REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

APR 19 11 56 AM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

1201 L STREET NW

CITY, STATE and ZIP CODE

WASHINGTON, DC 20005

2. FEC IDENTIFICATION NUMBER C-00000-6080

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 3/1/95 through 3/31/95		
6. (a) Cash on Hand January 1, 19 95		$ 38,132.89
(b) Cash on Hand at Beginning of Reporting Period	$ 29,601.62	
(c) Total Receipts (from Line 19)	$ 49,143.70	$ 85,368.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 78,745.32	$ 123,501.13
7. Total Disbursements (from Line 30)	$ 33,537.69	$ 78,293.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 45,207.63	$ 45,207.63
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 [signature] Date 4/18/95

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 9/93)

95039401028

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 3/1/95 TO: 3/31/95

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	37,188.40	61,528.40
ii. Unitemized	11,911.69	23,506.69
iii. Total (add i and ii) ➤	49,000.09	85,035.09
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.]	143.61	333.15
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts [add 11d, 12, 13, 14, 15, 16, 17, and 18] ➤	49,143.70	85,368.24
20. Total Federal Receipts (subtract line 16 from line 19) ➤	49,143.70	85,368.24
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	87.69	168.50
c. Total Operating Expenditures (add a i, a ii, and b) ➤	87.69	168.50
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	33,450.00	78,125.00
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) ➤	33,537.69	78,293.50
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	33,537.69	78,293.50
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 18)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

95039374109

Page ____ of ____ for
LINE NUMBER _____
(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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alice Kim Lew 58-130 Kamehameha Hwy Haleiwa, HI 96712	Crawford's Convalescent Home Administrator	03/15/95	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 520.00		
B. 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 Nursing Home Admin	03/16/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 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 Administrator	03/29/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 750.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David E Meilliar PO Box 446 Faribault, MN 55021	Pleasant Manor Inc President	03/16/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 270.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jack Vetter 5010 S 118th St #250 Omaha, NE 68137	Vetter Health Services Admin	03/29/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 270.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
James Cunningham 2131 Rt 33 Trenton, NJ 08690	N J Assn of Hlth Care President	03/29/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Phil Caldwell 9200 Keystone Crossing #800 Indianapolis, IN 46240	Nationwide Care VP/Operations	03/02/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 3,020.00

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

95037420 C

SCHEDULE A **ITEMIZED RECEIPTS**

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. Don Angell PO Box 1670 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Angell Group Inc Owner Aggregate Year-to-Date—$ 1,250.00	03/23/95	1,250.00
B. Alan Anderson 3901 E 4th St Long Beach, CA 90803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Nurse Inc Admin Aggregate Year-to-Date—$ 600.00	03/30/95	100.00
C. Bill Phelan PO Box 1459 Tallahassee, FL 32302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Florida Health Care Assn Exec Dir. Aggregate Year-to-Date—$ 1,000.00	03/29/95	1,000.00
D. Esther Houston 1481 S Grant Ave PO Box 661 Crawfordsville, IN 47933 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ben Hur Nursing Home Chairman of Board Aggregate Year-to-Date—$ 250.00	03/16/95	250.00
E. Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group President Aggregate Year-to-Date—$ 250.00	03/10/95	250.00
F. Glenn Adrian 1369 Stewartstown Rd Morgantown, WV 26505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Glenmark Associates Inc President Aggregate Year-to-Date—$ 300.00	03/16/95	300.00
G. Donald Beaver PO Box 1148 Hickory, NC 28601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brian Center Management Corp President/CEO Aggregate Year-to-Date—$ 250.00	03/16/95	250.00

SUBTOTAL of Receipts This Page (optional) 3,400.00

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Bruce Baldwin 2151 NE Coachman Rd Clearwater, FL 34625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baldwin Thomas & Associates Occupation: President Aggregate Year-to-Date—$ 600.00	03/15/95	100.00
B. 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—$ 2,000.00	03/29/95	2,000.00
C. Gail Clarkson 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Occupation: Chief Operating Off Aggregate Year-to-Date—$ 270.00	03/16/95	20.00
D. Alan Solomont 300 Brickstone Square Andover, MA 01810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ADS Management Inc Occupation: President Aggregate Year-to-Date—$ 1,000.00	03/16/95	1,000.00
E. Ronald Kayne 1800 38th St., Ste. 200 Boulder, CO 80301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pharmacy Corp. of America Occupation: President Aggregate Year-to-Date—$ 250.00	03/16/95	250.00
F. Elton Beebe 3900 Lakeland Dr #400 Jackson, MS 39208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Management Corp Occupation: President Aggregate Year-to-Date—$ 1,000.00	03/16/95	1,000.00
G. Terrylea Entsminger 1667 St. Paul St Denver, CO 80206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Paul H.C.C. Occupation: Executive Director Aggregate Year-to-Date—$ 360.00	03/16/95	100.00

SUBTOTAL of Receipts This Page (optional) 4,470.00

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

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Terrylea Entsminger 1667 St. Paul St Denver, CO 80206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Paul H.C.C. Occupation: Executive Director	03/31/95 260.00	260.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date—$	Amount of Each Receipt This Period
Mary Baker 912 W Main St PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness Convalescent Hospital Occupation: Admin	03/16/95 2,000.00	2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date—$	Amount of Each Receipt This Period
Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sun Mar Management Services Occupation: President	03/06/95 250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date—$	Amount of Each Receipt This Period
Gail Horrigan 1016 E Couley Dr #6 Colton, CA 92324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horrigan Enterprises Occupation: Owner	03/29/95 250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date—$	Amount of Each Receipt This Period
Jack Markovitz 11630 S Grevillea Ave Hawthorne, CA 90250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hawthorne Care Ctr Occupation: President	03/29/95 200.00	200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date—$	Amount of Each Receipt This Period
Richard G Miller 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assoc Occupation: Senior Lobbyist	03/29/95 230.82	230.82
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date—$	Amount of Each Receipt This Period
Gary Bowers 9311 San Pedro #1103 San Antonio, TX 78216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Administrators Occupation: Vice President	03/10/95 250.00	250.00

SUBTOTAL of Receipts This Page (optional) 3,440.82

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

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A. Robert Chur 7 Limestone Drive Williamsville, NY 14221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elderwood Affiliates Inc Occupation: President Aggregate Year-to-Date—$ 500.00	03/29/95	500.00
B. Mary Berndt 1653 Cypress Ln Paradise, CA 95969 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cypress Acres Conv Hosp Occupation: Asst. Adm. Aggregate Year-to-Date—$ 250.00	03/02/95	250.00
C. Chris Marker 1148 Broadway Plaza CS 2264 Tacoma, WA 98402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Hillhaven Corporation Occupation: CEO Aggregate Year-to-Date—$ 227.27	03/20/95	227.27
D. Richard Van Allen 6831 Chapel Rd Madison, OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Concept One United Health Ctrs Occupation: Owner/Administrator Aggregate Year-to-Date—$ 300.00	03/10/95	300.00
E. Daniel Veloric 5601 Chestnut St Philadelphia, PA 19139 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Geriatric & Medical Centers Occupation: President Aggregate Year-to-Date—$ 250.00	03/20/95	125.00
F. John Vinson 301 N Hurstbourne Ln #225 Louisville, KY 40222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillhaven Occupation: Regional VP Aggregate Year-to-Date—$ 227.28	03/20/95	227.28
G. Jerry Cutler 514 E Broadway Montesano, WA 98563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Edgewood Manor Occupation: President Aggregate Year-to-Date—$ 300.00	03/16/95	300.00

SUBTOTAL of Receipts This Page (optional) 1,929.55

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

9 5 0 3 9 7 4 3 2 0 4

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A. David Long 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Vice Pres Aggregate Year-to-Date—$ 200.00	03/29/95	200.00
B. Robert Keon 243 Atlantic Ave PO Box 537 Lynbrook,NY 11563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Rockaway Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 500.00	03/16/95	500.00
C. Larry Bradley PO Box 709 Durham,CA 95938 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Integrated Health Services Inc Occupation: Admin Aggregate Year-to-Date—$ 225.00	03/16/95	125.00
D. Larry Bradley PO Box 709 Durham,CA 95938 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Integrated Health Services Inc Occupation: Admin Aggregate Year-to-Date—$ 225.00	03/28/95	100.00
E. Paul Willging 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Exec VP Aggregate Year-to-Date—$ 461.59	03/29/95	461.59
F. Joseph Warner PO Box 3188 Bloomington,IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprises Occupation: President Aggregate Year-to-Date—$ 250.00	03/01/95	250.00
G. Robert Deane 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Chief Economist Aggregate Year-to-Date—$ 231.00	03/29/95	231.00
SUBTOTAL of Receipts This Page (optional)			1,967.59
TOTAL This Period (last page this line number only)			

0 3 0 3 9 4 0 2 5

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A. 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	03/16/95	500.00
B. Jeanne Bishop Parise 1300 Mill St Reno, NV 89502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Reno Health Care Occupation: Administrator Aggregate Year-to-Date-$ 227.27	03/20/95	227.27
C. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Inc Occupation: President Aggregate Year-to-Date-$ 250.00	03/16/95	250.00
D. Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Occupation: Chairman & CEO Aggregate Year-to-Date-$ 250.00	03/01/95	250.00
E. 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	03/22/95	2,000.00
F. Gary Witte PO Box 18400 Raleigh, NC 27619 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillhaven Corp Occupation: Regional V/P Aggregate Year-to-Date-$ 227.28	03/20/95	227.28
G. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Occupation: Gov Rel Consultant Aggregate Year-to-Date-$ 500.00	03/16/95	500.00
SUBTOTAL of Receipts This Page (optional)			3,954.55
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. Grant Asay 415 6th St Juneau, AK 99801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Ann's Nursing Home Administrator Aggregate Year-to-Date—$ 300.00	03/16/95	300.00
B. John Chapple Corp Caller Box 1103 Burlington, VT 05402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlin Management Service Corp President Aggregate Year-to-Date—$ 1,000.00	03/16/95	1,000.00
C. John Larson 1148 Broadway Plaza CS 2264 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillhaven Corporation Vice President Aggregate Year-to-Date—$ 227.27	03/20/95	227.27
D. Michael Barody 15301 Roosevelt Blvd., #302 Clearwater, FL 34620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medical Care Services Admin Aggregate Year-to-Date—$ 2,000.00	03/16/95	2,000.00
E. Jeanne Sanders Rt 104 Box 51 RFD 3 Meredith, NH 03253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Golden View Health Care Ctr Administrator Aggregate Year-to-Date—$ 250.00	03/16/95	250.00
F. Mark Hamister 651 Delaware Ave Buffalo, NY 14202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Health Care Affiliate President/CEO Aggregate Year-to-Date—$ 250.00	03/29/95	250.00
G. Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Pointe Woods General Manager Aggregate Year-to-Date—$ 1,075.00	03/16/95	25.00
SUBTOTAL of Receipts This Page (optional)			4,052.27
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. Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Pointe Woods General Manager Aggregate Year-to-Date—$ 1,075.00	03/23/95	50.00
B. Jeff McKain 1148 Broadway Plaza CS 2264 Tacoma, WA 98402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillhaven Corp Aggregate Year-to-Date—$ 227.27	03/20/95	227.27
C. Grover Baker PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mark One Corp Vice President Aggregate Year-to-Date—$ 1,000.00	03/16/95	1,000.00
D. William Conley 401 E 27th PO Box 2295 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quad-C Owner Aggregate Year-to-Date—$ 250.00	03/10/95	250.00
E. Millard Cursey 531 Stevenson Ln Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Holly Hill Manor Administrator Aggregate Year-to-Date—$ 500.00	03/23/95	500.00
F. Patrick T Kriner 3231 Manley Road Maumee, OH 43537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ridgewood Manor Aggregate Year-to-Date—$ 320.00	03/28/95	20.00
G. Patty Munday 1148 Broadway Plaza CS 2264 Tacoma, WA 98402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Hillhaven Corporation Occupation: Dir/Government Rel Aggregate Year-to-Date—$ 227.27	03/20/95	227.27
SUBTOTAL of Receipts This Page (optional)			2,274.54
TOTAL This Period (last page this line number only)			

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Pacquer 1148 Broadway Plaza CS 2264 Tacoma, WA 98402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Hillhaven Corporation Occupation: Vice President Aggregate Year-to-Date—$ 227.27	03/20/95	227.27
B. Juanita Broaddrick 1404 N 28th St Van Buren, AR 72956 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Brookwood Manor Inc Occupation: Administrator Aggregate Year-to-Date—$ 250.00	03/16/95	250.00
C. Barbara McClung 3710 W Mineral King Avenue Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hoyle's Central Valley Occupation: Vice President Aggregate Year-to-Date—$ 2,000.00	03/16/95	2,000.00
D. Eric Schaffer 12949 Alcosta Blvd #200 San Ramon, CA 94583 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Schaffer Ltd Occupation: Owner/Admin Aggregate Year-to-Date—$ 200.00	03/30/95	200.00
E. Susan McPherson 2120 Diamond Blvd, Suite 200 Concord, CA 94520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Hillhaven Corporation Occupation: Aggregate Year-to-Date—$ 227.27	03/20/95	227.27
F. Ronald Coffin 742 Santa Maria Dr Tierra Verde, FL 33715 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: NH Administrator Aggregate Year-to-Date—$ 200.00	03/30/95	100.00
G. Kathleen Lacoy 6441 Breezewood Ct Orangevale, CA 95662 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hallhaven Corp Occupation: Dir Operations Aggregate Year-to-Date—$ 227.27	03/20/95	227.27
SUBTOTAL of Receipts This Page (optional)			3,231.81
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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Name of Committee (in full) ican 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. Gerald M Bodine 111 SW Columbia #725 Portland, OR 97201	Cascade Care Centers CEO	03/02/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
B. Eliezer Mendelsohn 103 Eisenhower Parkway Roseland, NJ 07068	Long Term Care Management Principle	03/20/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
C. Calvin Ichinose 1301 Punchbowl St. Honolulu, HI 96813	The Queen's Medical SNF Administrator	03/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
D. Calvin Ichinose 1301 Punchbowl St. Honolulu, HI 96813	The Queen's Medical SNF Administrator	03/16/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
E. Carl Colasurdo 1148 Broadway Plaza Tacoma, WA 98402	Hillhaven Corp	03/20/95	227.27
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 227.27		
F. Carolyn Folds 1148 Broadway Plaza Tacoma, WA 98402	Hillhaven Corp.	03/20/95	227.27
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 227.27		
G. Kris Schumperlis 1148 Broadway Plaza Tacoma, WA 98402	Hillhaven Corp.	03/20/95	227.28
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 227.28		
SUBTOTAL of Receipts This Page (optional)			1,631.82
TOTAL This Period (last page this line number only)			

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Warren Herz 1148 Broadway Tacoma, WA 98402	Hillhaven Corp.	03/20/95	227.27
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 227.27		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ray Peirce 1148 Broadway Plaza Tacoma, WA 98402	Hillhaven corp.	03/20/95	227.27
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 227.27		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ed Rose 1148 Broadway Tacoma, WA 98402	Hillhaven Corp.	03/20/95	227.28
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 227.28		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Al Edmiston 1148 Broadway Plaza Tacoma, WA 98401	Hillhaven Corp.	03/20/95	227.27
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 227.27		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Charles Wick 120 S. Mapleton Dr. Los Angeles, CA 90024	Charles Z. Wick & Assoc. / President	03/16/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Cheryl Rapp 7500 Camino Tassajara Pleasanton, CA 94588	Carre / President	03/20/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Douglas M. Wright P.O. Box 3667 Tupelo, MS 38803	Right Care, Inc. / President/CEO	03/16/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
SUBTOTAL of Receipts This Page (optional)			1,759.09
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ray Bower 1148 Broadway Plaza Tacoma, WA 98402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millhave Corporation Occupation Aggregate Year-to-Date—$	03/20/95 227.27	227.27
B. Jonni DeAnda 1148 Broadway Plaza Tacoma, WA 98402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millhaven Corporation Occupation Aggregate Year-to-Date—$	03/20/95 227.27	227.27
C. Eunice Montfort 1148 Broadway Plaza Tacoma, WA 98402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millhaven Occupation Aggregate Year-to-Date—$	03/20/95 227.27	227.27
D. Michael Weitz 1148 Broadway Plaza Tacoma, WA 98402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millhaven Corporation Occupation Aggregate Year-to-Date—$	03/15/95 247.28	20.00
E. Michael Weitz 1148 Broadway Plaza Tacoma, WA 98402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millhaven Corporation Occupation Aggregate Year-to-Date—$	03/20/95 247.28	227.28
F. Dan Wellman 1148 Broadway Plaza Tacoma, WA 98402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millhaven Corporation Occupation Aggregate Year-to-Date—$	03/20/95 227.28	227.28
G. Robert Gay 1080 W. Sam Houston N #110 Houston, TX 77043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Autumn Hills Conv Cntrs Occupation President Aggregate Year-to-Date—$	03/23/95 1,000.00	1,000.00
SUBTOTAL of Receipts This Page (optional)			2,156.37
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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
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)			.00
TOTAL This Period (last page this line number only)			37,183.40

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, NA PO BOX 26150 RICHMOND, VA 23260 Receipt For: ☐ Primary ☐ General ☒ Other (specify): INTEREST	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 3/31/95	Amount of Each Receipt this Period 143.61
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)	143.61
TOTAL This Period (last page this line number only)	143.61

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and 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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Clay Shaw, Jr. 2929 E. Commercial Blvd. Fort Lauderdale, FL 33308	R-0022-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/30/95	500.00
B. Full Name, Mailing Address and ZIP Code W.J. Tauzin Rienzi Apartments #5B Thibodaux, LA 70301	Purpose of Disbursement D-0003-LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/17/95	500.00
C. Full Name, Mailing Address and ZIP Code Alfonse D'Amato 14 Southard Drive Island Park, NY	Purpose of Disbursement R-SEN-NY 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/95	500.00
D. Full Name, Mailing Address and ZIP Code Ralph Hall Post Office Box 711 Rockwall, TX 75087	Purpose of Disbursement D-0004-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/01/95	500.00
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):	03/17/95	1,000.00
F. 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):	03/28/95	5,000.00
G. Full Name, Mailing Address and ZIP Code William Jefferson 1661 Canal St. New Orleans, LA 70112	Purpose of Disbursement D-0002-LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/17/95	500.00-
H. Full Name, Mailing Address and ZIP Code Sam Johnson , TX	Purpose of Disbursement R-3 --TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/01/95	500.00
I. Full Name, Mailing Address and ZIP Code Dan Schaefer 10755 W Iliff Avenue Lakewood, CO 80227	Purpose of Disbursement R-0006-CO 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/95	500.00

SUBTOTAL of Disbursements This Page (optional) 8,500.00

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

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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 Connie Mack P.O. Box 1835 Tampa, FL 33601	Purpose of Disbursement R-SEN-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/30/95	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Jim Nussle , IA	Purpose of Disbursement R-0002-IA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/01/95	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Jim Nussle , IA	Purpose of Disbursement R-0002-IA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/07/95	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code. Jim McCrery Suite 350, 6425 Youree Dr. Shreveport, LA 71105	Purpose of Disbursement R-0005-LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/01/95	Amount of Each Disbursement This Period 500.00
E. 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) 03/17/95	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Dave Camp 135 Ashman Midland, MI 48640	Purpose of Disbursement R-0004-MI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/07/95	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	Purpose of Disbursement D-0012-MI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/07/95	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code John Kasich 5910 Cleveland Avenue Columbus, OH 43229	Purpose of Disbursement R-0012-OH 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/17/95	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Joe Barton 1312 Sundale Ennis, TX 75119	Purpose of Disbursement R-0006-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/30/95	Amount of Each Disbursement This Period 1,000.00
SUBTOTAL of Disbursements This Page (optional)			5,500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Tom DeLay PO Box 101 Sugar Land, TX 77487	R-0022-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/30/95	1,000.00
B. Dick Armey 250 S Stemmons Suite 318 Lewisville, TX 75067	R-0026-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/01/95	1,000.00
C. Bob Stump PO Box 5 Tolleson, AZ 85353	R-0003-AZ 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/01/95	500.00
D. Sam Gibbons 940 S. Sterling Tampa, FL 33629	D-0011-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/95	1,000.00
E. Newt Gingrich 221 Upper Riverdale Road Jonesboro, GA 30236	R-0006-GA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/95	1,000.00
F. Jim Bunning 30 Winston Hill Ft Thomas, KY 41075	R-0004-KY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/95	1,000.00
G. Bob Livingston Boc 1565 Gretna, LA 70053	R-0001-LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/17/95	35.00-
H. Gerry Studds 12 Granite St. Quincy, MA 02169	D-0010-MA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/95	500.00
I. Barbara Mikulski PO Box 13147 Baltimore, MD 21203	D-SEN-MD 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/30/95	700.00
SUBTOTAL of Disbursements This Page (optional)			6,665.00
TOTAL This Period (last page this line number only)			

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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 Frederick Upton P.O. Box 490 St Joseph, MI 49085	Purpose of Disbursement R-0006-MI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/07/95	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code John Dingell P.O. Box 15522 Washington, DC, MI	Purpose of Disbursement D-0016-MI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/01/95	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Amo Houghton 33 East Third Street Corning, NY 14830	Purpose of Disbursement R-0031-NY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/01/95	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Tim Johnson 102 No. Plum St Vermillion, SD 57069	Purpose of Disbursement D-0001-SD 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/30/95	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code David Obey 932 Ross Avenue Wausau, WI 54401	Purpose of Disbursement D-0007-WI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/07/95	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Chet Edwards 5006 Lakeland Circle Waco, TX 76710	Purpose of Disbursement D-11 -TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/17/95	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code William Thomas 4003 Federal Bldg. Casper, CA 82601	Purpose of Disbursement R-0021-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/07/95	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Richard Neal , MA	Purpose of Disbursement D-0002-MA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/07/95	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code William Cohen 7 East Summer Street Bangor, ME 04401	Purpose of Disbursement R-SEN-ME 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/10/95	Amount of Each Disbursement This Period 1,000.00
SUBTOTAL of Disbursements This Page (optional)			5,500.00
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)

Any information copied from such Reports and 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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. William Cohen 7 East Summer Street Bangor, ME 04401	R-SEN-ME 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/17/95	1,000.00-
B. Marge Roukema 249 Greenway Road Ridgewood, NJ 07450	R-0005-NJ Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/07/95	500.00
C. John Warner Atoka Farm, PO Box 1320 Middleburg, VA 22117	R-SEN-VA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/95	1,000.00
D. Jim McDermott PO Box 21786 Seattle, WA 98111	D-0007-WA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/30/95	500.00
E. James Walsh P.O. Box 1974 Syracuse, NY 13201	R-0025-NY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/17/95	1,000.00
F. Lewis F. Payne P.O. Box 235 Nellysford, VA 22958	D-0005-VA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/17/95	500.00
G. Dan Miller 1111 3rd Ave., West, Ste. 100 Bradenton, FL 34205	-0013-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/30/95	500.00
H. Ron Klink 107 S. Second St. Jeannette, PA 15644	-0004-PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/07/95	500.00
I. Jon Fox 625 Swede St. Norristown, PA 19401	R-13 -PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/07/95	500.00
SUBTOTAL of Disbursements This Page (optional)			4,000.00
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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bill Baker 2411 Old Crow Canyon Rd. San Ramon, CA 94583	R-0010-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/17/95	500.00
B. Mike Crapo 1177 W. State St. Boise, ID 83402	R-0002-ID 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/01/95	500.00
C. David Minge 2630 S. First St. Willmar, MN 56201	D-0002-MN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/95	500.00
D. Jennifer Dunn P.O. Box 40110 Bellevue, WA 98004	R-0008-WA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/95	500.00
E. Patrick Kennedy P.O. Box 1356 Providence, RI 02901	D-1 -RI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/10/95	250.00
F. Greg Ganske 5907 Grand Ave. Des Moines, IA 50312	R-0004-IA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/01/95	500.00
G. George Radanovich 2377 W. Shaw, Ste. 204 Fresno, CA 93711	R-19 -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/17/95	500.00
H. John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	R-1 -NV 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/01/95	500.00
I. Brian Bilbray , CA	R-49 -CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/01/95	500.00
SUBTOTAL of Disbursements This Page (optional)			4,250.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code Dan Frisa , NY	Purpose of Disbursement R-4 -NY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/30/95	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code David McIntosh , IN	Purpose of Disbursement R-2 -IN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/07/95	Amount of Each Disbursement This Period 500.00
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)			1,500.00
TOTAL This Period (last page this line number only)			35,915.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

AMERISAN HEALTH CARE ASSOC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WILLIAM JEFFERSON 1661 CANAL ST. NEW ORLEANS, LA 70112	D-0002-LA 96 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	3/17/95	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOB LIVINGSTON BOX 1665 GRETNA, LA 70053	R-0001-LA 96 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	3/17/95	35.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WILLIAM COHEN 7 EAST SUMMER ST. BANGOR, ME 04401	R-SEN-ME 96 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	3/17/95	1000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STEVE GUNDERSON PO BOX 1990 OSSEO, WI 54756	94 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	3/31/95	(500.00)
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RICHARD LEHMAN FRESNO, CA 93711	94 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	3/31/95	(500.00)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EVA CLAYTON PO BOX 479 WARRENTON, NC 27589	94 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	3/31/95	(1000.00)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MARJORIE MEZVINSKY BALA, PA	94 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	3/31/95	(500.00)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BLANCHE LAMBERT LINCOLN 44 WAVERLY RD. HELENA, AR 72917	94 GENERAL Disbursement for: X Primary X General ☐ Other (specify):	3/31/95	(500.00)
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAVID PRICE PO BOX 1986 RALEIGH, NC 27602	94 GENERAL Disbursement for: ☐ Primary X General ☐ Other (specify):	3/31/95	(500.00)
SUBTOTAL of Disbursements This Page (optional)			(1965.00)
TOTAL This Period (last page this line number only)			

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Page 2 of 2 for
LINE NUMBER 23
(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 ASSOC. POLITICAL ACTION COMMITTE

A. Full Name, Mailing Address and ZIP Code HOWARD COBLE PO BOX 177 GREENSBORO, NC 27402	Purpose of Disbursement 94 GENERAL Disbursement for ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 3/31/95	Amount of Each Disbursement This Period (500.00)
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)			(500.00)
TOTAL This Period (last page this line number only)			(2465.00)

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and 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 ASSOC. 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, NA PO BOX 26150 RICHMOND, VA 23260	BANK FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	3/31/95	87.69
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)			87.69
TOTAL This Period (last page this line number only)			87.69

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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 4/19/95
☐	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

9.A.Q.
PREPARER

4/20/95
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 3 7 4 0 2 6 5