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)
CDDDD6080 030494 p Z09
GERALD L BAKER
AMERICAN HEALTH CARE ASSOCIATI
ON POLITICAL ACTION COMMITTEE
1201 L STREET NW
WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☒ May 20 ☐ September 20 ☐ January 31

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4-1-94 through 4-30-94		
6. (a) Cash on Hand January 1, 19 94		$ 89,913.07
(b) Cash on Hand at Beginning of Reporting Period	$ 64,967.54	
(c) Total Receipts (from Line 19)	$ 39,772.78	$ 117,199.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 104,740.32	$ 207,112.45
7. Total Disbursements (from Line 30)	$ 39,675.97	$ 142,048.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 65,064.35	$ 65,064.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

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

Signature of Treasurer
Paul R. Willging

Date
5/17/94

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

FEC FORM 3X
(revised 6/93)

FE4AN1D1

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 4-1-94 TO: 4-30-94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees	26,525.00	77,528.44
i. Itemized (use Schedule A)	8,042.50	33,745.23
ii. Unitemized	34,567.50	111,273.67
iii. Total (add i and ii) ➤	-	-
b. Political Party Committees	5,000.00	5,000.00
c. Other Political Committees (such as PACs)	39,567.50	116,273.67
d. Total Contributions (add a iii, b and c) ➤	-	
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	205.28	925.71
17. Other Federal Receipts (Dividends, Interest, etc.)	-	
18. Transfers from Nonfederal Account for Joint Activity	39,772.78	117,199.38
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	39,772.78	117,199.38
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	-	-
i. Federal Share	-	-
ii. Non-Federal Share	250.97	923.10
b. Other Federal Operating Expenditures	250.97	923.10
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-	-
22. Transfers to Affiliated/Other Party Committees	39,200.00	140,900.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	-	-
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	225.00	225.00
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	39,675.97	142,048.10
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	39,675.97	142,048.10
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	39,567.50	116,273.67
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)	39,567.50	116,273.67
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	250.97	923.10
36. Offsets to Operating Expenditures (from line 15)	-	-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	250.97	923.10

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code Marlene Braham Route 19B Conneauville, PA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Rolling Fields, NH Occupation Administrator Aggregate Year-to-Date—$	Date (month, day, year) 1/28/94	Amount of Each Receipt this Period $25 donation incorrectly reported as $250 on January 1994 Report (225.00)
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			(225.00)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
A. Riggs National Bank P.O. Box 1214 Washington, D.C. 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Interest earned for period. Occupation Aggregate Year-to-Date—$ 925.71	4/1/94-4/30/94	205.28
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period

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

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

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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. Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Dimensions Nursing Home Admin Aggregate Year-to-Date—$	04/15/94 500.00	500.00
B. Donald Franco 274 Hemingway Ave. East Haven, CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Paragon Group, Inc. President Aggregate Year-to-Date—$	04/06/94 500.00	250.00
C. Eugene Bishop PO Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Services Centers President Aggregate Year-to-Date—$	04/22/94 500.00	250.00
D. Sandra Higgins PO Box 743 Madisonville, KY 42431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Senior Citizens Nrsg Home Owner/Administrator Aggregate Year-to-Date—$	04/22/94 250.00	250.00
E. David E Meillier PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc President Aggregate Year-to-Date—$	04/15/94 250.00	250.00
F. Doyle Sowerby 291 Main St Sanford, ME 04073 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maine Stay Nursing Home Admin Aggregate Year-to-Date—$	04/15/94 300.00	100.00
G. James Cunningham 2131 Rt 33 Trenton, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N J Assn of Hlth Care Fac President Aggregate Year-to-Date—$	04/13/94 500.00	500.00
SUBTOTAL of Receipts This Page (optional)			2,100.00
TOTAL This Period (last page this line number only)			

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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
James Durante 526 Altamont Ave Schenectady,NY 12303	Hallmark Nursing Centre		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Admin	04/22/94	250.00
	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**
Roger C. Lipitz 515 Fairmount Ave #800 Towson,MD 21286	Genesis Health Ventures		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Owner	04/29/94	250.00
	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**
Carolyn Burns 600 Six Flags Dr #226 Arlington,TX 76011	Beverly Ent-AR/TX Regional Off		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	VP/Operations	04/22/94	150.00
	Aggregate Year-to-Date—$	225.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael W Massey PO Box 1149 Greer,SC 29652	Roger Huntington Nursing Ctr		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Administrator	04/29/94	1,000.00
	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**
Frank Brown PO Box 190 Cullman,AL 35056	Age Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	President	04/22/94	250.00
	Aggregate Year-to-Date—$	250.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Wolf 820 S 59th St Belleville,IL 62223	Eldercare Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	President	04/15/94	125.00
	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**
Harvey Wertlieb 6500 ROCK SPRINGS DR. BETHESDA,MD 20817	GLOBAL HEALTH MANAGEMENT		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Admin	04/29/94	250.00
	Aggregate Year-to-Date—$	250.00	
SUBTOTAL of Receipts This Page (optional)			2,275.00
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
Scott Sandford 33 Elk St., Ste. 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NYSHFA Occupation: Dir.	04/29/94	250.00
	Aggregate Year-to-Date—$	250.00	
Herman Conaway PO Box F Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Ca Occupation: President	04/29/94	125.00
	Aggregate Year-to-Date—$	250.00	
Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Occupation: Admin	04/06/94	50.00
	Aggregate Year-to-Date—$	350.00	
Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Occupation: Admin	04/27/94	50.00
	Aggregate Year-to-Date—$	350.00	
Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Occupation: Owner/Adm	04/22/94	250.00
	Aggregate Year-to-Date—$	500.00	
Donald Beaver PO Box 1148 Hickory, NC 28601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brian Center Management Corp Occupation: President/CEO	04/22/94	250.00
	Aggregate Year-to-Date—$	500.00	
Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Admin	04/15/94	500.00
	Aggregate Year-to-Date—$	1,000.00	

SUBTOTAL of Receipts This Page (optional) 1,475.00

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. H Wes Handy 1005 Hill Rd Las Cruces, NM 88005 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Mountain Shadows Nrsg Ctr Occupation: Owner Aggregate Year-to-Date—$ 1,000.00	04/22/94	750.00
B. Martha Lang 3615 Imperial Lynwood, CA 90262 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Marlinda Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$ 500.00	04/22/94	250.00
C. Gail Clarkson 223 S Main St Romeo, MI 48065 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Medilodge Occupation: Chief Operating Of Aggregate Year-to-Date—$ 375.00	04/22/94	125.00
D. 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—$ 200.00	04/15/94	100.00
E. R Grady Snowden 25 William Bartram Scenic Hwy. Jacksonville, FL 32259 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Wesley Manor Retirement Villa Occupation: Executive Director Aggregate Year-to-Date—$ 1,000.00	04/22/94	1,000.00
F. J Robert Wilson 947 Worthington Circle Ft Collins, CO 80526 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Columbine Care Center Occupation: President Aggregate Year-to-Date—$ 500.00	04/22/94	250.00
G. Jerry Tretwold Box 829 200 River Plaza Brewster, WA 98812 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Harmony House Occupation: Owner Aggregate Year-to-Date—$ 1,000.00	04/22/94	500.00
SUBTOTAL of Receipts This Page (optional)			2,975.00
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. Elton Beebe 3900 Lakeland Dr #400 Jackson, MS 39208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Management Corp Occupation: President Aggregate Year-to-Date—$ 500.00	04/27/94	250.00
B. Jack Markovitz 11630 S Grevillea Ave Hawthorne, CA 90250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hawthorne Care Ctr Occupation: President Aggregate Year-to-Date—$ 500.00	04/13/94	300.00
C. Wally Miller 104 E Central Ave LaGrange, IN 46761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Inc Occupation: CEO Operations Aggregate Year-to-Date—$ 1,000.00	04/15/94	1,000.00
D. Troy Athon PO Box 497 Conyers, GA 30207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Geriatric Health Services Occupation: President Aggregate Year-to-Date—$ 250.00	04/22/94	250.00
E. Robert Chur 7 Limestone Drive Williamsville, NY 14221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elderwood Affiliates Inc Occupation: President Aggregate Year-to-Date—$ 1,000.00	04/13/94	1,000.00
F. Donel Sprenger PO Box 343 Amherst, OH 44001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lorain Manor Partnership Occupation: General Partner Aggregate Year-to-Date—$ 500.00	04/27/94	250.00
G. Neil Pruitt PO Box 1210 Toccoa, GA 30577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pruitt & Associates Inc Occupation: Admin Aggregate Year-to-Date—$ 500.00	04/22/94	250.00
SUBTOTAL of Receipts This Page (optional)			3,300.00
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. Jack Wells 735 Harvard Dr. Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wells Health Systems President	04/22/94	250.00
	Aggregate Year-to-Date—$	500.00	
b. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Braswell Enterprises Owner/Administrator	04/13/94	500.00
	Aggregate Year-to-Date—$	500.00	
c. Sam Sparks 6999 Stober Ct Las Vegas, NV 89117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horizon Health Care Consultant	04/27/94	250.00
	Aggregate Year-to-Date—$	250.00	
d. James Rozzi PO Box 859 Cicero, IN 46034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Management Group President	04/22/94	250.00
	Aggregate Year-to-Date—$	500.00	
e. Phillip Fogg, Sr. 6623 NE 82nd Ave Portland, OR 97220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Prestige Care Inc Administrator	04/29/94	250.00
	Aggregate Year-to-Date—$	250.00	
f. Thomas Gault PO Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison House Executive Director	04/22/94	2,000.00
	Aggregate Year-to-Date—$	2,000.00	
g. J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northport Health Services, Inc President	04/15/94	125.00
	Aggregate Year-to-Date—$	250.00	
SUBTOTAL of Receipts This Page (optional)			3,625.00
TOTAL This Period (last page this line number only)			

9 4 0 3 8 9 1 2 2 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. 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—$ 250.00	04/29/94	125.00
B. Larry Bradley 587 Rio Lindo Ave Chico, CA 95926 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crestwood Conval Hosp Occupation: Admin Aggregate Year-to-Date—$ 250.00	04/27/94	125.00
C. Arlene Miles 225 E 16th Ave #1100 Denver, CO 80203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colorado Health Care Assn Occupation: Exec Dir Aggregate Year-to-Date—$ 250.00	04/15/94	250.00
D. Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Occupation: Proprietor Aggregate Year-to-Date—$ 500.00	04/27/94	250.00
E. Tom Davis PO Box 1148 Hickory, NC 28603 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brian Center Management Corp Occupation: Exec VP Aggregate Year-to-Date—$ 250.00	04/15/94	125.00
F. Joseph Warner PO Box 3188 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprises Occupation: President Aggregate Year-to-Date—$ 500.00	04/29/94	250.00
G. Jim Klausman 3715 SW 29th St Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Services Occupation: Owner-Adm Aggregate Year-to-Date—$ 250.00	04/15/94	125.00

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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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. Dick Stebbins 600 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Fine Companies Occupation: Managing Partner Aggregate Year-to-Date—$ 500.00	04/22/94	500.00
B. Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Occupation: Admin Aggregate Year-to-Date—$ 250.00	04/06/94	250.00
C. Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Occupation: Chairman & CEO Aggregate Year-to-Date—$ 500.00	04/22/94	250.00
D. Joseph Donchess 7921 Picardy Ave Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Louisiana Health Care Occupation: Executive Director Aggregate Year-to-Date—$ 250.00	04/15/94	125.00
E. Lawrence Garatoni 315 W Jefferson Blvd South Bend, IN 46601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Quest Corporation Occupation: Exec Off Aggregate Year-to-Date—$ 250.00	04/22/94	125.00
F. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Occupation: Gov Rel Consultant Aggregate Year-to-Date—$ 750.00	04/22/94	500.00
G. Patti Turenne 407 S McDonough St Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Turenne & Associates Inc Occupation: Administrator Aggregate Year-to-Date—$ 500.00	04/22/94	250.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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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. Hillhaven 1048 Broadway Plaza Tacoma, WA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hillhaven Corporation Occupation: Political Action Cm Aggregate Year-to-Date—$ 5,000.00	04/06/94	5,000.00
B. Edward Hannan 1440 E Missouri #215 Phoenix, AZ 85014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ariz Health Care Assn Occupation: State Exec Aggregate Year-to-Date—$ 250.00	04/22/94	250.00
C. Michael Barody 455 N Indian Rocks Rd Belleair Bluffs, FL 34640 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Southern Mgmt Services, Inc Occupation: Admin Aggregate Year-to-Date—$ 1,565.00	04/06/94	1,000.00
D. Mark Hamister 651 Delaware Ave Buffalo, NY 14202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: National Health Care Affiliate Occupation: President/CEO Aggregate Year-to-Date—$ 500.00	04/15/94	250.00
E. Mark Hamister 651 Delaware Ave Buffalo, NY 14202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: National Health Care Affiliate Occupation: President/CEO Aggregate Year-to-Date—$ 500.00	04/22/94	250.00
F. Pearl Barnes 7900 Willows Rd., N.E. Redmond, WA 98052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Cascade Vista Conv Ctr Occupation: Administrator Aggregate Year-to-Date—$ 1,000.00	04/15/94	500.00
G. William Conley 401 E 27th PO Box 2295 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Quad-C Occupation: Owner Aggregate Year-to-Date—$ 250.00	04/29/94	125.00
SUBTOTAL of Receipts This Page (optional)			7,375.00
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. Marvin L Piersma 2815 Michigan St Grand Rapids, MI 49506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MIKO Enterprises Inc President Aggregate Year-to-Date—$ 250.00	04/22/94	125.00
B. Angelo S Rotella 303 Rhodes Ave Woonsocket, RI 02895 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Friendly Home Inc President/Admin Aggregate Year-to-Date—$ 425.00	04/27/94	425.00
C. Michael T Jalacki 2815 Michigan St Grand Rapids, MI 49506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MIKO Enterprises Inc VP/Finance Aggregate Year-to-Date—$ 300.00	04/29/94	300.00
D. H Thomas Taylor P.O. Box 20069 Charleston, SC 29413 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Service Management Inc Owner Aggregate Year-to-Date—$ 250.00	04/15/94	250.00
E. Robert Pacquer 1148 Broadway Plaza CS 2264 Tacoma, WA 98402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Hillhaven Corporation Vice President Aggregate Year-to-Date—$ 500.00	04/22/94	500.00
F. R James Miller 922 S Buffalo St Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Partner Aggregate Year-to-Date—$ 250.00	04/29/94	125.00
G. Jean Filer 1633 Cypress Ln Paradise, CA 95969 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CACH Inc Administrator Aggregate Year-to-Date—$ 1,000.00	04/29/94	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,725.00

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. Gary Macomber 1251 Beacon Blvd West Sacramento, CA 95691	CAHF Executive Director	04/13/94	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
B. Oliver Hamister 651 Delaware Ave Buffalo, NY 14202	National Health Care Affiliates Sr. Vice President	04/22/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
C. Robert Murtha 27 E Russell St #200 Columbus, OH 43215	The MacIntosh Company President	04/22/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
D. Arnold Richman 515 Fairmount Ave Towson, MD 21286	Meridian Healthcare Executive VP	04/15/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
E. Earl Linehan 515 Fairmount Ave #800 Towson, MD 21286	Woodbrook Capital Inc President	04/15/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
F. Michael Batza 515 Fairmount Ave Towson, MD 21286	Meridian Healthcare Partner	04/29/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
G. Bernard Dana 5010 S. 118th St., Ste. 250 Omaha, NE 68137	Vetter Health Services Executive V.P.	04/29/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
SUBTOTAL of Receipts This Page (optional)			2,425.00
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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
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)			.00
TOTAL This Period (last page this line number only)			31,525.00

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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 / 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):	04/22/94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Clay Shaw, Jr. 2929 E. Commercial Blvd. Fort Lauderdale, FL 33308	R-0022-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/08/94	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
Steven Gunderson P.O. Box 1990 Osseo, WI 54756	R-0003-WI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/08/94	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
DCCC 430 South Capitol St Washington, DC 20003	— -DC 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	04/15/94	5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
William Jefferson 1661 Canal St. New Orleans, LA 70112	D-0002-LA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/94	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Lehman Suite 105 2377 W. Shaw Ave. Fresno, CA 93711	D-0019-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/22/94	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Barbara Kennelly 95 Scarborough St Hartford, CT 06105	D-0001-CT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/22/94	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Brewster P.O. Box 10 Medil, OK 73446	D-0003-OK 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/94	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
Bill Brewster P.O. Box 10 Medil, OK 73446	D-0003-OK 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/22/94	500.00
SUBTOTAL of Disbursements This Page (optional)			9,500.00
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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Rick Santorum 2nd Floor, 640 Rodi Rd. Pittsburgh, PA 15235	R-0018-PA 94 Primary ☒ Primary ☐ General ☐ Other (specify):	04/08/94	1,000.00
B. Norman Sisisky 2951 South Crater Road Petersburg, VA 23805	D-0004-VA 94 Primary ☒ Primary ☐ General ☐ Other (specify):	04/25/94	250.00
C. Wally Herger 7115 Galgate Drive , CA	R-0002-CA 94 Primary ☒ Primary ☐ General ☐ Other (specify):	04/08/94	500.00
D. C.W. Young 5959 Central Avenue St. Petersburg, FL 33710	R-0010-FL 94 Primary ☒ Primary ☐ General ☐ Other (specify):	04/15/94	1,000.00
E. Harold Volkmer 719 Country Club Dr. Hannibal, MO 63401	D-0009-MO 94 Primary ☒ Primary ☐ General ☐ Other (specify):	04/08/94	500.00
F. Amory Houghton, Jr. 33 East Third Street Corning, NY 14830	R-0031-NY 94 Primary ☒ Primary ☐ General ☐ Other (specify):	04/15/94	500.00
G. Robert Matsui 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	D-0005-CA 94 Primary ☒ Primary ☐ General ☐ Other (specify):	04/08/94	1,000.00
H. Jerry Lewis 1150 Brookside Ave. Redlands, CA 92373	R-0040-CA 94 Primary ☒ Primary ☐ General ☐ Other (specify):	04/27/94	500.00
I. Marge Roukema 249 Greenway Road Ridgewood, NJ 07450	R-0005-NJ 94 Primary ☒ Primary ☐ General ☐ Other (specify):	04/08/94	500.00
SUBTOTAL of Disbursements This Page (optional)			5,750.00
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	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas J. Manton 47-17 43rd Avenue Sunnyside, NY 11104	D-0007-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/27/94	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim McDermott PO Box 21786 Seattle, WA 98111	D-0007-WA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/94	200.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DNC WASHINGTON, DC 20036	D-0001-DC 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	04/15/94	15,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	R-0006-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/94	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**
Jim Talent 955 Executive Pkwy., #201 St. Louis, MO 63141	R-0002-MO 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/22/94	3,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Earl Pomeroy P.O. Box 746 Bismarck, ND 58502	D-0001-ND 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/22/94	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dan Miller 1111 3rd Ave., West, Ste. 100 Bradenton, FL 34205	-0013-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/94	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**
Peter Blute 566 Boston Tpk. Shrewsbury, MA 01545	R-0003-MA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/08/94	250.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sherrod Brown Elyria, OH	D-0013-OH 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/15/94	500.00
SUBTOTAL of Disbursements This Page (optional)			20,950.00
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 Sherrod Brown Elyria, OH	Purpose of Disbursement D-0013-OH 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/22/94	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Ted Strickland P.O. Box 580 Lucasville, OH 45648	Purpose of Disbursement D-0006-OH 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/22/94	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code David Balmer 4108 Park Rd., Ste. 300 Charlotte, NC 28209	Purpose of Disbursement R- -NC 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/15/94	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code. Patrick Kennedy P.O. Box 1356 Providence, RI 02901	Purpose of Disbursement D- -RI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/25/94	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Chuck Haytaian , NJ	Purpose of Disbursement R-SEN-NJ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/08/94	Amount of Each Disbursement This Period 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
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)			3,000.00
TOTAL This Period (last page this line number only)			39,200.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1214 Washington, DC 20004	Purpose of Disbursement Bank fees for period Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 4/1/94-4/30/94	Amount of Each Disbursement This Period 250.97
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.

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