REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

1201 L STREET NW

CITY, STATE and ZIP CODE

WASHINGTON, D.C. 20005

2. FEC IDENTIFICATION NUMBER C-0000-6080

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 5/1/95 through 5/31/95		
6. (a) Cash on Hand January 1, 1995		$ 38,132.89
(b) Cash on Hand at Beginning of Reporting Period	$ 67,323.53	
(c) Total Receipts (from Line 19)	$ 43,615.75	$ 168,829.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 110,939.28	$ 206,962.37
7. Total Disbursements (from Line 30)	$ 31,364.24	$ 127,387.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 79,575.04	$ 79,575.04
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 WILLING

Signature of Treasurer [signature] Date 6/19/95

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

FEC FORM 3X (revised 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 ASSOC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 5/1/95 TO: 5/31/95

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	37,650.00	130,843.40
ii. Unitemized	5748.25	37,261.19
iii. Total (add i and ii) ➤	43,398.25	168,104.59
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	43,398.25	168,104.59
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	217.50	724.89
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	43,615.75	168,829.48
20. Total Federal Receipts (subtract line 18 from line 19) ➤	43,615.75	168,829.48
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	264.24	1162.33
c. Total Operating Expenditures (add a i, a ii, and b) ➤	264.24	1162.33
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	31,100.00	126,225.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	31,364.24	127,387.33
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	31,364.24	127,387.33
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Phil LaCasse 27 Main St Topsfield, MA 01983 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Colonial Management Associates Occupation:	05/09/95	[illegible]
	Aggregate Year-to-Date—$	[illegible]	
B. Robert M Conry Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Aristocrat Berea Occupation: Administrator	05/04/95	250.00
	Aggregate Year-to-Date—$	375.00	
C. David S Meillier PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Pleasant Manor Inc Occupation: President	05/09/95	260.00
	Aggregate Year-to-Date—$	780.00	
D. Jenean Erickson 16051 Northwood Rd., N.W. Prior Lake, MN 55372 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Trade Enterprises Occupation: Admin	05/09/95	[illegible]
	Aggregate Year-to-Date—$	270.00	
E. Jack Vetter 5010 S 118th St #250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Vetter Health Services Occupation: Admin	05/11/95	500.00
	Aggregate Year-to-Date—$	770.00	
F. James Durante 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hallmark Nursing Center Occupation: Admin	05/12/95	250.00
	Aggregate Year-to-Date—$	500.00	
G. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Marion Manor Nursing Ctr Occupation: Admin	05/24/95	500.00
	Aggregate Year-to-Date—$	700.00	
SUBTOTAL of Receipts This Page (optional)			[illegible]
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. James Loudermilk 1900 Hwy 6 W Waco, TX 76712 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sidgecrest Retirement Center Occupation: General Partner Aggregate Year-to-Date—$	05/17/95 200.00	100.00
B. Lee Marchant PO Box 427 Bloomington, IN 47402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: LM Enterprises Occupation: Chief Exec Officer Aggregate Year-to-Date—$	05/15/95 500.00	250.00
C. Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beaumont Nursing Home Occupation: Admin Aggregate Year-to-Date—$	05/09/95 1,050.00	500.00
D. Don Bedell PO Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Facilities Mgmt Corp Occupation: President Aggregate Year-to-Date—$	05/24/95 500.00	250.00
E. Scott Sandford 33 Elk St., Ste. 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NYSHFA Occupation: Dir. Aggregate Year-to-Date—$	05/24/95 250.00	125.00
F. Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Community Centre Group Occupation: President Aggregate Year-to-Date—$	05/24/95 500.00	250.00
G. Robert Killett 7309 2nd Ave Sykesville, MD 21784 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Sykesville Elderscare Center Occupation: Administrator/Pres Aggregate Year-to-Date—$	05/09/95 425.00	125.00

SUBTOTAL of Receipts This Page (optional) 1,700.00

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

A. Full Name, Mailing Address and ZIP Code Robert Killell 7309 2nd Ave Dykesville, MD 21784	Name of Employer: Dykesville Eldercare Occupation: Administrator/Pres	Date (month, day, year): 05/07/95	Amount of Each Receipt this Period: 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $: 425.00		
B. Full Name, Mailing Address and ZIP Code Dixie Taylor 932 Baldour Pkwy Lebanon, TN 37087	Name of Employer: Quality Care Health Occupation: Admin	Date (month, day, year): 05/04/95	Amount of Each Receipt This Period: 1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$: 1,000.00		
C. Full Name, Mailing Address and ZIP Code H Wes Hardy 1005 Mill Rd Las Cruces, NM 88005	Name of Employer: Mountain Shadows Nursing Occupation: Owner	Date (month, day, year): 05/24/95	Amount of Each Receipt This Period: 2,100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$: 2,100.00		
D. Full Name, Mailing Address and ZIP Code Finley Matthews 2421 E Texas Ave Alexandria, LA 71301	Name of Employer: Magnolia Heights Nursing Occupation: Owner/Administrator	Date (month, day, year): 05/16/95	Amount of Each Receipt This Period: 790.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$: 780.00		
E. Full Name, Mailing Address and ZIP Code Michael Meillier 27 Grand Ave PO Box 746 Fairbault, MN 55021	Name of Employer: Pleasant Manor Inc Occupation: Social Services Dir	Date (month, day, year): 05/15/95	Amount of Each Receipt This Period: 275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$: 300.00		
F. Full Name, Mailing Address and ZIP Code Jerry Franks 124 S Elm Pl Broken Arrow, OK 74102	Name of Employer: Park Elvd Inc Occupation: Owner	Date (month, day, year): 05/24/95	Amount of Each Receipt This Period: 350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $: 2,350.00		
G. Full Name, Mailing Address and ZIP Code Edward Brady 4712 Chester Ave Box 19990 Philadelphia, PA 19143	Name of Employer: Park Pleasant Nursing Occupation: Administrator	Date (month, day, year): 05/17/95	Amount of Each Receipt This Period: 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date -$: 200.00		

SUBTOTAL of Receipts This Page (optional) 1,855.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alan Solomont 300 Brickstone Square Andover, MA 01810	ADS Management Inc President	05/04/95	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,020.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Alan Solomont 300 Brickstone Square Andover, MA 01810	ADS Management Inc President	05/04/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,020.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ronald Kayne 1800 38th St., Ste. 400 Boulder, CO 80301	Pharmacy Corp. of America President	05/24/95	250.00
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**
Joy Roy 2000 Domenic Dr Racine, WI 53404	Lincoln Lutheran CH Admin	05/09/95	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**
Jack Martovatz 11630 S Deville Ave Hawthorne, CA 90250	Hawthorne Care Ctr President	05/12/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Troy Athon PO Box 497 Conyers, GA 30207	Geriatric Health Serv President	05/04/95	320.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 320.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Troy Athon PO Box 497 Conyers, GA 30207	Geriatric Health Serv President	05/04/95	320.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 320.00		

SUBTOTAL of Receipts This Page (optional) 3,320.00

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Warren Wolfson 3601 W Green Rd #102 Beachwood, OH 44122	Care Services Assoc / Admin	05/04/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 200.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Daniel Velomac 5601 Chestnut St Philadelphia, PA 19139	Geriatric & Medical Care / President	05/04/95	250.00
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**
Peter Bordeo 35 Coffey St Dorchester, MA 02122	Neponset Hall Inc / President	05/09/95	1,000.00
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**
Jack Wells 725 Harvard Dr. Owensboro, KY 42301	Wells Health Systems / President	05/17/95	100.00
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**
Phillip Fogg, Sr. 6625 NE 82nd Ave Portland, OR 97220	Prestige Care Inc / Administrator	05/24/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
A D Buffington 2506 Lakeland Dr PO Box 7575 Jackson, MS 39204	Hillcrest Health Ctr / Owner	05/04/95	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 275.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Larry Bradley PO Box 709 Durham, CA 95938	Integrated Health Serv / Admin	05/24/95	475.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 700.00		

SUBTOTAL of Receipts This Page (optional) 2,075.00

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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. Paul Dioguardi 574 Fulton St. Farmingdale, NY 11735 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Daleview Nursing Home & Manor Occupation: Executive Director Aggregate Year-to-Date—$	05/24/95 250.00	150.00
B. Joseph Grant 990 Washington St #2075 Dedham, MA 02026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mass Fedn of Nursing Occupation: Aggregate Year-to-Date—$	05/09/95 600.00	600.00
C. Penny Crow 9628 Campo Rd #1 Spring Valley, CA 91977 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brighton Health Alliance Occupation: Admin. Aggregate Year-to-Date—$	05/04/95 300.00	250.00
D. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wilshire Foundation Occupation: President Aggregate Year-to-Date—$	05/09/95 500.00	250.00
E. Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Living Centers of America Occupation: Chairman & CEO Aggregate Year-to-Date—$	05/04/95 500.00	250.00
F. Abraham Morse 990 Washington St #2075 Dedham, MA 02026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MA Extended Care Federation Occupation: Exec VP Aggregate Year-to-Date—$	05/09/95 600.00	600.00
G. Paul Casale 52 Accord Park Dr Norwell, MA 02061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Welch Healthcare & Rel Group Occupation: Treasurer Aggregate Year-to-Date—$	05/09/95 600.00	600.00

SUBTOTAL of Receipts This Page (optional) 2,625.00

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Moyle's Health Care Occupation: President Aggregate Year-to-Date—$ 1,000.00	05/17/95	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Burton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HBA Corporation Occupation: Administrator Aggregate Year-to-Date—$ 250.00	05/24/95	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Grant Asay 415 6th St Juneau, AK 99801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St Anne's Nursing Home Occupation: Administrator Aggregate Year-to-Date $ 400.00	05/04/95	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Ava Vogel Smith 133 W Broadway Shelbyville, IN 46176 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Pavan Center Occupation: Owner Aggregate Year-to-Date—$ 500.00	05/15/95	200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jeanne Sanderson Rt 101 Box 51 Rt 2 Meredith, NH 03253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Golden View Health Care Occupation: Administrator Aggregate Year-to-Date—$ 500.00	05/04/95	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Mark Hamister 651 Delaware Ave Buffalo, NY 14202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: National Healthcare Occupation: President/CEO Aggregate Year-to-Date $ 1,000.00	05/04/95	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Walter Ledig PO Box 892 Minden, LA 71058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Towne & Country Nursing Occupation: Administrator Aggregate Year-to-Date $ 400.00	05/16/95	100.00

SUBTOTAL of Receipts This Page (optional) 2,150.00

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

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Steven Wade 8 Capitol St #700 Charleston,WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Virginia Health Care Assoc Occupation: Assoc. Director Aggregate Year-to-Date—$ 200.00	05/24/95	200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Steven Wade 8 Capitol St #700 Charleston,WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Virginia Health Occupation: Assoc Director Aggregate Year-to-Date—$ 200.00	05/24/95	200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Steven Wade 8 Capitol St #700 Charleston,WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Virginia Health Occupation: Assoc Director Aggregate Year-to-Date—$ 200.00	05/24/95	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Freddie Franklin 1137 Abraham St Tallahassee,FL 32304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Minnelle Mill Nursing Occupation: Administrator Aggregate Year-to-Date—$ 200.00	05/24/95	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Richard Mathis 2742 Dow Ave Tustin,CA 92680 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dane Enterprises Occupation: President Aggregate Year-to-Date—$ 250.00	05/01/95	125.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Stan Jones 2107 Westhill Dr Wausau,WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Occupation: Administrator Aggregate Year-to-Date $ 250.00	05/24/95	125.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
John Elliot 901 Quarrier St #306 Charleston,WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHFM Inc Occupation: CEO Aggregate Year-to-Date $ 1,200.00	05/24/95	200.00

SUBTOTAL of Receipts This Page (optional) 755.00

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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. Terry Beyl One N Capitol #1115 Indianapolis, IN 46204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Indiana Health Care Assoc Executive Vice Pres Aggregate Year-to-Date—$	05/04/95 500.00	500.00
B. Carl Lyons 6202 E 61st St Tulsa, OK 74136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Skyline Terrace Nursing Admin Aggregate Year-to-Date—$	05/24/95 300.00	300.00
C. Ron Floyd 505 Robert Rd Slidell, LA 70458 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenbrier Nursing Home Administrator Aggregate Year-to-Date—$	05/24/95 250.00	250.00
D. Mark Tobin 111 Headwaters Dr Harwich, MA 02645 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cranberry Pointe Occupation Aggregate Year-to-Date—$	05/05/95 1,000.00	1,000.00
E. R James Miller 922 S Buffalo St Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMI Invest Partner Aggregate Year-to-Date—$	05/04/95 250.00	125.00
F. Richard Miller Klein Unit 2910 Madison Burlington, IA 52601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Burlington Medical Center Occupation Aggregate Year-to-Date—$	05/04/95 1,650.00	1,650.00
G. Gerald Romano 7 Creek Ln Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Silver Creek Manor Administrator Aggregate Year-to-Date—$	05/24/95 300.00	300.00

SUBTOTAL of Receipts This Page (optional) 1,175.00

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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) / Aggregate Year-to-Date $	Amount of Each Receipt This Period
A. DeWitt Crawford PO Box 109 Louisville, MS 39339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	TP Management Corp Inc VP/Treasurer	05/15/95 250.00	150.00
B. Larry Overstreet 1300 Belk St Oxford, MS 38655 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Consultants Owner	05/24/95 300.00	300.00
C. Oliver Hamister 651 Delaware Ave Buffalo, NY 14202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Health Care Sr Vice President	05/24/95 500.00	[illegible]
D. Ginger Layman 25919 Gading Rd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Michael Cmty Hosp Administrator	05/24/95 600.00	500.00
E. Nolan Hoffer 410 E. North 2nd Grangeville, ID 83530 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grangeville Care Center Administrator	05/24/95 220.00	100.00
F. Susan Farris 2105 15th St Bridgeport, TX 76426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Haven Healthcare Administrator	05/24/95 200.00	100.00
G. Andrew Branch 2611 S. Dearborn St. Seattle, WA 98144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Branch Villa Health Care Ctr President	05/15/95 200.00	100.00

SUBTOTAL of Receipts This Page (optional) 1,750.00

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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
Elizabeth Fago 2252 Flamingo Rd. Palm Beach Garden, FL 33410	Name of Employer: AHCA Occupation: Nursing Home Admin.	05/24/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Paul Guitreau 150 Calver Dr Ponchatoula, LA 70454		05/24/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Sandra Neil 3306 Eddy #143 A Amarillo, TX 79109		05/24/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
William McReynolds 1430 Larimer Street #300 Denver, CO 80202	Name of Employer: Long Term Health Care Alliance Occupation: President	05/24/95	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
Karen Murphy 7 Haystack Lane Collasset, MA 02025		05/09/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Steven Barfinkle 40 Warren Street Newton Centre, MA 02159		05/09/95	1,000.00
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
Gerry Vitti 121 Mount Vernon Street Boston, MA 02108	Name of Employer: Health Care Financial Occupation: [illegible]	05/09/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	

SUBTOTAL of Receipts This Page (optional) 2,750.00

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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. Curtis Lovell 38 Sunrise Terrace Stoughton, MA 02072 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $	05/09/95 600.00	600.00
B. Frederick Thatcher 145 W. Newton Street Boston, MA 02118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$	05/09/95 600.00	600.00
C. Thomas F. O'Neill One Exeter Street Boston, MA 02116 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Aggregate Year to Date - $	05/09/95 600.00	600.00
D. Douglas C. Fienelkorn 92 Washington Sq East Salem, MA 01970 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Aggregate Year-to-Date--$	05/09/95 600.00	600.00
E. John H. O'Neill 39 Fox Run Road Bellingham, MA 02019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date--$	05/09/95 600.00	600.00
F. George Brewster 4 Mark Lane Milton, MA 02186 Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Occupation Aggregate Year-to-Date $	05/09/95 600.00	600.00
G. Alan G. Goldberg 300 Commercial Street, No. 904 Boston, MA 02109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$	05/09/95 600.00	600.00

SUBTOTAL of Receipts This Page (optional) 4,200.00

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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
John Rutkowski 11 Rush Pond Road Lakeville, MA 02347		05/09/95	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Linda Sellon 283 Commonwealth Avenue Newton Centre, MA 02159		05/09/95	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Patricia McGregor 26 Christopher Road Rowley, MA 01969		05/09/95	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Richard Penn 85 Seyland Road Newton, MA 02159		05/09/95	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Douglas Noble 25 Juniper Road Sharon, MA 02067		05/09/95	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Howard Cohen 50 Chestnut Hill Road Newton, MA 02167		05/09/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jeanette Davidson Route 1, Box 725 San Augustine, TX 75972	Name of Employer: Twin Lakes Care Center Occupation: Administrator	05/24/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	

SUBTOTAL of Receipts This Page (optional) 3,500.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			.00
TOTAL This Period (last page this line number only)			37,650.00

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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 CRESTAR BANK NA PO BOX 26150 RICHMOND VA 23210	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 5/31/95	Amount of Each Receipt this Period 217.50
Receipt For: ☐ Primary ☐ General ☒ Other (specify): BANK INTEREST			
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			217.50

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Christopher Dodd 18 Huntington Place Norwich, CT 06360	D-SEN-CT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/26/95	1,000.00
B. Full Name, Mailing Address and ZIP Code William Coyne , PA	D-CO14-PA 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/22/95	500.00
C. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/22/95	500.00
D. Full Name, Mailing Address and ZIP Code Michael Bilirakis P O Box 1077 Tarpon Springs, FL 34688	Purpose of Disbursement R-0007-FL 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/04/95	500.00
E. Full Name, Mailing Address and ZIP Code Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	Purpose of Disbursement D-0005-MD 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/22/95	500.00
F. Full Name, Mailing Address and ZIP Code Bill Brewster PO Box 10 Medil, OK 73446	Purpose of Disbursement D-0003-OK Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/22/95	500.00
G. Full Name, Mailing Address and ZIP Code Rick Santorum 2nd Floor, 640 Rodi Rd. Pittsburgh, PA 15235	Purpose of Disbursement R-SEN-PA 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/22/95	250.00
H. Full Name, Mailing Address and ZIP Code John Bryant 8035 E. Rl. Thurton Fwy, #310 Dallas, TX 75228	Purpose of Disbursement D-0005-TX 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/22/95	500.00
I. Full Name, Mailing Address and ZIP Code John Rockefeller 1716 Kanawha Blvd East Charleston, WV 25305	Purpose of Disbursement D-SEN-WV 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/22/95	5,000.00
SUBTOTAL of Disbursements This Page (optional)			9,250.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code John Rockefeller 1716 Kanawha Blvd East Charleston, WV 25305	D-SEN-WV 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	05/22/95	5,000.00
B. Full Name, Mailing Address and ZIP Code Wally Herger 7115 Galgate Drive , CA	R-0002-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/22/95	1,000.00
C. Full Name, Mailing Address and ZIP Code Sam Gibbons 940 S. Sterling Tampa, Fl 33629	D-0011-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/22/95	1,000.00
D. Full Name, Mailing Address and ZIP Code Philip Crane Suite 101, 1450 So. New Wilke Arlington Height, IL 60005	R-0008-IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/04/95	2,000.00
E. Full Name, Mailing Address and ZIP Code John Myers 921 Second Street Covington, IN 47932	R-0007-IN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/22/95	500.00
F. Full Name, Mailing Address and ZIP Code Richard Baker 9132 Highland Garden Road Baton Rouge, LA 70811	R-0006-LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/04/95	250.00
G. Full Name, Mailing Address and ZIP Code Richard Gephardt 7435 Watson Rd., #107 St Louis, MO 63119	D-0003-MO 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/04/95	3,000.00
H. Full Name, Mailing Address and ZIP Code Charles Rangel 74 West 132nd St New York, NY 10037	D-0015-NY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/22/95	500.00
I. Full Name, Mailing Address and ZIP Code Joseph McDade 307 Clark Avenue Clarks Summit, PA 18411	R-0017-PA Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	05/22/95	1,000.00
SUBTOTAL of Disbursements This Page (optional)			14,250.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code John Porter 1099 Merrill Street Winnetka, IL	Purpose of Disbursement R-0010-IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/22/95	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code William Cohen 7 East Summer Street Bangor, ME 04401	Purpose of Disbursement R-SEN-ME 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/22/95	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code William Cohen 7 East Summer Street Bangor, ME 04401	Purpose of Disbursement R-SEN-ME 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/30/95	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code. Alan Simpson 1112 Brentfield Drive McLean, VA 22107	Purpose of Disbursement R-SEN-WY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/22/95	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code DSCC 450 South Capitol St., SE Washington, DC 20003	Purpose of Disbursement -SEN-DC Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	Date (month, day, year) 05/01/95	Amount of Each Disbursement This Period 5,000.00
F. Full Name, Mailing Address and ZIP Code Anna Eshoo 555 Bryant, Box 335 Palo Alto, CA 94301	Purpose of Disbursement D-14 -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/04/95	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Tom Davis 3317 Plaza Drive Fairfax, VA 22030	Purpose of Disbursement R-11 VA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/04/95	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code John Baldacci 9 Palm St. Bangor, ME 04401	Purpose of Disbursement D-0002-ME 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/22/95	Amount of Each Disbursement This Period 1,500.00
I. Full Name, Mailing Address and ZIP Code Tom Coburn P.O. Box 504 Muskogee, OK 74402	Purpose of Disbursement R-2 -OK 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/04/95	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			11,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code Tom Coburn P.O. Box 504 Muskogee, OK 74402	Purpose of Disbursement R-2 -OK 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/22/95	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Philip English P.O. Box 1940 Erie, PA 16512	Purpose of Disbursement R-0021-PA 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/22/95	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Linda Smith , WA	Purpose of Disbursement R-3 -WA Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/04/95	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code Ed Whitfield , KY	Purpose of Disbursement R-1 -KY 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/04/95	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Pete Wilson Pete Wilson For Pres Exp Cmte Alexandria, VA 22314	Purpose of Disbursement - -VA Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/04/95	Amount of Each Disbursement This Period 5,000.00
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)			7,100.00
TOTAL This Period (last page this line number only)			42,100.00

Page 1 of 1 for
LINE NUMBER 23
(Use separate schedule(s) for each category of the Detailed Summary Page)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code MAX BAUCUS PO BOX 216 HELENA MT 59624	96 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	5/31/95	(5000.00)
B. Full Name, Mailing Address and ZIP Code DEMOCRATIC SENATORIAL CAMPAIGN CMTE 1150 S. CAPITOL ST SE WASHINGTON, DC 20003	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	5/31/95	(5000.00)
C. Full Name, Mailing Address and ZIP Code SAM GIBBONS 940 S. STERLING TAMPA, FL 33629	Purpose of Disbursement 96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	5/31/95	(1000.00)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			(1,000.00)
TOTAL This Period (last page this line number only)			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, NA PO BOX 26150 RICHMOND, VA 23260	Purpose of Disbursement BANKING FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 5/31/95	Amount of Each Disbursement This Period 264.24
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)			264.24
TOTAL This Period (last page this line number only)			

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 6/19/95
☐	First Class Mail	POSTMARKED
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☐	No Postmark	
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☐	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

PREPARER

6/19/95
DATE PREPARED

FEC FORM 70-2 (12/92)