REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

JAN 31 3 28 PM '94

1. NAME OF COMMITTEE (in full)
American Health Care Association
Political Action Committee (AHCA-PAC)

ADDRESS (number and street) ☐ Check if different than previously reported
1201 L Street, NW

CITY, STATE and ZIP CODE
Washington, D.C. 20005-4014

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 12-1-93 through 12-31-93		
6. (a)	Cash on Hand January 1, 19 93		$ 70,831.53
(b)	Cash on Hand at Beginning of Reporting Period	$ 101,693.83	
(c)	Total Receipts (from Line 19)	$ 14,186.72	$ 272,205.76
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 115,880.55	$ 343,037.29
7.	Total Disbursements (from Line 30)	$ 24,967.48	$ 252,124.22
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 90,913.07	$ 90,913.07
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Paul R. Willging, Ph.D. Assistant Treasurer

Signature of Treasurer
Paul Willging

Date
1-31-94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

94 3 3 8 7 3 5 2 5 4

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

(Revised 1/1/91)

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

REPORT COVERING PERIOD FROM 12-1-93 TO 12-31-93

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	12,931.01	194,382.06
ii. Unitemized	1,012.07	70,046.69
iii. Total (add i and ii) ➤	13,943.08	264,428.75
b. Political Party Committees		
c. Other Political Committees (such as PACs)		5,000.00
d. Total Contributions (add a iii, b and c) ➤	13,943.08	269,428.75
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		500.00
17. Other Federal Receipts (Dividends, interest, etc.)	243.64	2,277.01
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	14,186.72	272,205.76
20. Total Federal Receipts (subtract line 18 from line 19) ➤	14,186.72	272,205.76
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	217.48	2,124.22
c. Total Operating Expenditures (add a i, a ii, and b) ➤	217.48	2,124.22
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	24,750.00	249,575.00
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		425.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		425.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	24,967.48	252,124.22
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	24,967.48	252,124.22
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	13,943.08	269,428.75
33. Total Contribution Refunds (from line 28d)		425.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,943.08	269,003.75
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	217.48	2,124.22
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	217.48	2,124.22

7 4 0 3 6 7 3 1 2 3 5

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 (AHCA-PAC)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Riggs National Bank P.O. Box 1217 Washington, D.C. 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Interest Earned For Period Occupation Aggregate Year-to-Date: $ 2,277.01	12/1/93-12/31/93	243.64
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) . . . . . .

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) [illegible] Political Action Committee

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 [illegible]	Name of Employer: [illegible] Occupation: [illegible]	12/30/93 / 500.00	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)			
B [illegible]	Name of Employer: [illegible] Occupation: [illegible]	12/15/93 / 500.00	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)			
C [illegible]	Name of Employer: [illegible] Occupation: [illegible]	12/30/93 / 1,000.00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)			
D [illegible]	Name of Employer: [illegible] Occupation: [illegible]	12/09/93 / 500.00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)			
E [illegible]	Name of Employer: [illegible] Occupation: [illegible]	12/30/93 / 500.00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)			
F [illegible]	Name of Employer: [illegible] Occupation: [illegible]	12/30/93 / 500.00	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify)			
G [illegible]	Name of Employer: [illegible] Occupation: [illegible]	12/22/93 / 500.00	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)			

SUBTOTAL of Receipts This Page (optional) 2,375.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Name of Committee (in Full): [illegible] Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
[illegible]	Community Centre Group		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: President	12/08/93	250.00
	Aggregate Year-to-Date—$	1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	[illegible]		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Admin	12/22/93	[illegible]
	Aggregate Year-to-Date—$	300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	United Medical Services		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: President	12/09/93	500.00
	Aggregate Year-to-Date—$	1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	Baldwin Thomas & Associates		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: President	12/22/93	250.00
	Aggregate Year-to-Date—$	1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	Quality Care Health Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Admin	12/30/93	400.00
	Aggregate Year-to-Date—$	1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	Fairchild Manor		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Admin	12/09/93	150.00
	Aggregate Year-to-Date—$	525.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	Beverly Enterprises		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Dir/Stage Govt Rel	12/08/93	75.00
	Aggregate Year-to-Date—$	300.00	

SUBTOTAL of Receipts This Page (optional) 1,925.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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

Name of Committee (in Full) [illegible]

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
[illegible]	[illegible] Health Care		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: [illegible] Lobbyist Aggregate Year-to-Date $ 300.00	12/30/93	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer: [illegible]	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]			
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: [illegible] Operations Aggregate Year-to-Date—$ 500.00	12/27/93	175.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer: [illegible] Cancer Administration	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]			
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: [illegible] President Aggregate Year-to-Date—$ 812.50	12/08/93	12.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer: [illegible] Associates	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]			
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: [illegible] Aggregate Year-to-Date $ 1,000.00	12/15/93	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer: [illegible] Relief & Dairy [illegible]	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]			
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: [illegible] Aggregate Year-to-Date—$ [illegible]	12/22/93	150.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer: [illegible] Company	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]			
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: [illegible] Aggregate Year-to-Date—$ 500.00	12/09/93	75.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer: [illegible] Health Care	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]			
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: [illegible] Firms Aggregate Year-to-Date—$ [illegible]	12/09/93	1,000.00
SUBTOTAL of Receipts This Page (optional)			[illegible]
TOTAL This Period (last page this line number only)			

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

SCHEDULE 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) [illegible] Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. [illegible]	[illegible] Meadows		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: President	12/30/93	[illegible]
	Aggregate Year-to-Date—$	300.00	
B. [illegible]	Name of Employer: Upstate Nursing Home	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Commissioner	12/09/93	250.00
	Aggregate Year-to-Date—$	1,000.00	
C. [illegible]	Name of Employer: [illegible] Health Care	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: [illegible]	12/30/93	[illegible]
	Aggregate Year-to-Date—$	1,000.00	
D. [illegible]	Name of Employer: Brighton Health Alliance, Inc.	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: [illegible]	12/09/93	[illegible]
	Aggregate Year-to-Date—$	300.00	
E. [illegible]	Name of Employer: [illegible] Estates Care Ctr	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Office Manager	12/09/93	250.00
	Aggregate Year-to-Date—$	250.00	
F. [illegible]	Name of Employer: [illegible] Health Facilities	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: [illegible]	12/30/93	125.00
	Aggregate Year-to-Date—$	500.00	
G. [illegible]	Name of Employer: [illegible] Health Care	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Administrator	12/30/93	[illegible]
	Aggregate Year-to-Date—$	300.00	

SUBTOTAL of Receipts This Page (optional) 1,244.00

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

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

SCHEDULE 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): [illegible] Association - Political Action Committee

	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible] Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Health Care Occupation [illegible] Regulatory Aggregate Year-to-Date $	12/30/93 500.00	134.44
B. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible] Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Employed Occupation Nursing Home Consul Aggregate Year-to-Date—$	12/08/93 300.00	75.00
C. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible] Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Care Center Occupation [illegible] Aggregate Year-to-Date—$	12/30/93 425.00	75.00
D. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible] Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Nursing Center Occupation [illegible] Director Aggregate Year-to-Date—$	12/09/93 200.00	50.00
E. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible] Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Meridian Healthcare Occupation [illegible] Operations Aggregate Year-to-Date—$	12/22/93 250.00	150.00
F. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible] Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Country Manor Occupation [illegible] Executive Off Aggregate Year-to-Date—$	12/30/93 300.00	[illegible]
G. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible] Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Enterprises Occupation [illegible] Aggregate Year-to-Date—$	12/30/93 300.00	125.00
SUBTOTAL of Receipts This Page (optional)			909.44
TOTAL This Period (last page this line number only)			

24 3 3 7 8 5 2 4 1

Page ____ of ____ for
LINE NUMBER _____
(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): [illegible] Health Care [illegible] Political Action [illegible]

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
[illegible]	[illegible]		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: [illegible]	12/30/93	250.00
	Aggregate Year-to-Date—$	500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible]	[illegible]		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Administrator	12/30/93	125.00
	Aggregate Year-to-Date—$	500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible]	[illegible] Manor		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Admin Consultant	12/30/93	125.00
	Aggregate Year-to-Date—$	375.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible]	[illegible] Health Care Assn		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive Director	12/30/93	500.00
	Aggregate Year-to-Date—$	500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible]	[illegible] Hills Care Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Owner/Nurse Consult	12/09/93	250.00
	Aggregate Year-to-Date—$	750.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible]	[illegible] Hills Care Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Owner/Nurse Consult	12/09/93	125.00
	Aggregate Year-to-Date—$	750.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible]	[illegible] Health Care Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: President	12/30/93	500.00
	Aggregate Year-to-Date—$	500.00	

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible]

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Name of Committee (in full): [illegible] Health Care [illegible] Political Action Committee

	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A. Full Name, Mailing Address and ZIP Code: [illegible]	Name of Employer: [illegible] Management & Development		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Administrator	12/30/93	125.00
	Aggregate Year-to-Date—$	500.00	
B. Full Name, Mailing Address and ZIP Code: [illegible]	Name of Employer: [illegible] Island Health [illegible]	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Pres. Dir., PAC Dir.	12/30/93	1,000.00
	Aggregate Year-to-Date—$	1,125.00	
C. Full Name, Mailing Address and ZIP Code: [illegible]	Name of Employer: [illegible]	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Administrator	12/09/93	75.00
	Aggregate Year-to-Date—$	300.00	
D. Full Name, Mailing Address and ZIP Code: [illegible]	Name of Employer: Georgia Nursing Home Assn.	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Dir. Reg. Affairs	12/09/93	250.00
	Aggregate Year-to-Date—$	1,000.00	
E. Full Name, Mailing Address and ZIP Code: [illegible]	Name of Employer: [illegible] Management Inc	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: President	12/15/93	250.00
	Aggregate Year-to-Date—$	500.00	
F. Full Name, Mailing Address and ZIP Code: [illegible]	Name of Employer: [illegible] Inc	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Administrator	12/15/93	100.00
	Aggregate Year-to-Date—$	200.00	
G. Full Name, Mailing Address and ZIP Code: [illegible]	Name of Employer: [illegible] Corp	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: VP	12/15/93	500.00
	Aggregate Year-to-Date—$	500.00	

SUBTOTAL of Receipts This Page (optional) 2,100.00

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

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

SCHEDULE 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) [illegible]

A. Full Name, Mailing Address and ZIP Code [illegible] Receipt For ☐ Primary ☐ General ☐ Other (specify)	Name of Employer [illegible] Occupation [illegible] Aggregate Year-to-Date—$	Date (month, day, year) [illegible]	Amount of Each Receipt this Period [illegible]
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) . . . . . [illegible]

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

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 (AHCA-PAC)

	Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A	Riggs National Bank P.O. Box 1217 Washington, D.C. 20004	Bank Fees For Period Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/1/93 12/31/93	217.48
B				
C				
D				
E				
F				
G				
H				
I				

SUBTOTAL of Disbursements This Page (optional) . . . . . .

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

94033731240

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)

Americans Against Health Care Corruption - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gary Franks CT	D-CONS-CT 94 Primary Disbursement for: ☒Primary ☐General ☐Other (specify):	12/06/93	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff Campbell PO Box 5770 Saint Paul, MN 55164	D-SEN-MN 94 Primary Disbursement for: ☒Primary ☐General ☐Other (specify)	12/06/93	2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Gibbons 412 S. Sterling Tampa, FL 33609	D-HOUSE-FL 94 Primary Disbursement for: ☒Primary ☐General ☐Other (specify):	12/09/93	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Henry Studds 10 Black Horse Lane Dennisport, MA 02639	D-HOUSE-MA 94 Primary Disbursement for: ☒Primary ☐General ☐Other (specify):	12/06/93	250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Cooper 1722 Eve Street NW Washington, TN	D-SENATE 94 Primary Disbursement for: ☒Primary ☐General ☐Other (specify):	12/21/93	3,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Matsui 2058 Rayburn HOB Capitol Washington, DC 20515	D-HOUSE-CA 94 Primary Disbursement for: ☒Primary ☐General ☐Other (specify):	12/06/93	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dave Durenberger 225 Lasalle St. Minneapolis, MN 55403	R-SEN-MN 94 Primary Disbursement for: ☒Primary ☐General ☐Other (specify):	12/06/93	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ryles PAC 300 Pennsylv. Ave. S.E. Washington, DC 20003	CONS-DC Party committee contributions Disbursement for: ☐Primary ☐General ☐Other (specify):	12/06/93	15,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victor Deutsch PO Box 20778 Sarasota, FL 34276	D-HOUSE-FL 94 Primary Disbursement for: ☐Primary ☐General ☐Other (specify)	12/06/93	500.00

SUBTOTAL of Disbursements This Page (optional) 27,254.00

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

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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)

[illegible] Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code [illegible]	[illegible] Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	[illegible]	[illegible]
B. Full Name, Mailing Address and ZIP Code [illegible]	Purpose of Disbursement [illegible] Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) [illegible]	Amount of Each Disbursement This Period [illegible]
C. Full Name, Mailing Address and ZIP Code [illegible]	Purpose of Disbursement [illegible] Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) [illegible]	Amount of Each Disbursement This Period [illegible]
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)			[illegible]
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)

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 (AHCA-PAC)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Arlen Specter for Senate 417 Warden Dr. Philadelphia, PA 19129	SEN 92 Primary Disbursement for: X Primary ☐ General ☐ Other (specify)	5/29/92	(1,000.00) Check not cashed
Citizens for Kasich 5900 Cleveland Ave. Columbus, OH 43229	12-OH 92 Primary Disbursement for: X Primary ☐ General ☐ Other (specify)	6/5/92	(500.00) Check not cashed
Regula for Congress 8787 Erie Ave. Navarre, OH 44662	16-OH 92 Primary Disbursement for: X Primary ☐ General ☐ Other (specify)	6/5/92	(500.00) Check not cashed
Kaptur for Congress P.O. Box 899 Toledo, OH 43691	09-OH 92 Primary Disbursement for: X Primary ☐ General ☐ Other (specify)	6/5/92	(500.00) Check not cashed
Pryce for Congress 340 E. Gay St. Columbus, OH 43215	15-OH 92 General Disbursement for: ☐ Primary X General ☐ Other (specify)	6/19/92	(250.00) Check not cashed
Judy Jarvis for Congress P.O. Box 420357 San Diego, CA 92142	49-CA 92 General Disbursement for: ☐ Primary X General ☐ Other (specify)	6/19/92	(250.00) Check not cashed
Dianne Feinstein for U.S. Senate 909 Montgomery St. San Francisco, CA 94133	SEN 92 General Disbursement for: ☐ Primary X General ☐ Other (specify)	9/30/92	(1,000.00) Check not cashed
Friends of Ed Royce P.O. Box 6765 Fullerton, CA 92634	39-CA 92 General Disbursement for: ☐ Primary X General ☐ Other (specify)	9/30/92	(1,000.00) Check not cashed
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	(5,000.00)
TOTAL This Period (last page this line number only)	24,750.00

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 1-27-94
☐	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

[illegible] 2-1-94

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)