REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 19 11 13 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

1201 L STREET NW

CITY, STATE and ZIP CODE

WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due On:

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

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

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

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

SUMMARY

5. Covering Period 6/1/96 through 6/30/96

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 96		$ 96,167.07
	(b) Cash on Hand at Beginning of Reporting Period	$ 52,468.92	
	(c) Total Receipts (from Line 19)	$ 20,122.49	$ 173,495.72
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 72,591.41	$ 259,662.79
7.	Total Disbursements (from Line 30)	$ 43,411.22	$ 230,492.60
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 29,180.19	$ 29,180.19
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

Type or Print Name of Treasurer
PAUL WILLGING

Signature of Treasurer
Paul Willging

Date
7/19/96

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

FEC FORM 3X
(revised 9/93)

FE4NN101

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

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 6/1/96 TO: 6/30/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	14,625.00	137,167.56	11(a)(i)
ii. Unitemized	3,452.50	27,681.45	11(a)(ii)
iii. Total (add i and ii) ➤	18,077.50	164,849.01	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤			11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	2000.00	4000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	44.99	646.71	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	20,122.49	173,495.72	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	20,122.49	173,495.72	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	622.22	2,671.32	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	622.22	2,671.32	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	42,789.00	226,811.28	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		1000.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤		1000.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	43,411.22	230,482.60	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	43,411.22	230,482.60	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE4AN101

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David L. Guillot 7844 Office Park Blvd Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: David L Guillot Inc Occupation: President Aggregate Year-to-Date—$ 350.00	06/21/96	100.00
B. John Snyder 135 S Morgan St Rushville, IL 62681 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Snyders Vaughn Haven Inc Occupation: Administrator Aggregate Year-to-Date—$ 500.00	06/10/96	500.00
C. Jerry Sansby 2319 W 7th St St Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Highland Chateau Occupation: President Aggregate Year-to-Date—$ 500.00	06/10/96	500.00
D. Steven Chies 9899 Avocet St Coon Rapids, MN 55433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Park River Estates Care Ctr Occupation: President Aggregate Year-to-Date—$ 250.00	06/20/96	250.00
E. Richard Grosso 130 Terhune Dr Wayne, NJ 07470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lakeview Conval Cent Occupation: President Aggregate Year-to-Date—$ 500.00	06/20/96	500.00
F. Kenneth Morris 401 Snyder Ave Barberton, OH 44203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pleasant View Health Care Occupation: Admin Aggregate Year-to-Date—$ 750.00	06/10/96	250.00
G. Douglas Pendergrass 3445 Executive Center Dr #250 Austin, TX 78731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Convalescent Enterprises Occupation: Owner Aggregate Year-to-Date—$ 500.00	06/24/96	500.00
SUBTOTAL of Receipts This Page (optional)			2,600.00
TOTAL This Period (last page this line number only)			

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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)
Bill Phelan PO Box 1459 Tallahassee, FL 32302	Florida Health Care Assn Exec Dir	06/24/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,100.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Todd Bergdoll 55 Green Meadows Dr S Westerville, OH 43081	Ohio Health Care Assn Dir Govt Affairs	06/24/96	300.00
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**
Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087	Quality Care Health Center Admin	06/24/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$	1,100.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Peter Clendenin 125 Airport Rd Concord, NH 03301	New Hampshire Health Care Assn Exec VP	06/20/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,100.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Franks 124 S Elm Pl Broken Arrow, OK 74102	Park Blvd Inc Owner	06/18/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,100.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Margaret Sellers 4156 Carmichael Rd Montgomery, AL 36106	Alabama Nursing Home Assoc Exec VP	06/20/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Aggregate Year-to-Date—$	200.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gerry Baker 192 W Vienna Rd Clio, MI 48420	Beecher Manor Inc Admin	06/18/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,200.00	
SUBTOTAL of Receipts This Page (optional)			900.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Page _____ of _____ for
LINE NUMBER _____
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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. Mary Baker 812 W Main St PO Box 1129 Turlock, CA 95381	Elness Convalescent Hospital Admin	06/20/96	2,100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,100.00		
B. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509	Vista Pacifica Enterprises Owner/Administrator	06/20/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,100.00		
C. Gerald Cutler 514 E Broadway Montesano, WA 98563	Edgewood Manor President	06/20/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
D. Thomas Gault PO Box 11327 Cincinnati, OH 45211	Harrison House Executive Director	06/20/96	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
E. Paul Willging 1201 L St NW , AH	American Health Care Assoc Exec VP	06/18/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 561.58		
F. Joseph Warner PO Box 3188 Bloomington, IL 61702	Heritage Enterprises President	06/20/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 600.00		
G. Michael Morton 100-B Garrison Ave Ft Smith, AR 72901	Central Arkansas Nursing Ctrs Owner	06/18/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		
SUBTOTAL of Receipts This Page (optional)			4,800.00
TOTAL This Period (last page this line number only)			

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A. Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Admin	06/20/96 2,250.00	1,000.00
B. Joseph Donchess 7844 Office Park Blvd Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Louisiana Nursing Home Assn Executive Director	06/28/96 300.00	100.00
C. Henry Burch PO Box 23314 New Orleans, LA 70123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henry J Burch & Associates Owner	06/20/96 1,100.00	100.00
D. Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spaugh & Co Owner	06/24/96 600.00	100.00
E. LaDonna Ross 124 S Elm Pl Broken Arrow, OK 74012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PARK BLVD. INC. Nursing Home Consul	06/17/96 1,000.00	1,000.00
F. Michael Barody 455 North Indian Rock Road Belleair Bluff, FL 34640 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern Management Services Admin	06/18/96 2,100.00	100.00
G. Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Pointe Woods General Manager	06/10/96 1,922.27	125.00
SUBTOTAL of Receipts This Page (optional)			2,525.00
TOTAL This Period (last page this line number only)			

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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. Grover Baker PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mark One Corp Vice President Aggregate Year-to-Date—$ 1,000.00	06/20/96	1,000.00
B. Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gulf South Medical Ent President Aggregate Year-to-Date—$ 1,100.00	06/18/96	100.00
C. Joanne Grubbs 3735 Memorial Dr Decatur, GA 30032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Georgia Nursing Home Assoc Dir Reg Affairs Aggregate Year-to-Date—$ 500.00	06/10/96	500.00
D. David Beck 1275 Pennsylvania AVenue Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DC Health Care Association Exec VP Aggregate Year-to-Date—$ 600.00	06/24/96	500.00
E. David Beck 1275 Pennsylvania AVenue Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DC Health Care Association Exec VP Aggregate Year-to-Date—$ 600.00	06/24/96	100.00
F. Hugh Franklin 865 North St. Jackson, MS 39212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franklin Nursing & Convalescent Home Owner Aggregate Year-to-Date—$ 350.00	06/20/96	100.00
G. Douglas M. Wright P.O. Box 3667 Tupelo, MS 38803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Right Care, Inc. President/CEO Aggregate Year-to-Date—$ 500.00	06/10/96	500.00
SUBTOTAL of Receipts This Page (optional)			2,600.00
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
Patricia Freeman 2138 La Costa Blvd Dayton Beach,FL 32119	Genesis Health Ventures Regional Director	06/24/96	100.00
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
Reginald Carter PO Box 80050 Lansing,MI 48908	HCAM Executive Vice Pres	06/20/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 100.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Toni Fatone 131 New London Trnpk #318 Glastonbury,CT 06033	CT ASSN OF HC FACILITIES	06/24/96	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
Joan Gallegos 1319 South Emigration Street Salt Lake City,UT 84108	Utah Health Care Assn State Executive	06/24/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
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) 1,000.00

TOTAL This Period (last page this line number only) 14,625.00

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 / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
A. TOM BLILEY FOR CONGRESS PO BOX 17095 RICHMOND, VA 23226 Receipt For: ☑ Primary ☐ General ☐ Other (specify): REFUND 96 PRIMARY		6/17/96	2000.00
B.			
C.			
D.			
E.			
F.			
G.			

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

TOTAL This Period (last page this line number only) 2000.00

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. CRESTAR BANK PO BOX 35024 RICHMOND, VA 23285-5024 Receipt For: ☐ Primary ☐ General ☑ Other (specify): BANK INTEREST	Aggregate Year-to-Date—$	6/30/96	44.99
B.	Aggregate Year-to-Date—$		
C.	Aggregate Year-to-Date—$		
D.	Aggregate Year-to-Date—$		
E.	Aggregate Year-to-Date—$		
F.	Aggregate Year-to-Date—$		
G.	Aggregate Year-to-Date—$		

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

TOTAL This Period (last page this line number only) 44.99

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Roberts 1510 W. Beeson Dodge City, KS 67801	R-0001-KS 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	06/12/96	5,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ronald Wyden PO Box 3498 Portland, OR 97208	D-0003-OR 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/21/96	1,500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mitch McConnell 1930 Bishop Lane, Ste 1018 Louisville, KY 40218	R-SEN-KY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/21/96	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mitch McConnell 1930 Bishop Lane, Ste 1018 Louisville, KY 40218	R-SEN-KY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/96	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim McCrery Suite 350, 6425 Youree Dr. Shreveport, LA 71105	R-0005-LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/96	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	D-0012-MI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/96	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Robert Torricelli 160 Overlook Avenue Hackensack, NJ 07601	D-0009-NJ 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/21/96	1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bart Gordon PO Box 2008 Murfreesboro, TN 37133	D-0006-TN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/96	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tom DeLay PO Box 101 Sugar Land, TX 77487	R-0022-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/96	1,050.00
SUBTOTAL of Disbursements This Page (optional)			13,050.00
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	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Dick Armey 250 S Stemmons Suite 318 Lewisville, TX 75067	R-0026-TX 96 General	06/27/96	4,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dick Armey 250 S Stemmons Suite 318 Lewisville, TX 75067	R-0026-TX 96 Primary	06/27/96	431.52
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**
Jim Bunning 1717 Dixie Highway, Ste 180 Fr. Wright, KY 41011	R-0004-KY 96 Primary	06/21/96	1,000.00
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**
Joseph Kennedy 73 Bigelow St Brighton, MA 02135	D-0008-MA 96 Primary	06/21/96	500.00
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**
Fred Upton P.O. Box 490 St Joseph, MI 49085	R-0006-MI 96 Primary	06/21/96	500.00
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**
Tim Johnson 102 No. Plum St Vermillion, SD 57069	D-0001-SD 96 Primary	06/21/96	1,000.00
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**
Martin Frost P.O. Box 4219 Dallas, TX 75208	D-0024-TX 96 Primary	06/27/96	500.00
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**
Vic Fazio 722 B Main St Woodland, CA 96595	D-0003-CA 96 Primary	06/27/96	250.00
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**
Vic Fazio 722 B Main St Woodland, CA 96595	D-0003-CA 96 Primary	06/27/96	1,000.00
SUBTOTAL of Disbursements This Page (optional)			9,181.52
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jesse Helms 1233 Pond Street Cary, NC 00000	R-SEN-NC 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/27/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
President's Forum NRCC 320 First St., S.E. Washington, DC 20003	R- -DC Disbursement for: ☐Primary ☐General ☐ Other (specify):	06/21/96	5,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Earl Pomeroy P.O. Box 746 Bismarck, ND 58502	D-0001-ND 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/27/96	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nathan Deal P.O. Box 2522 Gainesville, GA 30503	D-0009-GA 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/27/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jon Fox 36 W. Skippack Ambler, PA 19002	R-13 -PA 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/21/96	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jennifer Dunn P.O. Box 40110 Bellevue, WA 98004	R-0008-WA 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/27/96	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ted Strickland P.O. Box 580 Lucasville, OH 45648	D-0006-OH 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/27/96	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim Miller P.O. Box 8496 Richmond, VA 23226	R-SEN-VA 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/27/96	634.92
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John Tierney 76 Lafayette St. Salem, MA 01970	- -MA 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/04/96	1,000.00

SUBTOTAL of Disbursements This Page (optional)	10,634.92
TOTAL This Period (last page this line number only)	

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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
Tom Coburn P.O. Box 504 Muskogee, OK 74402	R-2 -OK 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/96	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Philip English P.O. Box 1940 Erie, PA 16512	R-0021-PA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/96	328.01
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jon Christensen PO Box 540621 Omaha, NE 68154	- -NE 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	06/21/96	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jon Christensen PO Box 540621 Omaha, NE 68154	- -NE 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/96	444.55
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	R-1 -NV 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/96	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert (Jr.) Ehrlich , MD	R-2 -MD 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/96	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lindsey Graham PO Box 1155 Seneca, SC 29679	R-3 -SC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/21/96	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andrea Seastrand PO Box 14002 San Louis Obispo, CA 93406	R-22 -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/21/96	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Randy Tate , WA	R-9 -WA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/96	500.00
SUBTOTAL of Disbursements This Page (optional)			4,022.56
TOTAL This Period (last page this line number only)			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Trice Harvey PO Box 2084 Bakersfield, CA 93303	-20th-CA 96 Primary	06/21/96	150.00
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
Robert Weygand PO Box 28405 Providence, RI 02908	D- -RI 96 Primary	06/27/96	1,000.00
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
Max Cleland PO Box 7843 Atlanta, GA 30357	D- -GA 96 Primary	06/27/96	2,500.00
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
Billy Tauzin PO Box 1407 Thibodaux, LA 70302	D- -LA 96 Primary	06/27/96	500.00
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
John Frieden 3530 SW Hodges Rd Topeka, KS 66614	D- -KS 96 Primary	06/21/96	1,000.00
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
Kay Granger PO Box 24006 Fort Worth, TX 76124	R- -TX 96 Primary	06/27/96	500.00
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
John Pouland 6335 Prospect Dallas, TX 75214	D- -TX 96 Primary	06/27/96	250.00
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)	5,900.00
TOTAL This Period (last page this line number only)	42,789.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code CRESTAR BANK PO BOX 85024 RICHMOND, VA 23285-5024	BANK FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	6/30/96	622.22
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)			622.22

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 7/9/96
☐	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

2S.	7/9/96
PREPARER	DATE PREPARED

FEC FORM 70-2 (12/92)