REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

AUG 14 3 17 PM '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-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 7/1/95 through 7/31/95		
6. (a) Cash on Hand January 1, 1995		$ 38,132.89
(b) Cash on Hand at Beginning of Reporting Period	$ 69,311.01	
(c) Total Receipts (from Line 19)	$ 36,150.55	$ 226,321.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 105,461.56	$ 264,454.57
7. Total Disbursements (from Line 30)	$ 29,961.79	$ 188,954.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 75,499.77	$ 75,499.77
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 WILLOING, CPA

Signature of Treasurer

Date 8/14/95

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)

95U39743021

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

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN HEALTH CARE ASSOC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 7/1/95 TO 7/31/95

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	31,250.00	173,578.40
ii. Unitemized	4569.50	51,454.44
iii. Total (add i and ii) ➤	35,819.50	225,032.84
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	35,819.50	225,032.84
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.)	331.05	1288.84
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	36,150.55	226,321.68
20. Total Federal Receipts (subtract line 16 from line 19) ➤	36,150.55	226,321.68
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	761.79	2629.80
c. Total Operating Expenditures (add a i, a ii, and b) ➤	761.79	2629.80
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	29,200.00	186,325.00
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) ➤	29,961.79	188,954.80
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	29,961.79	188,954.80
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) ➤		

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John Snyder 135 S Morgan St Rushville, IL 62681 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Snyders Vaughn Haver Inc Occupation: Administrator Aggregate Year-to-Date—$	07/20/95 250.00	250.00
B. Jerry Sansby 2319 W 7th St St Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highland Chateau Occupation: President Aggregate Year-to-Date—$	07/25/95 750.00	250.00
C. Richard Grosso 130 Terhune Dr Wayne, NJ 07470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lakeview Conval Center Occupation: President Aggregate Year-to-Date—$	07/31/95 420.00	100.00
D. L Bruce Levering 1076 Coshocton Rd Mt Vernon, OH 43050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Court Limited Occupation: Admin Aggregate Year-to-Date—$	07/18/95 500.00	250.00
E. Jerry Hill 2034 Cochran Rd Maryville, TN 37801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Hills Occupation: Owner Aggregate Year-to-Date—$	07/05/95 300.00	250.00
F. Charles Olsen 719 Ocampo Dr Pacific Palisade, CA 90272 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	California Assoc of Hlth Fac Occupation: Legislative Advocat Aggregate Year-to-Date—$	07/26/95 500.00	500.00
G. Roger C. Lipitz 515 Fairmount Ave #800 Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures Occupation: Owner Aggregate Year-to-Date—$	07/17/95 1,750.00	500.00
SUBTOTAL of Receipts This Page (optional)			2,100.00
TOTAL This Period (last page this line number only)			

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Roger D. Lipitz 515 Fairmount Ave #800 Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures Occupation: Owner Aggregate Year-to-Date—$ 1,750.00	07/24/95	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Frank Brown PO Box 190 Cullman, AL 35056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Age Inc Occupation: President Aggregate Year-to-Date—$ 250.00	07/26/95	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Steven Wolf 820 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare Inc Occupation: President Aggregate Year-to-Date—$ 500.00	07/20/95	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Esther Houston 1481 S Grant Ave PO Box 661 Crawfordsville, IN 47933 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ben Hur Nursing Home Occupation: Chairman of Board Aggregate Year-to-Date—$ 750.00	07/31/95	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Lee Marchant PO Box 427 Bloomington, IN 47402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LJM Enterprises Occupation: Chief Exec Officer Aggregate Year-to-Date—$ 750.00	07/27/95	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
James Shipley 4080 1st Ave NE #103 Cedar Rapids, IA 52406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare of Iowa Inc Occupation: President Aggregate Year-to-Date—$ 375.00	07/19/95	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Don Bedell PO Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Mgmt Corp Occupation: President Aggregate Year-to-Date—$ 750.00	07/27/95	250.00
SUBTOTAL of Receipts This Page (optional)			2,000.00
TOTAL This Period (last page this line number only)			

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date—$	Amount of Each Receipt this Period
A. Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Occupation: Owner/Adm	07/24/95 1,500.00	500.00
B. Donald Beaver PO Box 1148 Hickory, NC 28601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brian Center Management Corp Occupation: President/CEO	07/24/95 500.00	250.00
C. Nolan Brown 101 S State St PO Box 969 Yadkinville, NC 27055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Triad Medical Services Inc Occupation: President	07/31/95 750.00	750.00
D. William Biggs 4605 Belton Highway Anderson, SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richard Campbell Veterans Home Occupation: Administrator	07/18/95 380.00	360.00
E. Ron Thurston 303 State St Augusta, ME 04330 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maine Health Care Assn Occupation: Exec VP	07/17/95 620.00	600.00
F. Gary Marwitz PO Drawer 2239 Waco, TX 76703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marwitz Brothers Inc Occupation: Owner	07/25/95 500.00	500.00
G. Marlow Baar 17732 Corinthian Drive Encino, CA 91316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Haskin & Baar Occupation: Owner	07/27/95 500.00	375.00
SUBTOTAL of Receipts This Page (optional)			3,335.00
TOTAL This Period (last page this line number only)			

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Julius Cox PO Box 1629 Marshall, TX 75671	Marshall Manor Nursing Home Administrator	07/31/95	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Vivenzio RR 4 Box 18 E River Rd Oswego, NY 13126	Pontiac Nursing Home Administrator	07/27/95	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gerry Baker 192 W Vienna Rd Clio, MI 48420	Beecher Manor Inc Admin	07/20/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 370.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Tretwold Box 829 200 River Plaza Brewster, WA 98812	Harmony House Owner	~~07/20/95~~	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Tretwold Box 829 200 River Plaza Brewster, WA 98812	Harmony House Owner	~~07/27/95~~	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John K Smith PO Box 311 Commerce, TX 75429	Smith Investments Owner	07/31/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 375.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342	Admin	07/24/95	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
SUBTOTAL of Receipts This Page (optional)			1,750.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A — **ITEMIZED RECEIPTS**

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A. Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sun Mar Management Services President Aggregate Year-to-Date—$ 1,250.00	07/18/95	250.00
B. Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sun Mar Management Services President Aggregate Year-to-Date—$ 1,250.00	07/26/95	250.00
C. Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sun Mar Management Services President Aggregate Year-to-Date—$ 1,250.00	07/27/95	450.00
D. Sharon Flippen 5301 Duval Rd., Ste. 100 Austin, TX 78727 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Dir., Government Re Aggregate Year-to-Date—$ 225.00	07/25/95	75.00
E. V Richard Miller PO Box 498 Plymouth, IN 46563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millers Merry Manor CEO Aggregate Year-to-Date—$ 2,650.00	07/20/95	500.00
F. Wally Miller 104 E Central Ave LaGrange, IN 46761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Inc CEO Operations Aggregate Year-to-Date—$ 1,500.00	07/25/95	500.00
G. Troy Athon PO Box 497 Conyers, GA 30207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Geriatric Health Serv President Aggregate Year-to-Date—$ 1,000.00	07/27/95	180.00
SUBTOTAL of Receipts This Page (optional)			2,205.00
TOTAL This Period (last page this line number only)			

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A. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Conv Home Inc Occupation: Admin Aggregate Year-to-Date—$ 375.00	07/25/95	125.00
B. R Peter Madel 108 8th St NW Waseca, MN 56093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Shore Inn Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 375.00	07/24/95	250.00
C. Robert Chur 7 Limestone Drive Williamsville, NY 14221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elderwood Affiliates Inc Occupation: President Aggregate Year-to-Date—$ 1,500.00	07/27/95	500.00
D. Jean Wells 1614 West Parrish Avenue Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KAHCF Occupation: Chairwoman Aggregate Year-to-Date—$ 1,500.00	07/31/95	500.00
E. Jerry Cutler 514 E Broadway Montesano, WA 98563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Edgewood Manor Occupation: President Aggregate Year-to-Date—$ 320.00	07/18/95	20.00
F. Thomas Gault PO Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison House Occupation: Executive Director Aggregate Year-to-Date—$ 2,300.00	07/18/95	2,000.00
G. A D Buffington 2506 Lakeland Dr PO Box 7575 Jackson, MS 39204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillcrest Health Center Occupation: Owner Aggregate Year-to-Date—$ 450.00	07/25/95	175.00
SUBTOTAL of Receipts This Page (optional)			3,570.00
TOTAL This Period (last page this line number only)			

9 5 0 3 9 9 4 0 2 1 8

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A. G. Michael Leader 1070 W. Areba Ave. Hershey, PA 17033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Meadows Occupation: President Aggregate Year-to-Date—$ 225.00	07/31/95	150.00
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—$ 1,600.00	07/20/95	1,020.00
C. Joseph Nichols 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Hallmark N H Occupation: VP Aggregate Year-to-Date—$ 750.00	07/27/95	750.00
D. Billy Jones 710 Whetstone St Monroeville, AL 36460 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crowne Investments Occupation: Admin Aggregate Year-to-Date—$ 600.00	07/20/95	600.00
E. Jim Klausman 3715 SW 29th Street, No. 200 Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Services Occupation: Owner-Adm Aggregate Year-to-Date—$ 375.00	07/29/95	230.00
F. Dick Stebbins 600 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Five Companies Occupation: Managing Partner Aggregate Year-to-Date—$ 500.00	07/25/95	500.00
G. Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Management Occupation: VP Aggregate Year-to-Date—$ 250.00	07/27/95	125.00
SUBTOTAL of Receipts This Page (optional)			3,375.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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A. J Wayne Franklin 125 Springfield St #1 O'Fallon, IL 62269 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franklin Healthcare Consultant President Aggregate Year-to-Date—$ 250.00	07/20/95	250.00
B. Joseph Donchess 7921 Picardy Ave Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Louisiana Health Care Assn Executive Director Aggregate Year-to-Date—$ 375.00	07/25/95	250.00
C. Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spaugh & Co Aggregate Year-to-Date—$ 325.00	07/19/95	250.00
D. James Clark PO Box 271 3142 County Line Rd Geneva, OH 44041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lakeland Nursing Home Admin Aggregate Year-to-Date—$ 325.00	07/25/95	150.00
E. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Gov Rel Consultant Aggregate Year-to-Date—$ 1,500.00	07/17/95	500.00
F. Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Corporation Administrator Aggregate Year-to-Date—$ 500.00	07/27/95	250.00
G. Dirk Anjewierden 4035 S 500 E Salt Lake City, UT 84107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alta Care Center Admin Aggregate Year-to-Date—$ 250.00	07/18/95	250.00

SUBTOTAL of Receipts This Page (optional) 1,900.00

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

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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. Patti Turenne 407 S McDonough St Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Turenne & Associates Inc Administrator Aggregate Year-to-Date—$ 1,500.00	07/27/95	500.00
B. Floyd A. Schlossberg 4200 Peterson #140 Chicago, IL 60646 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alden Management Inc President Aggregate Year-to-Date—$ 1,000.00	07/25/95	500.00
C. John F Underwood 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KAHCF Vice President Aggregate Year-to-Date—$ 225.00	07/31/95	130.00
D. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Administrator Aggregate Year-to-Date—$ 320.00	07/05/95	35.00
E. Thomas E Kalkhof 5511 Baun Blvd Pittsburgh, PA 15232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Collins Nursing Home Owner Aggregate Year-to-Date—$ 350.00	07/19/95	80.00
F. Richard & Jill Mendlan 1333 E Madison #206 El Cajon, CA 92021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kennon S Shea & Assoc Dir/Operations Aggregate Year-to-Date—$ 500.00	07/18/95	500.00
G. Steven Brant 101 S Belt W Belleville, IL 62220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Four Fountains Conv Ctr Administrator Aggregate Year-to-Date—$ 575.00	07/20/95	500.00

SUBTOTAL of Receipts This Page (optional) 2,245.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Steven Brant 101 S Belt W Belleville, IL 62220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Four Fountains Conv Ctr Administrator Aggregate Year-to-Date—$	07/25/95 575.00	25.00
B. Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Care Management Exec Vice President Aggregate Year-to-Date—$	07/25/95 225.00	75.00
C. Burton C LeVee 1505 SE Carpenter Rd Lacey, WA 98503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Roolan Health Care Center President Aggregate Year-to-Date—$	07/20/95 270.00	250.00
D. Eliezer Grossman 1427 48th St Brooklyn, NY 11219 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	White House Nursing Home Occupation Aggregate Year-to-Date—$	07/31/95 520.00	500.00
E. Paul Sadlon 2620 Princeton Dr Vestal, NY 13850 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Susquehanna Nursing Home Administrator Aggregate Year-to-Date—$	07/20/95 250.00	250.00
F. Gerald Romano 7 Creek Ln Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Silver Creek Manor Administrator Aggregate Year-to-Date—$	07/17/95 435.00	35.00
G. Robert Murtha 27 E Russell St #200 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The MacIntosh Company President Aggregate Year-to-Date—$	07/31/95 500.00	250.00
SUBTOTAL of Receipts This Page (optional)			1,385.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Raymond Spurgas 1913 Stanley St New Britain, CT 06053 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date—$	07/05/95 210.00	210.00
B. David Graham 185 Tuckerton Rd. Medford, NJ 08055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Medford Convalescent Occupation: Aggregate Year-to-Date—$	07/31/95 200.00	200.00
C. Robert Dickson P.O. Box 3188 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Heritage Enterprises Occupation: Exec. Vice Presiden Aggregate Year-to-Date—$	07/25/95 225.00	150.00
D. James Clay 970 Fifth Ave., N.W. Issaquah, WA 98027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Regency Care Center, Inc. Occupation: President Aggregate Year-to-Date—$	07/11/95 3,500.00	2,000.00
E. James Clay 970 Fifth Ave., N.W. Issaquah, WA 98027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Regency Care Center, Inc. Occupation: President Aggregate Year-to-Date—$	07/27/95 3,500.00	1,500.00
F. Lynda Conaway Kirk P.O. Box 200 Harrisville, WV 26362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pine View Continuous Care Occupation: Administrator Aggregate Year-to-Date—$	07/25/95 375.00	125.00
G. Frank Butts 425 W. Capitol, Suite 3300 Little Rock, AR 72201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Frost & Company Occupation: Partner Aggregate Year-to-Date—$	07/20/95 2,250.00	2,000.00
SUBTOTAL of Receipts This Page (optional)			6,185.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Frank Butts 425 W. Capitol, Suite 3300 Little Rock, AR 72201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Frost & Company Partner Aggregate Year-to-Date—$	07/26/95 2,250.00	250.00
B. Kris Baldock 8028 Ritchie Hwy., Ste. 210B Pasadena, MD 21122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Future Care Health Mgmt. President Aggregate Year-to-Date—$	07/20/95 540.00	500.00
C. Larry Keefer 710 Whetstone St Monroeville, AL 36460 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crowne Investments Occupation Aggregate Year-to-Date—$	07/20/95 450.00	450.00
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)			1,200.00
TOTAL This Period (last page this line number only)			71,250.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

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) 7/31/95	Amount of Each Receipt this Period 331.05
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)			331.05

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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	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bill McCollum 1010 Cathy Drive Altamonte Spring, FL 32714	R-0008-FL Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	07/18/95	1,000.00
B. DCCC 430 South Capitol St Washington, DC 20003	- -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	07/13/95	5,000.00
C. Dan Schaefer 10755 W Iliff Avenue Lakewood, CO 80227	R-0006-CO 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/18/95	500.00
D. Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	R-0006-CT 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/18/95	1,000.00
E. Michael Oxley P O Box 1990 Findlay, OH 45839	R-0004-OH 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/18/95	1,000.00
F. Tom DeLay PO Box 101 Sugar Land, TX 77487	R-0022-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/18/95	1,000.00
G. Vic Fazio 722 B Main St Woodland, CA 96595	D-0003-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/13/95	500.00
H. Ed Royce P.O. Box 6765 Fullerton, CA 92634	R-39 -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/13/95	500.00
I. DSCC 450 South Capitol St., SE Washington, DC 20003	-SEN-DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	07/25/95	5,000.00
SUBTOTAL of Disbursements This Page (optional)			15,500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Jack Reed 11 Bradford Rd. Cranston, RI 02910	-0002-RI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/13/95	500.00
B. Jack Reed 11 Bradford Rd. Cranston, RI 02910	-0002--RI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/18/95	500.00
C. Lewis F. Payne P.O. Box 235 Nellysford, VA 22958	D-0005-VA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/18/95	500.00
D. President's Forum NRCC 320 First St., S.E. Washington, DC 20003	R- -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	07/13/95	200.00
E. President's Forum NRCC 320 First St., S.E. Washington, DC 20003	R- -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	07/13/95	5,000.00
F. President's Council NRSC 425 2nd St., N.E. Washington, DC 20002	- -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	07/31/95	5,000.00
G. Eddie Bernice Johnson 1005 W. Jefferson St., #302 Dallas, TX 75208	D-0030-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/18/95	1,000.00
H. Charles Stenholm P.O. Box 1032 Stamford, TX 79553	D-017 -TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/18/95	1,000.00
I. Patrick Kennedy P.O. Box 1356 Providence, RI 02901	D-I -RI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/13/95	1,000.00
SUBTOTAL of Disbursements This Page (optional)			14,700.00
TOTAL This Period (last page this line number only)			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Bill Frist , TN	R-SEN-TN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/18/95	1,000.00
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)			1,000.00
TOTAL This Period (last page this line number only)			31,200.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page 1 of 1 for
LINE NUMBER 23
(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
NEWT GINGRICH 221 UPPER RIVERDALE RD. JONESBORO, GA 30236	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	7/31/95	(1000.00)
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
RICHARD BURR PO BOX 4169 WINSTON-SALEM, NC 27115	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	7/31/95	(500.00)
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
RALPH HALL PO BOX 711 ROCKWALL, TX 75087	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	7/31/95	(500.00)
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			(2000.00)

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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**

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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
CRESTAR BANK, NA PO BOX 26150 RICHMOND, VA 23260	BANKING FEES Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	7/31/95	761.79
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)			761.79

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 8-11-95
☐	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

JMN
PREPARER

8-14-95
DATE PREPARED

FEC FORM 70-2 (12/92)

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