette, LA 70501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Acadiana Nursing Home Occupation: Administrator Aggregate Year-to-Date $ 300.00	10/18/95	100.00
E. John Sims 707 Center Street Columbus, GA 31901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbus Regional Healthcare Occupation: Senior Vice Pres Aggregate Year-to-Date $ 1,370.00	10/30/95	100.00
F. Barbra McClung 3710 W Mineral King Avenue Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Moyle's Central Valley Occupation: Vice President Aggregate Year-to-Date $ 2,200.00	10/16/95	200.00
G. Noel Bridgett P.O. Box 555877 Orlando, FL 32855 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Guardian Care Conv Center Occupation: Administrator Aggregate Year-to-Date $ 300.00	10/10/95	100.00
SUBTOTAL of Receipts This Page (optional)			1,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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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. Harold Stewart P.O. Drawer 70 Apalachicola, FL 32329 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Senior Care Properties Occupation: President Aggregate Year-to-Date—$ 200.00	10/30/95	100.00
B. Dale Hahn 1808 S Beretania St Honolulu, HI 96826 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oahu Care Facility Occupation: Business Manager Aggregate Year-to-Date—$ 200.00	10/12/95	100.00
C. Farooq Khan 163 Quinnipine Ave North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Montower Health Care Occupation: President Aggregate Year-to-Date—$ 350.00	10/10/95	100.00
D. Connie Rogers 5377 Moncrief Rd Jacksonville, FL 32209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eartha M M White Occupation: Aggregate Year-to-Date—$ 200.00	10/10/95	100.00
E. Kathleen Lacoy 6441 Breezewood Ct Orangevale, CA 95662 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillhaven Corp Occupation: Dir Operations Aggregate Year-to-Date—$ 327.27	10/30/95	100.00
F. Richard Morley 150 S Champlain St Burlington, VT 05401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Aggregate Year-to-Date—$ 200.00	10/30/95	100.00
G. Teddy Ray Price P.O. Box 1438 Winnfield, LA 76483 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: Aggregate Year-to-Date—$ 200.00	10/18/95	200.00
SUBTOTAL of Receipts This Page (optional)			800.00
TOTAL This Period (last page this line number only)			

CC 2 MS 08 CD MD 05 OK

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Eileen Khan 163 Quinnipiac Ave. North Haven, CT 06473	Montower Health Care VP/Nursing	10/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Paul Guitreau PO Box 167 Ponchatoula, LA 70454		10/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	375.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jackie Ettinger 17001 SW 78th Ave Miami, FL 33157		10/10/95	100.00
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
Eunice Montfort 1148 Broadway Plaza Tacoma, WA 98402	Hillhaven	10/16/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	327.27	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Neva Olson 4800 Kawaihau Road Kapaa, HI 96746	Samuel Mahelona Memorial Hospital	10/12/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	215.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Paul A. Granger 209 Bellefontaine Avenue Marion, OH 43302	Maplewood	10/30/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Robert Smith PO Box 470 Morristown, IN 46161	Morristown Manor	10/16/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	

SUBTOTAL of Receipts This Page (optional) 1,100.00

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

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
Frank Shaw 1108 Sheridan Park NE Atlanta, GA 30324			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	10/04/95 500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Ellen Kuykendall 4020 Sierra College Blvd Rocklin, CA 95677			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	10/30/95 200.00	200.00
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)			700.00
TOTAL This Period (last page this line number only)			13,185.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Page 1 of 1 for
LINE NUMBER 17
(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

	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A. PO BOX 26150 RICHMOND, VA 23260 Receipt For: ☐ Primary ☐ General ☑ Other (specify): INTEREST		10/31/95	223.35
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)			223.35

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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
Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/16/95	1000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Don Nickles 1412 Meadowbrook Ponca City, OK 74601	R-SEN-OK Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/16/95	1,000.00 5000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ronald Wyden P O Box 12473 Portland, OR 97212	D-0003-OR 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/16/95	1000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DCCC 430 South Capitol St Washington, DC 20003	- -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/16/95	1,000.00 1000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DCCC 430 South Capitol St Washington, DC 20003	- -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/16/95	1,000.00 2000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sam Johnson , TX	R-3 -TX Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/16/95	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Lehman Suite 105 2377 W. Shaw Ave. Fresno, CA 93711	D-0019-CA 94 General Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/24/95	1000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	D-0005-MD 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/16/95	5,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Edolphus Towns 321 Stuyvesant Ave. Brooklyn, NY 11233	D-0010-NY 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/16/95	500.00
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
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 Frank Fallone Suite 118, 540 Broadway Long Branch, NJ 07740	Purpose of Disbursement D 2004-NJ 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Don Nickles 1412 Meadowbrook Ponca City, OK 74601	Purpose of Disbursement R-SP-SN-OK Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Ronald Wyden P O Box 12473 Portland, OR 97212	Purpose of Disbursement D-OR03-OR 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code. DNC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement DNC Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement DNC Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 2,000.00
F. Full Name, Mailing Address and ZIP Code Sam Johnson , TX	Purpose of Disbursement R-S TX Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/31/95	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Richard Pombo Suite 105 2377 W. Shaw Ave. Fresno, CA 93711	Purpose of Disbursement D-CA19-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/24/95	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	Purpose of Disbursement 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 5,000.00
I. Full Name, Mailing Address and ZIP Code Edolphus Towns 321 Stuyvesant Ave. Brooklyn, NY 11233	Purpose of Disbursement 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 500.00
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
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 Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	Purpose of Disbursement D-0006-NJ 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Don Nickles 1412 Meadowbrook Ponca City, OK 74601	Purpose of Disbursement R-SEN-OK Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Ronald Wyden P O Box 12473 Portland, OR 97212	Purpose of Disbursement D-0003-OR 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 2,000.00
F. Full Name, Mailing Address and ZIP Code Sam Johnson , TX	Purpose of Disbursement R-3 -TX Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/31/95	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Richard Lehman Suite 105 2377 W. Shaw Ave. Fresno, CA 93711	Purpose of Disbursement D-0019-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/24/95	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	Purpose of Disbursement D-0005-MD 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 5,000.00
I. Full Name, Mailing Address and ZIP Code Edolphus Towns 321 Stuyvesant Ave. Brooklyn, NY 11233	Purpose of Disbursement D-0010-NY 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			17,000.00
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 Bart Gordon PO Box 2008 Murfreesboro, TN 37133	Purpose of Disbursement D-0006-TN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Tom DeLay PO Box 101 Sugar Land, TX 77487	Purpose of Disbursement R-0027-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Gerald Kleczka 3268 South 9th Street Milwaukee, WI 53215	Purpose of Disbursement D-0004-WI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Wally Herger 7115 Galgate Drive , CA	Purpose of Disbursement R-0002-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Sam Gibbons 940 S. Sterling Tampa, FL 33629	Purpose of Disbursement D-0011-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Philip Crane Suite 101, 1450 So. New Wilke Arlington Height, IL 60005	Purpose of Disbursement R-0008-IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Dennis Hastert P.O. Box 625 Batavia, IL 60510	Purpose of Disbursement R-0014-IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Dale Kildee 316 W. Water St. Flint, MI 48503	Purpose of Disbursement D-0009-MI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Charles Rangel 74 West 132nd St New York, NY 10037	Purpose of Disbursement [illegible] 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			7,500.00
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	Date (month, day, year)	Amount of Each Disbursement This Period
A. Chet Edwards 5006 Lakeland Circle Waco, TX 76710	D-11 -TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/09/95	500.00
B. Vic Fazio 722 B Main St Woodland, CA 96595	D-0003-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/16/95	100.00
C. Jack Reed 11 Bradford Rd. Cranston, RI 02910	-0002-RI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/16/95	1,000.00
D. President's Council NPSC 425 2nd St., N.E. Washington, DC 20002	[illegible] Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/16/95	1,000.00
E. Ron Klink 107 S. Second St. Jeannette, PA 15644	-0004-PA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/16/95	500.00
F. Blanche Lambert Lincoln 44 Waverly Wood Helena, AR 72917	D-0001-AR 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/16/95	500.00
G. Jon Fox 625 Swede St. Norristown, PA 19401	R-13 -PA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/16/95	500.00
H. Bill Baker 2411 Old Crow Canyon Rd. San Ramon, CA 94583	R-0010-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/16/95	500.00
I. Robert Ney 112 Overlook Cr. St. Clairsville, OH 43950	R-13 -OH 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/16/95	500.00
SUBTOTAL of Disbursements This Page (optional)			5,100.00
TOTAL This Period (last page this line number only)			

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(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 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) 10/16/95	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Bill Frist , TN	Purpose of Disbursement R-SEN-TN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 3,000.00
C. Full Name, Mailing Address and ZIP Code Bill Frist , TN	Purpose of Disbursement R-SEN-TN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 2,000.00
D. Full Name, Mailing Address and ZIP Code Fred Thompson 521 Dirksen Washington, DC	Purpose of Disbursement R-SEN-DC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Lindsey Graham , SC	Purpose of Disbursement R-3 -SC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code J.C., Jr. Watts , OK	Purpose of Disbursement R-4 -OK 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Ed Whitfield , KY	Purpose of Disbursement R-1 -KY 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Trice Harvey PO Box 2064 Bakersfield, CA 93303	Purpose of Disbursement R-24th-CA 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/16/95	Amount of Each Disbursement This Period 250.00
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)			8,250.00
TOTAL This Period (last page this line number only)			37,650.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page 1 of 1 for
LINE NUMBER 21A
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A. PO BOX 26150 RICHMOND, VA 23260	BANK FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/31/95	392.60
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)			392.60

95030832 12

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
☑	Registered/Certified Mail	POSTMARKED 11-15-95
☐	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

SEH
PREPARER

11-21-95
DATE PREPARED

FEC FORM 70-2 (12/92)

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