

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
APR 18 4 36 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) AMERICAN HEALTHCARE ASSOCIATION POLITICAL ACTION COMMITTEE	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1201 L STREET, NW	2. FEC IDENTIFICATION NUMBER C-000-6080
CITY, STATE and ZIP CODE WASHINGTON, DC 20005	3. <input type="checkbox"/> 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 3-1-1997 through 3-31-1997		
6. (a) Cash on Hand January 1, 1997		\$ 73,064.62
(b) Cash on Hand at Beginning of Reporting Period	\$ 75,936.68	
(c) Total Receipts (from Line 19)	\$ 19,087.31	\$ 60,681.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 95,023.99	\$ 133,745.79
7. Total Disbursements (from Line 30)	\$ 45,135.57	\$ 83,857.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 49,888.42	\$ 49,888.42
9. Debts and Obligations Owed TO 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 Talk Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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 DAUL WILLGING	
Signature of Treasurer 	Date 4-18-1997

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

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD FROM 3-1-97 TO 3-31-97		
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	14,442.40	48,192.40	11(a)(i)
ii.	Unitemized	4,429.63	11,944.88	11(a)(ii)
iii.	Total (add i and ii) >	18,872.03	60,137.28	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) >	18,872.03	60,137.28	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, Forfeits, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	215.28	543.89	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	19,087.31	60,681.17	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	19,087.31	60,681.17	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share			21(a)(ii)
ii.	Non-Federal Share	635.57	1357.37	21(a)
b.	Other Federal Operating Expenditures	635.57	1357.37	21(b)
c.	Total Operating Expenditures (add a ii, b and c) >			21(c)
22.	Transfers to Affiliated/Other Party Committees	44,500.00	82,500.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			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			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) >			28(d)
29.	Other Disbursements	45,135.57	83,857.37	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	45,135.57	83,857.37	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			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

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Franco 274 Hemingway Ave. East Haven, CT 06512	Paragon Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	03/13/97	750.00
	Aggregate Year-to-Date-\$	750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Dunn 195 Executive Dr Marion, OH 43302	Marion Manor Nursing	MM-THC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Admin	03/13/97	250.00
	Aggregate Year-to-Date-\$	250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jenny Trotwood Box 829 200 River Plaza Brewster, WA 98812	Harmony House		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	03/21/97	250.00
	Aggregate Year-to-Date-\$	250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
V Richard Miller PO Box 498 Plymouth, IN 46563	MM Investment Inc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO/COO	03/21/97	2,000.00
	Aggregate Year-to-Date-\$	2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Mathias 511 Rogers Avenue, Suite 40A Fort Smith, AR 72919	Beverly Enterprises		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	03/13/97	1,000.00
	Aggregate Year-to-Date-\$	1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Chur 7 Limestone Drive Williamsville, NY 14221	Elderwood Affiliates	BY year	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	03/13/97	500.00
	Aggregate Year-to-Date-\$	500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304	White Oak Manor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive VP/COO	03/13/97	1,000.00
	Aggregate Year-to-Date-\$	1,000.00	
SUBTOTAL of Receipts This Page (optional)			5,750.00
TOTAL This Period (last page this line number only)			

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 committees.

Name of Committee **African Health Care Association - Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Phillip Fogg, Sr. 6623 NE 82nd Ave Portland, OR 97226	Prestige Care Inc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	03/21/97	2,000.00
Aggregate Year-to-Date-\$		2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Gault PO Box 11327 Cincinnati, OH 45211	Harrison House		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	03/14/97	2,000.00
Aggregate Year-to-Date-\$		2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Willging PAYROLL DEDUCTION Washington, AH	American Health Care	03/25/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec VP	03/25/97	461.58
Aggregate Year-to-Date-\$		461.58	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Warner PO Box 3188 Bloomington, IL 61702	Heritage Enterprises		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	03/21/97	250.00
Aggregate Year-to-Date-\$		250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Deane PAYROLL DEDUCTION Washington, AH	AHCA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Economist	03/25/97	200.00
Aggregate Year-to-Date-\$		200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dandridge Walton PO Box 79 Frankfort, KY 40602	Attorney At Law		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	03/13/97	250.00
Aggregate Year-to-Date-\$		250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerry Neal 2245 Broadway Mt Vernon, IL 62864	Developmental Services of Ill		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	03/21/97	250.00
Aggregate Year-to-Date-\$		250.00	
SUBTOTAL of Receipts This Page (optional)			5,411.58
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terry Friese P.O. Box 857 Rhinelander, WI 54501	Petersen Health Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	03/13/97	250.00
Aggregate Year-to-Date-\$		250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Matras 2742 Dow Ave Justin, CA 92680	Care Enterprises		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	03/13/97	250.00
Aggregate Year-to-Date-\$		250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Conley PO Box 11309 Tacoma, WA 98411	Quad-C		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	03/13/97	250.00
Aggregate Year-to-Date-\$		250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barbra McClung 3710 W Mineral King Avenue Visalia, CA 93291	Moyle's Central Valley		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	03/14/97	500.00
Aggregate Year-to-Date-\$		500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harold & Debra Stewart PO Box 974 Apalachicola, FL 32329	Senior Care Properties		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	03/13/97	1,000.00
Aggregate Year-to-Date-\$		1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Hartwell PAYROLL DEDUCTION Washington, AH	AHCA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir Political Aff	03/25/97	230.82
Aggregate Year-to-Date-\$		230.82	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jack Wells 725 Harvard Drive Owensboro, KY 42301	Wells Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	03/13/97	500.00
Aggregate Year-to-Date-\$		500.00	
SUBTOTAL of Receipts This Page (optional)			2,980.82
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee: **American Health Care Association - Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alfred Santos 57 Kilvert St Warwick, RI 02864	Rhode Island Health Care Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec Dir	03/14/97	300.00
Aggregate Year-to-Date-\$		300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$		
SUBTOTAL of Receipts This Page (optional)			300.00
TOTAL This Period (last page this line number only)			14,442.40

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 Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	Purpose of Disbursement D-0006-NJ 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Byron Dorgan P O Box 871 Bismarck, ND 58502	Purpose of Disbursement D-SEN-ND 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Alfonse D'Amato 14 Southard Drive Island Park, NY	Purpose of Disbursement R-SEN-NY 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Bill Paxon P.O. Box 1995 Williamsville, NY 14231	Purpose of Disbursement R-0027-NY 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 2,500.00
F. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 2,500.00
G. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Gary A. Condit 920 12 Street Modesto, CA 95354	Purpose of Disbursement D-0018-CA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Dan Schaefer 10755 W Iliff Avenue Lakewood, CO 80227	Purpose of Disbursement R-0006-CO 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
SUBTOTAL of Disbursements This Page (optional)			10,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page ____ of ____ for
 LINE NUMBER ____
 (Use separate schedules) for each
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Name of Committee (In Full)			
American Health Care Association - Political Action Committee			
A. Full Name, Mailing Address and ZIP Code Barbara Kennelly 95 Scarborough St Bradford, CT 06105	Purpose of Disbursement D-0001-CT 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	Purpose of Disbursement R-0006-CT 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Connie Mack P.O. Box 1035 Tampa, FL 33601	Purpose of Disbursement R-SEN-FL 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Jim Nussle PO Box 324 Manchester, IA 52057	Purpose of Disbursement R-0002-IA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Jim McCrery Suite 350, 6425 Youree Dr. Shreveport, LA 71105	Purpose of Disbursement R-0005-LA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code John Kasich 5910 Cleveland Avenue Columbus, OH 43229	Purpose of Disbursement R-0012-OH 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Joe Barton PO Box 1444 Ennis, TX 75120	Purpose of Disbursement R-0006-TX 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Christopher Cox Suite 430, East Tower Newport Beach, CA 92660	Purpose of Disbursement R-0047-CA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Ben Nighthorse Campbell PO Box 400166 Denver, CO 80248	Purpose of Disbursement D-SEN-CO 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
SUBTOTAL of Disbursements This Page (optional)			7,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page ___ of ___ for
 LINE NUMBER _____
 (Use separate schedules 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
Jim Bunning 1717 Dixie Highway, Ste 1B0 Fr. Wright, KY 41011	R-0004-KY 98 Primary	03/06/97	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fred Upton P.O. Box 490 St Joseph, MI 49085	R-0006-MI 98 Primary	03/06/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Dingell 5467 Schaefer Road Dearborn, MI 48126	D-0016-MI 98 Primary	03/06/97	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kent Conrad P.O. Box 812 Bismarck, ND 58502	D-00 -ND 98 Primary	03/06/97	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aino Houghton 33 East Third Street Corning, NY 14830	R-0031-NY 98 Primary	03/06/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Arlen Specter 417 Warden Drive Philadelphia, PA 19129	R-SEN-PA 98 Primary	03/06/97	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joseph McDade 307 Clark Avenue Clarks Summit, PA 18411	R-0010-PA 98 Primary	03/06/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joseph McDade 307 Clark Avenue Clarks Summit, PA 18411	R-0010-PA 96 General	03/06/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tim Johnson 102 No. Plum St Vermillion, SD 57069	D-0001-SD 98 Primary	03/06/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			6,500.00
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin Frost P.O. Box 4219 Dallas, TX 75208	D-0024-TX 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DSCC 450 South Capitol St., SE Washington, DC 20003	-SEN-DC 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jack Reed 200 Midway Rd, Ste 168 Cranston, RI 02929	-0002-RI 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	1,000.00
D. 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 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Xavier Becerra P.O. Box 3096 Montebello, CA 90640	D-30 -CA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Calvert P.O. Box 5-1992 Riverside, CA 92517	R-0043-CA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mac Collins P.O. Box 35 Jonesboro, GA 30237	R-0003-GA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
H. 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 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paul Coverdell GA	R-SEN-GA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	1,000.00
SUBTOTAL of Disbursements This Page (optional)			10,000.00
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	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Lazio PO Box 5063 Bay Shore, NY 11718	R-0002-NY 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
B. 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 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Karen Thurman PO Box 5058 Inverness, FL 34450	D-0005-FL 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Waller 1800 N. Division St., Ste. 212 Morris, IL 60450	R-11 -IL 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Greg Ganske 5907 Grand Ave. Des Moines, IA 50312	R-0004-IA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
F. 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 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	1,000.00
G. 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 98 Primary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
H. 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 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	1,000.00
I. 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 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
SUBTOTAL of Disbursements This Page (optional)			5,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Name of Committee (In Full)			
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
Brian Bilbray PO Box 84946 San Diego, CA 92138	R-49 -CA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert (Jr.) Ehrlich 1527 York Road Ste 705 Lutherville, MD 21093	R-2 -MD 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
C. 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 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J.D. Hayworth , AZ	R-6 -AZ 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rick White PO Box 8156 Kirkland, WA 98034	R-1 -WA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Rogan , CA	R- -CA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Weygand PO Box 28408 Providence, RI 02908	D- -RI 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Pitts , PA	R- -PA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kenny Hulshof 1005 Cherry Street, Suite 203 Columbia, MO 65201	R- -MO 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/97	500.00
SUBTOTAL of Disbursements This Page (optional)			5,500.00
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)

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

Name of Committee (in Full)			
American Health Care Association - Political Action Committee			
A. Full Name, Mailing Address and ZIP Code John Shimkus PO Box 5458 Springfield, IL 62705	Purpose of Disbursement R- -IL 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Anne Meagher Northup PO Box 7313 Louisville, KY 40257	Purpose of Disbursement R- -KY 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			1,500.00
TOTAL This Period (last page this line number only)			47,000.00

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)			
A. Full Name, Mailing Address and ZIP Code			
<i>CRESTAR BANK P.O. BOX 85024 RICHMOND, VA 23285</i>			
Name of Employer <i>INTEREST RECEIPT</i>		Date (month, day, year) <i>3/31/97</i>	Amount of Each Receipt This Period <i>167.17</i>
Occupation		Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
<i>RUSHMORE FUND FOR GUMT INVESTORS 4922 Fairmont Avenue Bethesda, MD 20814</i>			
Name of Employer <i>INTEREST RECEIPT</i>		Date (month, day, year) <i>3/31/97</i>	Amount of Each Receipt This Period <i>48.11</i>
Occupation		Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt This Period
Occupation		Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt This Period
Occupation		Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt This Period
Occupation		Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt This Period
Occupation		Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt This Period
Occupation		Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			<i>215.28</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Name of Committee (In Full) AMERICA HEALTHCARE ASSOCIATION POLITICAL ACTION COMMITTEE			
A. Full Name, Mailing Address and ZIP Code CREDITSTAR BANK P.O. BOX 85024 RICHMOND, VA 23285	Purpose of Disbursement BANK FEES	Date (month, day, year) 3/31/97	Amount of Each Disbursement This Period 635.57
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			635.57

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page ____ of ____ for
LINE NUMBER _____
 (Use separate schedules) 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
JAY DICKSY 6th and Walnut Sts Pine Bluff, AR 71611	969 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3-31-97	<500.00>
B. Full Name, Mailing Address and ZIP Code Joseph McVade 307 Clark Avenue Clarks Summit, PA 18411	969 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3-31-97	<500.00>
C. Full Name, Mailing Address and ZIP Code CAPITOL PAC 415 Westholme Vienna, VA 22182	969 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3-31-97	<1,000.00>
D. Full Name, Mailing Address and ZIP Code Ted Strickland P.O. Box 580 Lucasville, OH 45648	969 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3-31-97	<500.00>
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			<2,500.00>
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.

<input checked="" type="checkbox"/>	Hand Delivered	DATE OF RECEIPT <i>4-18-97</i>
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/>	Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/>	Other (Specify):	POSTMARKED
		and/or DATE OF RECEIPT
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"><i>Sus</i></div> <div style="width: 30%;"><i>4-21-97</i></div> </div>		

PREPARER

DATE PREPARED