REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

Nov 19 4 18 PM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

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

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

3. ☐ This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☒ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-1-93 through 10-31-93		
6. (a) Cash on Hand January 1, 19 93		$ 70,831.53
(b) Cash on Hand at Beginning of Reporting Period	$ 79,586.09	
(c) Total Receipts (from Line 19)	$ 34,339.08	$238,213.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$113,925.17	$309,044.82
7. Total Disbursements (from Line 30)	$ 12,165.43	$207,285.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$101,759.74	$101,759.74
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., Treasurer

Signature of Treasurer
[signature]

Date
11/19/93

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

93038672254

FEC FORM 3X
(revised 1/1/91)

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 10-1-93 TO 10-31-93

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	29,091.26	167,818.55
i. Itemized (use Schedule A)		
ii. Unitemized	5,024.39	63,102.12
iii. Total (add i and ii) ➤	34,115.65	230,920.67
b. Political Party Committees		
c. Other Political Committees (such as PACs)		5,000.00
d. Total Contributions (add a iii, b and c) ➤	34,115.65	235,920.67
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.)	223.43	1,792.62
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	34,339.08	238,213.29
20. Total Federal Receipts (subtract line 18 from line 19) ➤	34,339.08	238,213.29
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	265.43	1,660.08
c. Total Operating Expenditures (add a i, a ii, and b) ➤	265.43	1,660.08
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,750.00	205,200.00
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	150.00	425.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	150.00	425.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	12,165.43	207,285.08
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	12,165.43	207,285.08
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	34,115.65	235,920.67
33. Total Contribution Refunds (from line 28d)	150.00	425.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	33,965.65	235,495.67
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	265.43	1,660.08
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	265.43	1,660.08

9 3 0 3 8 6 7 2 2 5 5

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Wade PO Box H Uvalde,TX 78801	Amistad Nursing Home Occupation: Vice President	10/26/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Donald Franco 725 Park Ave Bridgeport,CT 06604	Astoria Park Health Care Occupation: Admin	10/04/93	500.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Linda DeRuvo Keegan 1201 L St NW ,AH	American Health Care Assoc Occupation: VP PR & Prof Svcs	10/29/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Eugene Bishop PO Box 397 Roswell,GA 30077	Health Services Centers Occupation: President	10/19/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert M Coury Two Berea Commons #1 Berea,OH 44017	Aristocrat Berea Occupation: Administrator	10/26/93	125.00
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**
Rosalyn Harbuck PO Box 965 Griffin,GA 30224	Brightmoor Nursing Home Occupation: Admin	10/26/93	250.00
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**
John Snyder 135 S Morgan St Rushville,IL 62681	Snyders Vaughn Haven Inc Occupation: Administrator	10/26/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 375.00		

SUBTOTAL of Receipts This Page (optional) 1,875.00

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

9 3 0 3 8 6 7 2 2 5 6

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Dale Thompson 1995 E Rum River Dr S Cambridge, MN 55008	Health Dimensions Admin	10/19/93	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jenean Erickson 2901 W 97th Minneapolis, MN 55431	Yorkshire Manor Admin	10/26/93	125.00
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**
Kenneth Morris 401 Snyder Ave Barberton, OH 44203	Pleasant View Health Center Admin	10/26/93	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jerry Hill 2034 Cochran Rd Maryville, TN 37801	Colonial Hills Owner	10/04/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	625.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Douglas Pendergras 3445 Executive Center Dr #250 Austin, TX 78731	Convalescent Enterprises Owner	10/04/93	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	550.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roger C. Lipitz 515 Fairmount Ave #800 Towson, MD 21286	Meridian Healthcare Owner	10/26/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	1,000.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Del Callaway 510 Mill St Folsom, CA 95630	Folsom Convalescent Hosp President	10/04/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	

SUBTOTAL of Receipts This Page (optional) 2,750.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Frank Brown PO Box 190 Cullman, AL 35056	Age Inc President	10/26/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Marchant 1100 S Curry Pike Bloomington, IN 47403	LJM Enterprises Chief Exec Officer	10/26/93	125.00
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**
Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534	Beaumont Nursing Home Admin	10/29/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
D. 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	Health Facilities Mgmt Corp President	10/19/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,125.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Scott Sandford 65 Ashburton Ave Yonkers, NY 10701	Hudson View Nursing Home Owner/Administrator	10/29/93	125.00
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**
Herman Conaway PO Box F Moundsville, WV 26041	Mound View Health Care President	10/19/93	125.00
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**
John Austin 7774 Warner Rd PO Box 429 Madison, OH 44057	Stewart Lodge Nursing Home Admin	10/29/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
SUBTOTAL of Receipts This Page (optional)			1,250.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062	Weirton Convalescent Home Owner/Adm	10/26/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Donald Beaver PO Box 1148 Hickory, NC 28601	Brian Center Management Corp President/CEO	10/19/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ron Thurston 303 State St Augusta, ME 04330	Maine Health Care Assn Exec VP	10/29/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Kris Bolt 2800 S 224th St Des Moines, WA 98198	Seatoma Convalescent Center Admin	10/04/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Peter Clendenin 2112 W Laburnum Ave #206 Richmond, VA 23227	Virginia Health Care Assn Exec VP	10/04/93	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
H Wes Handy 1005 Hill Rd Las Cruces, NM 88005	Mountain Shadows Nrsg Ctr Owner	10/26/93	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Chunyk PO Box 2295 Tacoma, WA 98401	Quad "C" Health Care Centers President	10/04/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	

SUBTOTAL of Receipts This Page (optional) 2,750.00

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Finley Matthews 2421 E Texas Ave Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Occupation: Owner/Administrator Aggregate Year-to-Date—$ 1,000.00	10/04/93	1,000.00
B. Michael Meillier 27 Brand Ave PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Occupation: Social Services Dir Aggregate Year-to-Date—$ 300.00	10/26/93	75.00
C. Edward Brody 4712 Chester Ave Box 19990 Philadelphia, PA 19143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Pleasant Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 300.00	10/19/93	125.00
D. John Vivenzio RR 4 Box 1B E River Rd Oswego, NY 13126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pontiac Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 500.00	10/26/93	125.00
E. Robert Decker 3474 Liberty Rd S Salem, OR 97302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westcare Management Occupation: President Aggregate Year-to-Date—$ 350.00	10/19/93	150.00
F. Gerry Baker 192 W Vienna Rd Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beecher Manor Inc Occupation: Admin Aggregate Year-to-Date—$ 2,325.00	10/26/93	1,100.00
G. Leonard Wiggins PO Box 670 Judsonia, AR 72081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oakdale Nursing Home Occupation: Owner/Administrator Aggregate Year-to-Date—$ 300.00	10/26/93	75.00
SUBTOTAL of Receipts This Page (optional)			2,650.00
TOTAL This Period (last page this line number only)			

93038672260

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. Jerry Tretwold Box 829 200 River Plaza Brewster, WA 98812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harmony House Occupation: Owner Aggregate Year-to-Date—$ 500.00	10/29/93	75.00
B. Ronald Kayne 1800 38th St., Ste. 200 Boulder, CO 80301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pharmacy Corp. of America Occupation: President Aggregate Year-to-Date—$ 1,000.00	10/29/93	250.00
C. Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Occupation: Admin Aggregate Year-to-Date—$ 225.00	10/19/93	75.00
D. Richard Feingold 861 S Harbour Blvd Anaheim, CA 92805 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Casa Pacifica Conv Hospital Occupation: Admin Aggregate Year-to-Date—$ 500.00	10/29/93	125.00
E. V Richard Miller PO Box 498 Plymouth, IN 46563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Millers Merry Manor Inc Occupation: CEO Aggregate Year-to-Date—$ 1,000.00	10/19/93	250.00
F. Wally Miller 104 E Central Ave LaGrange, IN 46761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MMM Invest Inc Occupation: CEO Operations Aggregate Year-to-Date—$ 1,000.00	10/19/93	250.00
G. Richard G Miller 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Assoc Occupation: Senior Lobbyist Aggregate Year-to-Date—$ 240.00	10/19/93	120.00

SUBTOTAL of Receipts This Page (optional) 1,145.00

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

93038672261

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
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Glen Dearth 134 Northwoods Blvd Worthington, OH 43235	Dearth Management President	10/04/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lorraine Raffel 5750 Executive Dr #200 Baltimore, MD 21228	Raffel Healthcare Group Administrator	10/26/93	62.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David Banks PO Box 3324 Ft Smith, AR 72913	Beverly Enterprises Chairman/President	10/19/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Chur 7 Limestone Drive Williamsville, NY 14221	Elderwood Affiliates President	10/04/93	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date -$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mary Berndt 1653 Cypress Ln Paradise, CA 95969	Cypress Acres Conv Hosp Asst Adm	10/29/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 750.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ruth Braswell 3674 Pacific Ave Riverside, CA 92509	Braswell Enterprises Owner/Administrator	10/26/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Paul Goss 1251 Beacon Blvd West Sacramento, CA 95691	CAHF Staff	10/04/93	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 450.00		

SUBTOTAL of Receipts This Page (optional) 2,912.50

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

2 3 3 8 6 7 2 2 6 2

SCHEDULE A **ITEMIZED RECEIPTS**

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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. James Rozzi PO Box 859 Cicero, IN 46034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Management Corp Occupation: President Aggregate Year-to-Date—$ 1,000.00	10/26/93	250.00
B. Sam Gunnerson 8620 Key Harbour Dr Indianapolis, IN 46236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gunnerson Associates Occupation: Treasurer Aggregate Year-to-Date—$ 300.00	10/26/93	75.00
C. Phillip Fogg 6623 NE 82nd Ave Portland, OR 97220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Prestige Care Inc Occupation: Administrator Aggregate Year-to-Date—$ 500.00	10/04/93	500.00
D. 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—$ 500.00	10/19/93	125.00
E. J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northport Health Services Inc Occupation: President Aggregate Year-to-Date—$ 500.00	10/19/93	125.00
F. Larry Conaway PO Box F Hancock Park Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care Inc Occupation: Administrator Aggregate Year-to-Date—$ 500.00	10/19/93	125.00
G. Edward Stafford 111 Washington Ave #700 Albany, NY 12210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NYS Health Facilities Assn Occupation: Director Aggregate Year-to-Date—$ 350.00	10/04/93	75.00

SUBTOTAL of Receipts This Page (optional) 1,275.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Larry Bradley 587 Rio Lindo Ave Chico, CA 95926	Crestwood Conval Hosp Admin	10/29/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
James Chambery 100 Daniel Dr Webster, NY 14580	Maplewood Nursing Home Admin	10/19/93	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Paul Willging 1201 L St NW , AH	American Health Care Assoc Exec VP	10/19/93	230.82
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 730.93		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joseph Warner PO Box 3188 Bloomington, IL 61702	Heritage Enterprises President	10/29/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Frank Wronski 223 S Main Romeo, MI 48065	Medilodge Admin	10/26/93	125.00
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**
Chester Erickson 3901 E 4th St Long Beach, CA 90814	Alamitos-Belmont Convalescent Owner	10/19/93	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432	Hillside Manor Exec Dir	10/29/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
SUBTOTAL of Receipts This Page (optional)			1,005.82
TOTAL This Period (last page this line number only)			

9 3 5 3 8 6 7 2 2 6 4

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
Peter Gendron 31 Overton Rd Ossining, NY 10562	Briar Crest Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner Aggregate Year-to-Date—$	10/19/93 300.00	75.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Bradley Strong 22 Parrish Rd Conneaut, OH 44030	Inn Conneaut Health Care		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$	10/04/93 300.00	300.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joseph Donchess 7921 Picardy Ave Baton Rouge, LA 70809	Louisiana Health Care Assn		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Director Aggregate Year-to-Date—$	10/19/93 300.00	75.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gerald Reilly 2120 State St NE #102 Olympia, WA 98506	Washington Health Care Assoc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Director Aggregate Year-to-Date—$	10/26/93 300.00	75.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David Seckman 1201 L St NW , AH	American Health Care Assoc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP Regulatory Aggregate Year-to-Date—$	10/19/93 365.56	115.44
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Samuel DeBoer 1750 Vulcan St Muskegon, MI 49442	Deboer Nursing Homes Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$	10/29/93 500.00	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lawrence Garatoni 315 W Jefferson Blvd South Bend, IN 46601	Health Quest Corporation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Exec Off Aggregate Year-to-Date—$	10/26/93 500.00	125.00

SUBTOTAL of Receipts This Page (optional) 1,265.44

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309	HBA Corporation Administrator	10/26/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Patti Turenne 407 S McDonough St Montgomery, AL 36104	Turenne & Associates Administrator	10/26/93	125.00
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**
Wanda Baad 3310 W Milford, MI 48042	West Hickory Haven Admin	10/29/93	925.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Edward Hannan 1440 E Missouri #215 Phoenix, AZ 85014	Ariz Health Care Assn State Exec	10/04/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Sue Damrell 2840 W Clay St Charles, MO 63301	Claywest House Admin	10/29/93	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Sebastian Gomez 105 W Michigan St 9th Fl Milwaukee, WI 53203	United Health Inc Director	10/29/93	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard & Jill Mendlen 1333 E Madison #206 El Cajon, CA 92021	Kennon S Shea & Assoc Dir/Operations	10/29/93	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Aggregate Year-to-Date—$ 1,100.00		

SUBTOTAL of Receipts This Page (optional) 2,575.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. F Harold Creal 777 Orleans Blvd Coldwater, MI 49036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Creal Enterprises Inc Occupation: CEO Aggregate Year-to-Date—$ 500.00	10/29/93	125.00
B. John Elliot 901 Quarrier St #306 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AMFM Inc Occupation: CEO Aggregate Year-to-Date—$ 1,000.00	10/04/93	1,000.00
C. Carl Lyons 6202 E 61st St Tulsa, OK 74136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Skyline Terrace Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 300.00	10/29/93	75.00
D. Joseph Sousa 54 Barker Ave Warren, RI 02885 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Grace Barker Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 500.00	10/29/93	425.00
E. Marvin L Piersma 2815 Michigan St Grand Rapids, MI 49506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MIKO Enterprises Inc Occupation: President Aggregate Year-to-Date $ 500.00	10/29/93	125.00
F. Mark Bertilrud 1949 Gillam Way Fairbanks, AK 99701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Denali Center Occupation: Admin Aggregate Year-to-Date—$ 300.00	10/29/93	75.00
G. Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Nursing Care Management Occupation: Exec Vice President Aggregate Year-to-Date—$ 300.00	10/29/93	75.00

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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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. Judith Gonzalez 8520 Western Ave Buena Park, CA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Buena Park Nursing Center Occupation: Administrator Aggregate Year-to-Date—$	10/29/93 300.00	300.00
B. Harold Moffie 433 S Main St Corporate Ctr W West Hartford, CT 06110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Connecticut Health Facilities Occupation: President Aggregate Year-to-Date—$	10/29/93 500.00	125.00
C. Russ Peterson 650 W 21st St Fremont, NE 68025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Excel Management & Development Occupation: Administrator Aggregate Year-to-Date—$	10/04/93 375.00	125.00
D. H Thomas Taylor P.O. Box 20069 Charleston, SC 29413 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Service Management Inc Occupation: Owner Aggregate Year-to-Date—$	10/26/93 1,000.00	250.00
E. Theodore Lee 700 Hanover St Manchester, NH 03104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanover Hill Health Care Occupation: Owner/Administrator Aggregate Year-to-Date—$	10/04/93 380.00	250.00
F. Robert Lohr 4415 5th Ave Pittsburgh, PA 15213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Health Mgmt Occupation: Aggregate Year-to-Date—$	10/04/93 200.00	200.00
G. Bruce Bonsel 15950 Bay Vista Dr., Ste. 170 Clearwater, FL 34620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Prism Health Group Occupation: V.P., Business Dev. Aggregate Year-to-Date—$	10/04/93 350.00	250.00

SUBTOTAL of Receipts This Page (optional) 1,500.00

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. R James Miller 922 S Buffalo St Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Partner Aggregate Year-to-Date—$ 500.00	10/26/93	125.00
B. Riley Clapp PO Box 249 Pleasant Garden, NC 27313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clapp's Nursing Center President Aggregate Year-to-Date—$ 200.00	10/29/93	50.00
C. James Branscum 37700 Harper Clinton Township, MI 48036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Point Villa Administrator Aggregate Year-to-Date—$ 750.00	10/19/93	250.00
D. Larry Overstreet 1300 Belk St Oxford, MS 38655 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Consultants, Inc Owner Aggregate Year-to-Date—$ 300.00	10/29/93	75.00
E. David Duncan 507 State St Box 208 Mound City, MO 64470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tiffany Care Centers President Aggregate Year-to-Date—$ 225.00	10/19/93	100.00
F. David Duncan 507 State St Box 208 Mound City, MO 64470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tiffany Care Centers President Aggregate Year-to-Date—$ 225.00	10/26/93	125.00
G. Jana Hazelbaker 1496 Old Henderson Rd Columbus, OH 43221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aegis Consulting Services President Aggregate Year-to-Date—$ 1,125.00	10/04/93	125.00
SUBTOTAL of Receipts This Page (optional)			850.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jana Hazelbaker 1496 Old Henderson Rd Columbus, OH 43221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aegis Consulting Services President Aggregate Year-to-Date—$ 1,125.00	10/04/93	1,000.00
B. Paul Bach 515 Fairmount Ave Towson, MD 21204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meridian Healthcare VP Operations Aggregate Year-to-Date—$ 250.00	10/29/93	187.50
C. Lynette Gauk PO Box 338 Mandeville, LA 70470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pontchartrain Health Care Ctr Owner/Administrator Aggregate Year-to-Date—$ 1,000.00	10/04/93	1,000.00
D. Sally Gearhart-Schnabel 3457 Nostrand Ave Brooklyn, NY 11229 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crown Nursing Home Administrator Aggregate Year-to-Date—$ 400.00	10/04/93	300.00
E. Sally Gearhart-Schnabel 3457 Nostrand Ave Brooklyn, NY 11229 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crown Nursing Home Administrator Aggregate Year-to-Date—$ 400.00	10/19/93	100.00
F. John Kirk 2919 Hwy 20 Sedro Woolley, WA 98284 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Skagit Valley Conv Center Administrtor Aggregate Year-to-Date—$ 300.00	10/29/93	300.00
G. Robert Hartwell 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Dir Political Aff Aggregate Year-to-Date—$ 500.00	10/19/93	500.00
SUBTOTAL of Receipts This Page (optional)			3,387.50
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Aggregate Year-to-Date—$		
SUBTOTAL of Receipts This Page (optional)			.00
TOTAL This Period (last page this line number only)			29,091.26

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SCHEDULE A **ITEMIZED RECEIPTS**

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 - Politcal Action Committee (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Riggs National Bank P.O. Box 1217 Washington, D.C. 20004	Interest Earned this period	10/1/93-10/31/93	223.43
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,792.62		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . >

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (In Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Conrad Burns , MT	R-SEN-MT 94 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/15/93	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Bryan , NV	D-SEN-NV 94 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/22/93	1,500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Peter Hoagland 8601 W. Dodge, Ste. 12 Omaha, NE 68114	D-0002-NE 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/11/93	500.00
D. Full Name, Mailing Address and ZIP Code.	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Thomas J. Bliley, Jr. 408 HENRI ROAD Richmond, VA 23226	R-0003-VA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/05/93	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Harris Wofford P.O. Box 11555 Harrisburg, PA 17108	D-SEN-PA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/15/93	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Howard Berman 291 S. LaCienega Blvd., # 212 Los Angeles, CA 90211	D-0026-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/15/93	800.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dave Camp P.O. Box 423 Midland, MI 48640	R-0010-MI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/15/93	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Michael Oxley P O Box 1990 Findlay, OH 45839	R-0004-OH 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/05/93	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John Bryant 8035 E. RL Thurton Fwy, #310 Dallas, TX 75228	D-0005-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/15/93	500.00

SUBTOTAL of Disbursements This Page (optional) 6,800.00

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wally Herger 7115 Galgate Drive , CA	R-0002-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/15/93	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
George Brown, Jr. 1465 Everton Place Riverside, CA 92507	D-0036-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/22/93	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John Lewis 1520 Pinehurst Drive SW Atlanta, GA 30311	D-0005-GA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/15/93	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dennis Hastert P.O. Box 625 Batavia, IL 60510	R-0014-IL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/05/93	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Benjamin Cardin 2509 SHELLEYDALE ROAD Baltimore, MD 21209	D-0003-MD 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/05/93	350.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Victor Fazio 1717 I St., Ste. B Sacramento, CA 95814	D-0004-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/06/93	100.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ed Royce P.O. Box 6765 Fullerton, CA 92634	R-39 -CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/15/93	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Lewis F. Payne P.O. Box 235 Nellysford, VA 22958	D-0005-VA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/15/93	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim Talent 955 Executive Pkwy., #201 St. Louis, MO 63141	R-0002-MO 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/11/93	500.00
SUBTOTAL of Disbursements This Page (optional)			4,450.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Neil Dhillon P.O. Box 523024 Springfield, VA, MD	D-0006-MD 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/15/93	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)			11,750.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

American Health Care Association - Political Action Committee (AHCA-PAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code J.B. Kinney 1501 E. Greenville Street Anderson, SC 29621	Refund of Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/20/93	25.00
B. Full Name, Mailing Address and ZIP Code Brad Moorehouse P.O. Box 1327 Anderson, SC 29622	Refund of Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/20/93	125.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) 150.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

American Health Care Association - Political Action Committee (AHCA-PAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1217 Washington, D.C. 20004	Bank fees this period. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/1/93 - 10/31/93	265.43
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) .....

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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 11-19-93
☐	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

SLB.
PREPARER

11-22-93
DATE PREPARED

FEC FORM 70-2 (12/92)

9 3 0 3 8 6 7 2 2 7 8