REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

HAND DELIVERED

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION
DEC 5 9 18 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

1201 L STREET NW

CITY, STATE and ZIP CODE

WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER C-0000-6080

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

4. TYPE OF REPORT

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

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-17-96 through 11-25-96		
6. (a) Cash on Hand January 1, 19__		$ 86,167.07
(b) Cash on Hand at Beginning of Reporting Period	$ 17,639.49	
(c) Total Receipts (from Line 19)	$ 76,419.15	$ 368,156.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 94,058.64	$ 454,323.40
7. Total Disbursements (from Line 30)	$ 28,482.66	$ 388,747.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 65,575.98	$ 65,575.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

Type or Print Name of Treasurer
PAUL WILLGING

Signature of Treasurer

Date
11-4-1996

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 5/93)

FE4AN101

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

(revised 1/1/91)

NAME OF COMMITTEE: AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 10-17-96 TO: 11-25-96

	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)	64,438.94	292,273.21	11(a)(i)
ii. Unitemized	11,288.75	60,402.36	11(a)(ii)
iii. Total (add i and ii) ➤	75,727.69	352,675.57	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	(1000.00)	4,770.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	74,727.69	357,445.57	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1500.00	9500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	191.46	1210.76	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	76,419.15	368,156.33	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	76,419.15	368,156.33	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	582.66	4446.01	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	582.66	4446.01	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	27,900.00	382,801.41	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		1000.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤		1000.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	28,482.66	388,747.42	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	28,482.66	388,747.42	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE4AN101

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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 / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Alice Kim Lew 58-130 Kamehameha Hwy Haleiwa,HI 96712 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crawford's Convalescent Home Occupation: Administrator Aggregate Year-to-Date—$: ~~825.00~~	~~11/24/94~~	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Alice Kim Lew 58-130 Kamehameha Hwy Haleiwa,HI 96712 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crawford's Convalescent Home Occupation: Administrator Aggregate Year-to-Date—$: ~~825.00~~	~~11/15/94~~	225.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Paul Romans 950 12th St Des Moines,IA 50309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Iowa Health Care Association Occupation: Executive Vice Pres Aggregate Year-to-Date—$: ~~250.00~~	~~10/17/94~~	125.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D.E. Gamble PO Box 52389 Shreveport,LA 71135 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gamble Guest Care Center Occupation: President Aggregate Year-to-Date—$: ~~500.00~~	~~10/21/94~~	400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Timothy J Boyle P.O. Box 5467 Sioux City,IA 51102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Center Mgmt Co Occupation: Chief Operating Off Aggregate Year-to-Date—$: ~~1,000.00~~	~~10/31/94~~	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
David L Guillot 7844 Office Park Blvd Baton Rouge,LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	David L Guillot Inc Occupation: President Aggregate Year-to-Date—$: ~~450.00~~	11/11/94	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Jane Ann Parker 900 E. 9th St. Metropolis,IL 62960 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southgate Health Care Ctr Occupation: Administrator Aggregate Year-to-Date—$: ~~200.00~~	11/15/94	100.00
SUBTOTAL of Receipts This Page (optional)			2,050.00
TOTAL This Period (last page this line number only)			

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American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008	Health Dimensions		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Nursing Home Admin	11/21/96	225.00
	Aggregate Year-to-Date—$ 500.00		

B. 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	11/11/96	200.00
	Aggregate Year-to-Date—$ 1,200.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eugene Bishop PO Box 397 Roswell, GA 30077	Health Services Centers		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/10/96	250.00
	Aggregate Year-to-Date—$ 1,100.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary Kreidt 100 Elm Ave New Salem, ND 58563	Elm Crest Manor		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	11/21/96	200.00
	Aggregate Year-to-Date—$ 300.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert M Coury Two Berea Commons #1 Berea, OH 44017	Aristocrat Berea		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	11/06/96	250.00
	Aggregate Year-to-Date—$ 1,550.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Keith Holloway 1475 N Cole Rd Boise, ID 83704	Western Health Care Corp		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	11/15/96	610.00
	Aggregate Year-to-Date—$ 2,360.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dale Thompson 1995 E Rum River Dr S Cambridge, MN 55008	Health Dimensions		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin	11/21/96	250.00
	Aggregate Year-to-Date—$ 2,350.00		

SUBTOTAL of Receipts This Page (optional)	1,985.00
TOTAL This Period (last page this line number only)	

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Jerry Sansby 2319 W 7th St St Paul,MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highland Chateau President 1,000.00	10/18/96	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Chies 9899 Avocet St Coon Rapids,MN 55433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park River Estates Care Ctr President 1,000.00	11/21/96	700.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Chies 9899 Avocet St Coon Rapids,MN 55433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park River Estates Care Ctr President 1,700.00	11/21/96	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Martha Carole White 114 Marketridge Dr Jackson,MS 39213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Hlth Care Assn State Executive 200.00	10/25/96	50.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
James Durante 526 Altamont Ave Schenectady,NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark Nursing Centre Admin 850.00	11/15/96	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Loren Jay Colman 5801 Duluth Street, No. 360 Golden Valley,MN 55422 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unicare Health Facilities Regional Director 300.00	10/23/96	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Loren Jay Colman 5801 Duluth Street, No. 360 Golden Valley,MN 55422 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unicare Health Facilities Regional Director 300.00	11/21/96	100.00

SUBTOTAL of Receipts This Page (optional) 1,550.00

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William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Hm Inc Owner Aggregate Year-to-Date—$ 1,000.00	11/21/96	400.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Hill 3211 SW John Sevier Parkway Knoxville, TN 37920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Williamsburg Development Owner Aggregate Year-to-Date—$ 500.00	11/27/96	125.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Hill 3211 SW John Sevier Parkway Knoxville, TN 37920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Williamsburg Development Owner Aggregate Year-to-Date—$ 400.00	11/11/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Sadler PO Box 100129 Nashville, TN 37224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tennessee Health Care Assn Exec Dir Aggregate Year-to-Date—$ 500.00	10/10/96	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mel Lynn 2560 Lawrence Ave Park Falls, WI 54552 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Manor Admin Aggregate Year-to-Date—$ 250.00	10/31/96	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
R Frank Brown PO Box 199 Cullman, AL 35056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Age Inc Presidents Aggregate Year-to-Date—$ 500.00	10/25/96	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Marchant PO Box 427 Bloomington, IN 47402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LJM Enterprises Chief Exec Officer Aggregate Year-to-Date—$ 1,000.00	10/18/96	150.00

SUBTOTAL of Receipts This Page (optional) 1,625.00

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Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group President [illegible]	10/31/96	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Cecil Barcelo 411 Alabama League City, TX 77573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baywind Village Admin [illegible]	10/18/96	75.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Herman Conaway 2312 Highland Avenue Parkersburg, WV 26101 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care, Inc Administrator [illegible]	10/25/96	125.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Owner/Adm [illegible]	10/21/96	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
James Judy 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kentucky Assn of Hlth Care Fac Exec VP 1,250.54	11/21/96	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Admin 1,200.00	11/11/96	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
William Riggs 4605 Belton Highway Anderson, SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richard Campbell Veteran's Home Administrator 1,450.00	10/23/96	100.00

SUBTOTAL of Receipts This Page (optional) 1,250.00

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

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William Biggs 4605 Belton Highway Anderson, SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richard Campbell Veterans Home Administrator 1,000.00	10/31/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
William Biggs 4605 Belton Highway Anderson, SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richard Campbell Veterans Home Administrator 100.00	11/21/96	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Peter Clendenin 125 Airport Rd Concord, NH 03301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Hampshire Health Care Assn Exec. VP 250.00	10/24/96	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
H Wes Handy 1817 Imperial Ridge Las Cruces, NM 88011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mountain Shadows Nrsg Ctr Owner 300.00	11/15/96	300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Martha Lang 3615 Imperial Lynwood, CA 90262 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlinda Convalescent Hospital Admin 250.00	10/18/96	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Marlow Baar 17732 Corinthian Drive Encino, CA 91316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Haskin & Baar Owner 500.00	10/31/96	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Martin Stott PO Box 945 Clinton, LA 70722 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grace Nursing Home President 200.00	10/24/96	50.00

SUBTOTAL of Receipts This Page (optional) 2,200.00

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

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Martin Stott PO Box 945 Clinton,LA 70722 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grace Nursing Home President 200.00	11/11/94	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Finley Matthews 2421 E Texas Ave Alexandria,LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Owner/Administrator 3,100.00	11/15/94	2,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Finley Matthews 2421 E Texas Ave Alexandria,LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Owner/Administrator 3,100.00	11/15/94	300.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Finley Matthews 2421 E Texas Ave Alexandria,LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Owner/Administrator 3,100.00	11/15/94	800.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Franks 124 S Elm Pl Broken Arrow,OK 74102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Blvd Inc Owner 2,450.00	11/11/94	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gail Clarkson 64500 Van Dyke Washington,MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Medilodge Group Vice President 1,075.00	11/15/94	225.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Edward Brody 4712 Chester Ave Box 19990 Philadelphia,PA 19143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Pleasant Nursing Home Administrator 300.00	10/17/94	75.00

SUBTOTAL of Receipts This Page (optional)	3,600.00
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 John Vivenzio 303 East River Road Oswego, NY 13126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Pontiac Nursing Home Occupation Administrator Aggregate Year-to-Date—$ 400.00	Date (month, day, year) 11/11/96	Amount of Each Receipt This Period 100.00
B. Full Name, Mailing Address and ZIP Code Gerry Baker 192 W Vienna Rd Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Beecher Manor Inc Occupation Owner Aggregate Year-to-Date—$ 800.00	Date (month, day, year) 11/21/96	Amount of Each Receipt This Period 800.00
C. Full Name, Mailing Address and ZIP Code Myrna Lee 55 Green Meadows Dr S Westerville, OH 43081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Ohio Health Care Association Occupation Executive Asst Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 11/15/96	Amount of Each Receipt This Period 50.00
D. Full Name, Mailing Address and ZIP Code Myrna Lee 55 Green Meadows Dr S Westerville, OH 43081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Ohio Health Care Association Occupation Executive Asst Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 11/21/96	Amount of Each Receipt This Period 100.00
E. Full Name, Mailing Address and ZIP Code J Robert Wilson 947 Worthington Circle Ft Collins, CO 80526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Columbine Care Center Occupation President Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 10/25/96	Amount of Each Receipt This Period 200.00
F. Full Name, Mailing Address and ZIP Code John K Smith PO Box 311 Commerce, TX 75429 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Smith Investments Occupation Owner Aggregate Year-to-Date—$ 500.00	Date (month, day, year) 11/15/96	Amount of Each Receipt This Period 250.00
G. Full Name, Mailing Address and ZIP Code Robert Lawson 2 Mill Road, Suite 200 Wilmington, DE 19806 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Delaware Health Care Pol Assn Occupation State Executive Aggregate Year-to-Date—$ 500.00	Date (month, day, year) 10/25/96	Amount of Each Receipt This Period 100.00
SUBTOTAL of Receipts This Page (optional)			1,400.00
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 / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Robert Lawson 2 Mill Road, Suite 200 Wilmington, DE 19806 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delaware Health Care Fac Assn State Executive 500.00	11/15/94	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Terrylea Entsminger 1667 St. Paul St Denver, CO 80206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Paul Health Center Executive Director 300.00	10/23/94	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Terrylea Entsminger 1667 St. Paul St Denver, CO 80206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Paul Health Center Executive Director 300.00	10/25/94	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Foundation HealthCare Admin 325.00	11/21/94	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sun Mar Management Services President 1,250.00	10/25/94	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Joy Moy 2000 Domanik Dr Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln Lutheran of Racine Admin 855.00	11/21/94	355.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Wally Miller 104 E Central Ave LaGrange, IN 46761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Inc CEO Operations 2,200.00	10/18/94	500.00
SUBTOTAL of Receipts This Page (optional)			1,505.00
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 / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Wally Miller 104 E Central Ave LaGrange, IN 46761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Inc CEO Operations 200.00	11/15/96	200.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Bates 100 Stony Point Rd., Ste. 185 Santa Rosa, CA 95401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hermitage Health Care VP Operations 200.00	10/31/96	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Conv Home Inc Admin 500.00	10/31/96	125.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Peach PO Box 12957 Alexandria, LA 71315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Management Co Inc VP/Administration 200.00	11/21/96	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Florina 535 S Elm St Itasca, IL 60143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Arbor of Itasca Administrator 200.00	11/15/96	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
R Peter Madel 108 8th St NW Wasseca, MN 56093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Shore Inn Nursing Home Admin 500.00	11/15/96	125.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Chur 7 Limestone Drive Williamsville, NY 14221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elderwood Affiliates President 2,100.00	11/15/96	100.00

SUBTOTAL of Receipts This Page (optional) 950.00

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 / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Debra Finneran 2529 Six Mile Ln Louisville, KY 40220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadows East Occupation: Administrator Aggregate Year-to-Date—$: ~~500.00~~ 900.00	11/11/96	200.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Vinson 1313 Saint Anthony Pl, Fl 5E Louisville, KY 40222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vencor Occupation: Regional VP Aggregate Year-to-Date—$: ~~1,000.00~~ 2,000.00	10/25/96	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Blaufus 1130 Monaco Ct Stockton, CA 95207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crestwood Manor Occupation: Admin Aggregate Year-to-Date—$: ~~325.00~~ 575.00	10/31/96	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Coy Williamson 165 Winston Drive Athens, GA 30607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grandview Care Center Occupation: President/Owner Aggregate Year-to-Date—$: ~~750.00~~ 1,000.00	11/15/96	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Coy Williamson 165 Winston Drive Athens, GA 30607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grandview Care Center Occupation: President/Owner Aggregate Year-to-Date—$: ~~750.00~~ 900.00	11/15/96	150.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
A D Buffington 2506 Lakeland Dr PO Box 7575 Jackson, MS 39204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillcrest Health Center Occupation: Owner Aggregate Year-to-Date—$: ~~700.00~~ 1,000.00	10/21/96	300.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
A D Buffington 2506 Lakeland Dr PO Box 7575 Jackson, MS 39204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillcrest Health Center Occupation: Owner Aggregate Year-to-Date—$: ~~700.00~~ 900.00	10/25/96	100.00

SUBTOTAL of Receipts This Page (optional) 2,250.00

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Edward Stafford 33 Elk St., Ste. 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NYS Health Facilities Assc Lobbyist 375.00	11/15/94	125.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Keon 243 Atlantic Ave PO Box 537 Lynbrook, NY 11563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Rockaway Nursing Home Admin 2,000.00	11/01/94	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Larry Bradley PO Box 709 Durham, CA 95938 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Integrated Health Services Inc Admin 1,400.00	11/21/94	900.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Larry Bradley PO Box 709 Durham, CA 95938 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Integrated Health Services Inc Admin 1,400.00	11/21/94	25.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Arlene Miles 225 E 16th Ave #1100 Denver, CO 80203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colorado Health Care Assn Exec Dir 650.00	11/15/94	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Wallace 611 W Market St Athens, AL 35611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Athens Nursing Home Inc Owner/Administrator 650.00	11/13/94	650.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Linda Sechovec 6400 Uptown Blvd NE #520W Albuquerque, NM 87110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Mexico Health Care Assn Executive Director 650.00	11/15/94	100.00

SUBTOTAL of Receipts This Page (optional) 2,400.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Occupation: Proprietor Aggregate Year-to-Date—$: 1,000.00	10/29/96	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Sherwin Welch 515 S Warley St Florence, SC 29501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Homes of Florence Occupation: Owner & administrator Aggregate Year-to-Date—$: 1,100.00	10/23/96	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Frank Wronski 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Group Occupation: Admin Aggregate Year-to-Date—$: 850.00	11/21/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Riley 824 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Professional Therapy Services Occupation: President Aggregate Year-to-Date—$: 2,475.00	11/15/96	200.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Riley 824 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Professional Therapy Services Occupation: President Aggregate Year-to-Date—$: 2,475.00	11/21/96	275.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Morey 2015 Prospect St Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln Lutheran Occupation: Admin Aggregate Year-to-Date—$: 425.00	11/21/96	325.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stuart Goldberg 134 Great East Neck Rd. West Babylon, NY 11704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Neck Nursing Center Occupation: President Aggregate Year-to-Date—$: 1,400.00	11/15/96	100.00

SUBTOTAL of Receipts This Page (optional)	1,350.00
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 Mariann Riley 451 Valley Rd Salem, OH 44460 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Valley Road Nursing Home Occupation Admin Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 11/11/94	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Mariann Riley 451 Valley Rd Salem, OH 44460 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Valley Road Nursing Home Occupation Admin Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 11/14/94	Amount of Each Receipt This Period 75.00
C. Full Name, Mailing Address and ZIP Code Berry Crow 9628 Campo Rd #T Spring Valley, CA 91977 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Brighton Health Alliance Inc Occupation Admin Aggregate Year-to-Date—$ 550.00	Date (month, day, year) 11/11/94	Amount of Each Receipt This Period 100.00
D. Full Name, Mailing Address and ZIP Code Janice Harshman 35680 Wish-I-Ah Rd Auberry, CA 93602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Wish-I-Ah Lodge Inc Occupation Admin Aggregate Year-to-Date—$ 775.00	Date (month, day, year) 11/15/94	Amount of Each Receipt This Period 100.00
E. Full Name, Mailing Address and ZIP Code Janice Harshman 35680 Wish-I-Ah Rd Auberry, CA 93602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Wish-I-Ah Lodge Inc Occupation Admin Aggregate Year-to-Date—$ 775.00	Date (month, day, year) 11/21/94	Amount of Each Receipt This Period 175.00
F. Full Name, Mailing Address and ZIP Code Jim Klausman 3715 SW 29th Street, No. 200 Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Midwest Health Services Occupation Owner-Adm Aggregate Year-to-Date—$ 1,350.00	Date (month, day, year) 10/25/94	Amount of Each Receipt This Period 125.00
G. Full Name, Mailing Address and ZIP Code Jim Klausman 3715 SW 29th Street, No. 200 Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Midwest Health Services Occupation Owner-Adm Aggregate Year-to-Date—$ 1,350.00	Date (month, day, year) 11/21/94	Amount of Each Receipt This Period 850.00
SUBTOTAL of Receipts This Page (optional)			1,525.00
TOTAL This Period (last page this line number only)			

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Dick Stebbins 400 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Five Companies Managing Partner 7,000.00	11/04/96	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
John K. Gresham 431 S Washington Ave Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Extended Care Admin 5,000.00	10/25/96	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Exec Dir 2,100.00	11/11/96	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Derall R Cammack 1300 Windlass Dr Baltimore, MD 21220 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Ivy Hall Geriatric Ctr President 2,375.00	11/21/96	125.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Admin 3,445.00	10/23/96	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Admin 3,445.00	11/21/96	595.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Inc President 1,000.00	10/29/96	250.00

SUBTOTAL of Receipts This Page (optional) 2,320.00

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 / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Dave Helmsin PO Box 537004 Sacramento, CA 95853 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAHF Director Election 3000.00	11/15/96	150.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Chairman & CEO 2000.00	10/31/96	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Henry Burch PO Box 23314 New Orleans, LA 70123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henry J Burch & Associates Owner 2,000.00	10/25/96	900.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Admin 1,400.00	11/01/96	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Thomas Moore 14 S Carroll St #200 Madison, WI 53703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wisconsin Health Care Assoc. Exec Dir 400.00	10/31/96	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services of Il President 1,325.00	11/06/96	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services of Il President 1,325.00	11/15/96	100.00

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services of Ill Occupation: President Aggregate Year-to-Date—$ 1,325.00	11/21/96	225.00
B. Mary Ousley 6001 Indian School Rd, NE, 530 Albuquerque, NM 87110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horizon Healthcare Corporation Occupation: Corporate Director Aggregate Year-to-Date—$ 1,650.00	11/21/96	400.00
C. Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spaugh & Co Occupation: Owner Aggregate Year-to-Date—$ 1,025.00	11/15/96	325.00
D. 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—$ 1,050.00	10/17/96	100.00
E. Dirk Anjewierden 4035 S 500 E Salt Lake City, UT 84107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alta Care Center Occupation: Admin Aggregate Year-to-Date—$ 750.00	10/23/96	500.00
F. Patti Turenne 407 S McDonough St Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Turenne & Associates Inc. Occupation: Administrator Aggregate Year-to-Date—$ 2,000.00	11/15/96	1,000.00
G. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date—$ 835.00	11/15/96	100.00
SUBTOTAL of Receipts This Page (optional)			2,650.00
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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation Administrator Aggregate Year-to-Date--$ 250.00	11/15/96	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation Administrator Aggregate Year-to-Date--$ 100.00	11/15/96	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Edward Hannan 1440 E Missouri #215 Phoenix, AZ 85014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ariz Health Care Assn Occupation State Exec Aggregate Year-to-Date--$ 375.00	11/16/96	125.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Edward Hannan 1440 E Missouri #215 Phoenix, AZ 85014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ariz Health Care Assn Occupation State Exec Aggregate Year-to-Date--$ 375.00	11/21/96	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Loraine Wiencek 3760 Convoy Street, Suite 310 San Diego, CA 92111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Conv. Mgmt. Occupation Administrator Aggregate Year-to-Date--$ 225.00	11/21/96	125.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Loraine Wiencek 3760 Convoy Street, Suite 310 San Diego, CA 92111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Conv. Mgmt. Occupation Administrator Aggregate Year-to-Date--$ 225.00	11/21/96	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Roch Carter 105 W Michigan 9th Fl Milwaukee, WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unicare Health Facilities Occupation General Counsel Aggregate Year-to-Date--$ 200.00	10/31/96	200.00
SUBTOTAL of Receipts This Page (optional)			1,150.00
TOTAL This Period (last page this line number only)			

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American Health Care Association - Political Action Committee

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Robert Van Dyk 304 South Van Dien Ave. Ridgewood, NJ 07450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Van Dyk Manor President/CEO 200.00	11/21/96	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard & Jill Mendlen 1333 E Madison #206 El Cajon, CA 92021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kennon S Shea & Assoc Dir/Operations 1,000.00	10/31/96	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Shelly Warner 120 W Thayer Ave Bismarck, ND 58501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Dakota LTC Association Executive Director 200.00	11/11/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ronald Retzke 105 W Michigan St Milwaukee, WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unicare Health Facilities VP Consumer Rel 200.00	11/01/96	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Walter Ledig PO Box 892 Minden, LA 71058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Towne & Country Nrsg Hm Administrator 200.00	11/11/96	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Melody Chatelle 4315 Guadalupe #300 Austin, TX 78751 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Dir/Gov. Relations 200.00	11/15/96	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Abrams 2131 Rt 33, Lexington Square Trenton, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NJAHCF Vice President 300.00	11/06/96	75.00

SUBTOTAL of Receipts This Page (optional)	825.00
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 / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Steven Brant 101 S Belt W Belleville, IL 62220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Four Fountains Conv Ctr Occupation Administrator Aggregate Year-to-Date—$ 200.00	11/15/96	200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Jerome Britton 232 Academy St Boonville, NY 13309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sunset Nursing Home Occupation Administrator Aggregate Year-to-Date—$ 100.00	11/21/96	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Occupation Administrator Aggregate Year-to-Date—$ 100.00	10/31/96	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
John Elliot 901 Quarrier St #306 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AMFM Inc Occupation CEO Aggregate Year-to-Date—$ 2,000.00	11/15/96	2,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Jayne Steffens 1213 North Osborne Boulevard Racine, WI 53405 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Becker Shoop Center Occupation ADMINISTRATOR Aggregate Year-to-Date—$ 395.00	10/23/96	150.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Jayne Steffens 1213 North Osborne Boulevard Racine, WI 53405 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Becker Shoop Center Occupation ADMINISTRATOR Aggregate Year-to-Date—$ 395.00	11/15/96	245.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Carl Lyons 6202 E 61st St Tulsa, OK 74136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Skyline Terrace Nursing Ctr Occupation Admin Aggregate Year-to-Date—$ 300.00	11/15/96	150.00
SUBTOTAL of Receipts This Page (optional)			2,945.00
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
Paul A. Granger 209 Bellefontoine Avenue Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maplewood Administrator Aggregate Year-to-Date—$ 675.00	11/11/96	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Paul A. Granger 209 Bellefontoine Avenue Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maplewood Administrator Aggregate Year-to-Date—$ 675.00	11/21/96	325.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jack Orlov 1130 Lake Cook Road, Suite 175 Buffalo Grove, IL 60089 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Postcare Administrator Aggregate Year-to-Date—$ 250.00	10/24/96	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Luis Flores 4031 S. Narcissus Way Denver, CO 80237 Receipt For ☐ Primary ☐ General ☐ Other (specify):	NovaCare Region Dir of Ops Aggregate Year-to-Date—$ 500.00	11/15/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robin Hillier 4700 Kirk Road Youngstown, OH 44515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AM-Care Director of Reimb Aggregate Year-to-Date—$ 200.00	11/21/96	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Charles Neely PO Box 1346 Lagrange, GA 30240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Royal Elaine Nursing Home ADMINISTRATOR Aggregate Year-to-Date—$ 500.00	10/25/96	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Bob Decker 3401 E. Loretta Indianapolis, IN 40227 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	~~Good Samaritan of Goldsboro Inc~~ Caremed Inc CEO Aggregate Year-to-Date—$ 750.00	10/24/96	250.00
SUBTOTAL of Receipts This Page (optional)			2,025.00
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
RIHCA-PAC 57 Kilvert Street Warwick, RI 02886			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		10/31/96	600.00
	Aggregate Year-to-Date—$	600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Lindsay Thorpe 16910 Dallas Parkway, #200 Dallas, TX 75248	Chartwell Health Care Lobbyist		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		11/15/96	25.00
	Aggregate Year-to-Date—$	350.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Lindsay Thorpe 16910 Dallas Parkway, #200 Dallas, TX 75248	Chartwell Health Care Lobbyist		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		11/15/96	125.00
	Aggregate Year-to-Date—$	350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Lindsay Thorpe 16910 Dallas Parkway, #200 Dallas, TX 75248	Chartwell Health Care Lobbyist		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		11/15/96	200.00
	Aggregate Year-to-Date—$	350.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Gerard Bodalski 13920 58th St N Clearwater, FL 34620	Unicare Health Facili Assistant Vice Pres	11/15/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
	Aggregate Year-to-Date—$	347.27	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Baker 501 Jessie Avenue Sacramento, CA 95838	Eskaton Properties, Exec. Dir. Special	11/21/96	535.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
	Aggregate Year-to-Date—$	535.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Phyllis Madigan 47 Water Street Mystic, CT 06355	Mariner Health Care Senior V.P of Bus Devlp	11/15/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
	Aggregate Year-to-Date—$	375.00	
SUBTOTAL of Receipts This Page (optional)			1,685.00
TOTAL This Period (last page this line number only)			

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Sousa 100 Wampanog Trail East Providence,RI 02915 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Havens Nursing Center Administrator 400.00	11/11/96	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joseph Sousa 100 Wampanog Trail East Providence,RI 02915 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Havens Nursing Center Administrator 400.00	11/15/96	50.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Angelo S Rotella 303 Rhodes Ave Woonsocket,RI 02895 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Friendly Home Inc President/Admin 1,100.00	11/11/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
June Peach PO Box 12957 Alexandria,LA 71315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	TMC Inc 11/11/96 200.00	11/11/96	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Louis E Cottrell Jr PO Box 169 Killen,AL 35645 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lauderdale Christian SH Administrator 500.00	10/21/96	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Patrick T Kriner 3231 Manley Road Maumee,OH 43537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ridgewood Manor Owner 500.00	11/21/96	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Cathy Williams 2323 East Magnolia Suite 103 Phoenix,AZ 85034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AdvanceCare (Walgreens) Reg Acct Mgr 300.00	11/15/96	300.00
SUBTOTAL of Receipts This Page (optional)			1,250.00
TOTAL This Period (last page this line number only)			

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Al Santos 57 Kilvert Street, Ste. 200 Warwick,RI 02886 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rhode Island Health Care Assc Exec Dir./PAC Dir. 1,000.00	10/17/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Al Santos 57 Kilvert Street, Ste. 200 Warwick,RI 02886 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rhode Island Health Care Assc Exec Dir./PAC Dir. 1,000.00	11/21/96	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Terry Cash PO Box 4888 Spartanburg,SC 29305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Group Inc VP/Operations 200.00	10/22/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lorraine Daubner 450 Lake St Mellen,WI 54546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mellen Manor Administrator 400.00	10/31/96	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joyce Book 1 Hickory Drive Bethel,PA 19507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	George M Leader Family Corp Sr VP Operations 300.00	11/15/96	300.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Royce Delaney PO Box 6015 Ridgeland,MS 39158 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Mngmnt Services of MI Vice President 400.00	10/24/96	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Greer P.O. Box 39100 Shreveport,LA 71130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Capital PAC President 1,200.00	11/11/96	100.00

SUBTOTAL of Receipts This Page (optional) 1,800.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Joanne Grubbs 3735 Memorial Dr Decatur, GA 30032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Georgia Nursing Home Assoc Dir Pers/Affairs 1,000.00	11/21/96	400.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Theodore Lee 700 Hanover St Manchester, NH 03104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanover Hill Health Care Owner/Administrator 1,237.00	10/24/96	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
James Wilson 4400 W Girard Ave Philadelphia, PA 19104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mercy Douglas Ctr Exec. V.P. 1,000.00	10/31/96	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Cook 1025 Thomas Jefferson St NW Washington, DC 20007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Katten Muchin Zavis & Dombroff Partner/LTC Consult 550.00	10/21/96	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
R James Miller 922 S Buffalo St Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Partner 500.00	11/06/96	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Francis Feltham 1200 Talisman Dr North Augusta, SC 29841 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fane Management Inc President 600.00	11/04/96	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Sims 707 Center Street Columbus, GA 31901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbus Regional Healthcare Senior Vice Pres 1,300.00	11/21/96	100.00
SUBTOTAL of Receipts This Page (optional)			2,000.00
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. Gerald Romano 7 Creek Ln Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Silver Creek Manor Administrator Aggregate Year-to-Date—$	11/11/96 1,100.00	100.00
B. Stan Fisher PO Box 276 Wray, CO 80758 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Renotta Health Care President Aggregate Year-to-Date—$	10/23/96 200.00	100.00
C. Jim Wahner 3724 W. Wisconsin Ave. Milwaukee, WI 53208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health, Inc. VP, Admin & Gov Rel Aggregate Year-to-Date—$	10/24/96 600.00	125.00
D. Jim Wahner 3724 W. Wisconsin Ave. Milwaukee, WI 53209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health, Inc. VP, Admin & Gov Rel Aggregate Year-to-Date—$	11/15/96 600.00	100.00
E. Ronald Knox 105 W Michigan St 9th Fl Milwaukee, WI 53202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health Sr V/P Operations Aggregate Year-to-Date—$	10/31/96 350.00	200.00
F. Ronald Knox 105 W Michigan St 9th Fl Milwaukee, WI 53202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health Sr V/P Operations Aggregate Year-to-Date—$	10/31/96 350.00	100.00
G. Lee Sommars PO Box 80187 San Diego, CA 92138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Robson-Cavignac & Associates Producer Aggregate Year-to-Date—$	10/18/96 500.00	250.00

SUBTOTAL of Receipts This Page (optional) 975.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lee Sommars PO Box 80187 San Diego, CA 92138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Robson-Cavignac & Assoc. Producer Aggregate Year-to-Date—$ 500.00	10/18/96	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Eric Schaffer 12949 Alcosta Blvd #200 San Ramon, CA 94583 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Schaffer Lab Owner/Admin Aggregate Year-to-Date—$ 350.00	10/23/96	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jana Hazelbaker 1496 Old Henderson Rd Columbus, OH 43221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aegis Consulting Service President Aggregate Year-to-Date—$ 1,600.00	11/21/96	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jana Hazelbaker 1496 Old Henderson Rd Columbus, OH 43221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aegis Consulting Service President Aggregate Year-to-Date—$ 1,600.00	11/21/96	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lorraine Franco 275 Hemingway Ave. East Haven, CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Paragon Group Executive V.P. Aggregate Year-to-Date—$ 475.00	11/21/96	475.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steve Biondi 105 W Michigan St 9th Fl Milwaukee, WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unicare Health Facilities Vice President Aggregate Year-to-Date—$ 200.00	11/15/96	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Don Fike 129 Valley View Rd. Galesburg, IL 61401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	RFMS Inc President Aggregate Year-to-Date—$ 200.00	10/18/96	25.00
SUBTOTAL of Receipts This Page (optional)			1,700.00
TOTAL This Period (last page this line number only)			

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

A. Full Name, Mailing Address and ZIP Code Dan Fike 129 Valley View Rd. Galesburg, IL 61401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer RFMS Inc Occupation President Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 11/11/96	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Charles Harris 833 Broadway East Providence, RI 02914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Harris Health Center Occupation Owner/Administrator Aggregate Year-to-Date—$ 200.00	Date (month, day, year) 11/15/96	Amount of Each Receipt This Period 100.00
C. Full Name, Mailing Address and ZIP Code Harold & Debra Stewart PO Box 974 Apalachicola, FL 32329 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Senior Care Properties Occupation President Aggregate Year-to-Date—$ 2,325.00	Date (month, day, year) 10/23/96	Amount of Each Receipt This Period 500.00
D. Full Name, Mailing Address and ZIP Code Harold & Debra Stewart PO Box 974 Apalachicola, FL 32329 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Senior Care Properties Occupation President Aggregate Year-to-Date—$ 2,325.00	Date (month, day, year) 11/21/96	Amount of Each Receipt This Period 325.00
E. Full Name, Mailing Address and ZIP Code Robert Murtha 27 E Russell St #200 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer The MacIntosh Company Occupation President Aggregate Year-to-Date—$ 1,000.00	Date (month, day, year) 10/31/96	Amount of Each Receipt This Period 250.00
F. Full Name, Mailing Address and ZIP Code Faroop Khan 163 Quinnipine Ave North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Montower Health Care Ctr Occupation President Aggregate Year-to-Date—$ 475.00	Date (month, day, year) 11/11/96	Amount of Each Receipt This Period 100.00
G. Full Name, Mailing Address and ZIP Code Lynette Goux PO Box 338 Mandeville, LA 70470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Pontchartrain Health Care Ctr Occupation Owner/Administrator Aggregate Year-to-Date—$ 1,410.00	Date (month, day, year) 11/15/96	Amount of Each Receipt This Period 310.00
SUBTOTAL of Receipts This Page (optional)			1,685.00
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	Date (month, day, year)	Amount of Each Receipt this Period
Lynette Goux PO Box 338 Mandeville,LA 70470	Pontchartrain Health Care Ctr		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Owner/Administrator	11/15/96	100.00
	Aggregate Year-to-Date—$	1,410.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lynette Goux PO Box 338 Mandeville,LA 70470	Pontchartrain Health Care Ctr		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Owner/Administrator	11/15/96	900.00
	Aggregate Year-to-Date—$	1,410.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Weber 210 North Gibson Street Oakland City,IN 47713	Good Samaritan Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	11/21/96	500.00
	Aggregate Year-to-Date—$	500.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eliezer Mendelsohn 103 Eisenhower Parkway Roseland,NJ 07068	Long Term Care Management		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Principle	10/23/96	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
Hugh Franklin 865 North Street Jackson,MS 39202	Health Care Facilities Mgmt		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Owner	10/24/96	100.00
	Aggregate Year-to-Date—$	450.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Renee Matthews 2421 E. Texas Ave. Alexandria,LA 71301	Naomi Heights Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Ass't. Administrator	11/15/96	2,000.00
	Aggregate Year-to-Date—$	2,000.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Anderson 2177 Youngman Ave., Ste. 200 St. Paul,MN 55116	Good Samaritan Society/Minn.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP/Finance	11/15/96	400.00
	Aggregate Year-to-Date—$	400.00	

SUBTOTAL of Receipts This Page (optional)	4,250.00
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Name of Committee (in Full)
American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Anderson 2177 Youngman Ave., Ste. 200 St. Paul, MN 55116	Good Samaritan Society/Minn.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP/Finance	11/15/96	200.00
	Aggregate Year-to-Date—$	800.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Rondot PO Box 840 Lima, OH 45805	Arbor Health Care Company		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP of Reimbursement	11/21/96	325.00
	Aggregate Year-to-Date—$	325.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cheryl Rapp 7500 Camino Tassajara Pleasanton, CA 94588	Carre		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	10/18/96	2,000.00
	Aggregate Year-to-Date—$	2,100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas M. Wright P.O. Box 3667 Tupelo, MS 38803	Right Care, Inc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President/CEO	11/21/96	500.00
	Aggregate Year-to-Date—$	1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank Butts 425 W. Capitol, Suite 3300 Little Rock, AR 72201	Frost & Company		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Partner	11/15/96	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
Paul Guitreau PO Box 167 Ponchatoula, LA 70454	Belle Maison		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	10/18/96	43.94
	Aggregate Year-to-Date—$	393.94	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael McNeil 8 Oakmont Drive Falmouth, ME 04105	He will call Catherine BACK		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	11/15/96	200.00
	Aggregate Year-to-Date—$	200.00	
SUBTOTAL of Receipts This Page (optional)			4,268.94
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	Date (month, day, year)	Amount of Each Receipt this Period
David Lacy 250 West Alcross Covina, CA 91722	Occupation	10/31/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Lacy 250 West Alcross Covina, CA 91722	Occupation	11/11/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jackie Ettinger 17001 SW 78th Ave Miami, FL 33177	Xray & Medical Services of FL		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	11/15/96	175.00
	Aggregate Year-to-Date—$	850.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jackie Ettinger 17001 SW 78th Ave Miami, FL 33177	Xray & Medical Services of FL		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	11/15/96	475.00
	Aggregate Year-to-Date—$	850.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Lawson Fleming 70 Medical Center Drive Commerce, GA 30529	BJC Medical Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	10/31/96	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
Jerry Brodhead 8115 Wimbledon Ave Baton Rouge, LA 70810	Occupation	11/21/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary Lynne Bailey 2112 West Laburnum Avenue, 206 Richmond, VA 23227	Virginia Health Care Assoc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Assistant	10/29/96	125.00
	Aggregate Year-to-Date—$	500.00	

SUBTOTAL of Receipts This Page (optional)	2,175.00
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Name of Committee (in Full)
American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Phyllis Madigan 47 Water Street Mystic, CT 06355 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mariner Health Care Occupation: Senior V.P. Govt. Affairs Dept. Aggregate Year-to-Date—$ 375.00	11/15/96	275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
David Weisbaum 1029 South Fourth Street Springfield, IL 62703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Health Care Assoc. Occupation: Legislative Liaison Aggregate Year-to-Date—$ 200.00	11/15/96	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Phil McLaughlin 425 West Capitol, Suite 3300 Little Rock, AR 72201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moore, Stephens, Fr... Occupation: Director Aggregate Year-to-Date—$ 2,500.00	11/21/96	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Hugh Heaton 105 Madison Street Albertville, AL 35950 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heaton Publications Occupation: Owner Aggregate Year-to-Date—$ 1,000.00	10/23/96	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
Jody Otto 6001 Indian School Road, NE Albuquerque, NM 87110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horizon Healthcare Occupation: Director of Gov Aff Aggregate Year-to-Date—$ 300.00	11/21/96	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Michael Richards 80 North 20th Street Battle Creek, MI 49015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mercy Pavilion Occupation: Administrator Aggregate Year-to-Date—$ 270.00	11/21/96	270.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Lisa Hutchins 3724 West Wisconsin Avenue Milwaukee, WI 53208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UPC Health Network Occupation: Administrative Asst Aggregate Year-to-Date—$ 200.00	11/11/96	100.00

SUBTOTAL of Receipts This Page (optional) 2,545.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Hutchins 3724 West Wisconsin Avenue Milwaukee,WI 53208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UPC Health Network Occupation Administrative Asst Aggregate Year-to-Date—$ 200.00	11/15/96	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Theracare Rehab Inc , DC Receipt For: ☐ Primary ○ General ○ Other (specify):	Occupation Aggregate Year-to-Date—$ 250.00	11/21/96	250.00
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)			350.00
TOTAL This Period (last page this line number only)			54,438.94

SCHEDULE A **ITEMIZED RECEIPTS**

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(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 CRESTAR BANK P.O. BOX 85024 RICHMOND, VA 23285 Receipt For: ☐ Primary ☐ General ☒ Other (specify): BANK INTEREST	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 191.46
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)			191.46

SCHEDULE A **ITEMIZED RECEIPTS**

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(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 NATIONAL REPUBLICAN CONG'L CMTE. 320 FIRST ST SE WASHINGTON, DC 20003 Receipt For: ☐ Primary ☐ General ☑ Other (specify): REFUND	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 10/4/96	Amount of Each Receipt this Period 1500.00
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)			1500.00

SCHEDULE A **ITEMIZED RECEIPTS**

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LINE NUMBER 11C
(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 VENCOR - PAC 3300 PROVIDIAN LOUISVILLE, KY 40202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 10/23/96	Amount of Each Receipt this Period (1000.00)
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)			(1000.00)

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
Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	11/01/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Parker P.O. Box 3730 Brookhaven, MS 39601	D-0004-MS 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	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**
Dick Swett 340 Granite St, 2nd Flr Manchester, NH 03102	D-0002-NH 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dick Swett 340 Granite St, 2nd Flr Manchester, NH 03102	D-0002-NH 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/30/96	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Lane Evans 1900 3rd Ave Ste 308 Rock Island, IL 61201	D-0017-IL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Durbin PO BOX 1949 Springfield, IL 62704	D-0020-IL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	2,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	D-0012-MI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	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**
Bart Gordon PO Box 2008 Murfreesboro, TN 37133	D-0006-TN 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/30/96	1,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Joe Barton PO Box 1444 Ennis, TX 75120	R-0006-TX 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/30/96	1,000.00
SUBTOTAL of Disbursements This Page (optional)			9,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joseph Brennan 104 FRANCES STREET Portland, ME 04102	D-0001-ME 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/23/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Joseph Brennan 104 FRANCES STREET Portland, ME 04102	D-0001-ME 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/30/96	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
David Price P O Box 1986 Raleigh, NC 27602	D-0004-NC 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/29/96	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Donald Pease PO Box 837 Lorraine, OH 44052	D-0013-OH 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	500.00
E. 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 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/30/96	2,000.00
F. 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 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Chet Edwards 5006 Lakeland Circle Waco, TX 76710	D-11 -TX 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/23/96	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Vic Fazio 722 B Main St Woodland, CA 96595	D-0003-CA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	2,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Max Baucus PO Box 216 Helena, MT 59624	D-SEN-MT 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	5,000.00
SUBTOTAL of Disbursements This Page (optional)			13,500.00
TOTAL This Period (last page this line number only)			

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
John Warner Atoka Farm, PO Box 1320 Middleburg, VA 22117	R-SEN-VA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/23/96	500.00
B. Full Name, Mailing Address and ZIP Code Wayne Allard PO Box 32 Loveland, CO 80539	Purpose of Disbursement - -CO 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/24/96	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	Purpose of Disbursement R-0006-FL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/30/96	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Jack Reed 200 Midway Rd, Ste 160 Cranston, RI 02920	Purpose of Disbursement -0002-RI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/17/96	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Eddie Bernice Johnson 2515 McKinney Ave #810 Dallas, TX 75201	Purpose of Disbursement D-0030-TX 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/23/96	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Jon Fox 36 W. Skippack Ambler, PA 19002	Purpose of Disbursement R-13 -PA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/28/96	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Bill Baker 2411 Old Crow Canyon Rd. San Ramon, CA 94583	Purpose of Disbursement R-0010-CA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/30/96	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Ted Strickland P.O. Box 580 Lucasville, OH 45648	Purpose of Disbursement D-0006-OH 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/28/96	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Mike Ward 1250 Bardstown Rd, Midcity Mall Louisville, KY 40204	Purpose of Disbursement D-3 -KY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/28/96	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			6,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Roger Wicker P.O. Box 874 Tupelo, MS 38802	R-1 -MS 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	500.00
B. 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 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Bentsen 3260 S. Loop W. Houston, TX 77025	D-25 -TX 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	11/25/96	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Philip English P.O. Box 1940 Erie, PA 16512	R-0021-PA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/30/96	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Chabot 105 West Fourth St, Rm 1133 Cincinnati, OH 45202	R-1 -OH 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/23/96	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert (Jr.) Ehrlich 1527 York Road Ste 705 Lutherville, MD 21093	R-2 -MD 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard (Doc) Hastings PO Box 2926 Pasco, WA 99302	R-4 -WA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ed Whitfield PO Box 391 Hopkinsville, KY 42241	R-1 -KY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jay Hoffman 107 1/2 East Main Collinsville, IL 62234	D- -IL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	500.00
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
Gordon Smith 5285 SW Meadows Road No. 181 Lake Oswego, OR 97035	-OR 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bill Richardson PO Box 518 Santa Fe, NM 87504	D- -NM 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim Turner PO Box 780 Crockett, TX 75835	D- -TX 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Steven Beshear PO Box 1796 Lexington, KY 40593	D- -KY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Susan Collins PO Box 1096 Bangor, ME 04402	-ME 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nick Lampson PO Box 21578 Beaumont, TX 77720	-TX 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	11/25/96	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ben Nelson 2912 South 84th Street Omaha, NE 68124	-NE 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	4,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
JoAnn Emerson PO Box 822 Cape Girardeau, MO 63702	R- -MO 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/23/96	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
William Pascrell 63 Court Lane Paterson, NJ 07501	D- -NJ 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	1,000.00
SUBTOTAL of Disbursements This Page (optional)			12,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (In Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: / Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Mike McIntyre PO Box 1 Lumberton, NC 28359	D- -NC 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: / Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
David Prosser 201 North Richmond Street Appleton, WI 54914	R- -WI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	250.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: / Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sununu John 1365 Elm Street Manchester, NH 03110	R- -NH 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: / Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ann Henry PO Box 908 Fayetteville, AR 72702	- -AR 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: / Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Julia Carson 54 Monument Circle Indianapolis, IN 46204	- -IN 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/17/96	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: / Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bob Schaffer 2211 South College Ave #11 Fort Collins, CO 80525	R- -CO 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	11/01/96	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: / Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim Davis 3716 West Swann Tampa, FL 33609	D- -FL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/23/96	1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: / Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rick Hill 2105 Crystal Drive, Box 1256 Helena, MT 59601	R- -MT 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: / Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rick Weiland 405 So 3rd Ave, Ste 100 Sioux Falls, SD 57104	D- -SD 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/28/96	1,000.00
SUBTOTAL of Disbursements This Page (optional)			5,750.00
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
Ron Kind PO Box 184 Lacrosse, WI 54602	D- -WI 96 General Disbursement for: ☐Primary ☒General ☐ Other (specify):	10/28/96	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Enzi 201 East 2nd, Ste 12 Casper, WY 82601	R- --WY 96 General Disbursement for: ☐Primary ☒General ☐ Other (specify):	10/28/96	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fund '96 Presidential Unity 430 South Capitol St, SE Washington, DC 20003	- -DC 96 General Disbursement for: ☐Primary ☒General ☐ Other (specify):	10/29/96	5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brad Sherman 5152 Sepulveda Blvd #1996 Sherman Oaks, CA 91403	D- -CA 96 General Disbursement for: ☐Primary ☒General ☐ Other (specify):	11/01/96	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kevin Brady PO Box 8277 The Woodlands, TX 77387	- -TX 96 General Disbursement for: ☐Primary ☒General ☐ Other (specify):	11/18/96	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐Primary ☐General ☐ 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: ☐Primary ☐General ☐ 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: ☐Primary ☐General ☐ 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: ☐Primary ☐General ☐ Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			8,000.00
TOTAL This Period (last page this line number only)			59,250.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page 1 of 4 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
BILL EMERSON 1310 LEXINGTON CAPE GIRARDEAU, MO 63701	96 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/31/96	(500.00)
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
LEHMAN, RICHARD 2377 W. SHAW AVE. FRESNO, CA 93711	94 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/31/96	(1000.00)
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
RICHARD NEAL 131 CANNON HOB MA	94 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/31/96	(500.00)
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
JACK FIELDS PO BOX 2406 HUMBLE, TX 77396	94 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/31/96	(1000.00)
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
MARK HATFIELD POBOX 40868 PORTLAND, OR 97240	96 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/31/96	(1000.00)
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
JOHN KASICH 5910 CLEVELAND AVE COLUMBUS, OH 43229	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(1000.00)
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
JOHN PORTER 1099 MERRIL ST WINNETKA, IL	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
LINDA SMITH 1217 LONGWORTH HOB WA	Disbursement for: ☐ Primary ☐ General ☒ Other (specify): STATE REQUEST	10/31/96	(100.00)
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
ANNA ESHOO 555 BRYANT PALO ALTO, CA 94301	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full) AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code JAMES INHOFE 3035 N.W. 63RD OKLAHOMA CITY OK 73116	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(1000.00)
B. Full Name, Mailing Address and ZIP Code BLANCHE LAMBERT LINCOLN 44 WAVERLY WOOD HELENA, AR 72917	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
C. Full Name, Mailing Address and ZIP Code JACK REED 200 MIDWAY RD. CRANSTON RI 02920	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
D. Full Name, Mailing Address and ZIP Code. NANCY JOHNSON 5650 N. EIGHTH ST. ARLINGTON, VA 22205	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(1000.00)
E. Full Name, Mailing Address and ZIP Code TOM DELAY PO BOX 101 SUGARLAND, TX 77487	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(1000.00)
F. Full Name, Mailing Address and ZIP Code RICHARD BURR PO BOX 9169 WINSTON-SALEM, NC 27115	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(1000.00)
G. Full Name, Mailing Address and ZIP Code NANCY JOHNSON 5650 N. EIGHTH ST ARLINGTON, VA 22205	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(250.00)
H. Full Name, Mailing Address and ZIP Code BLANCHE LAMBERT LINCOLN 44 WAVERLY WOOD HELENA, AR 72917	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
I. Full Name, Mailing Address and ZIP Code JON FOX 36 W. SKIPPACK AMBLER, PA 19002	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full) AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JC WATTS P. O. BOX 6545 NORMAN, OK 73070	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAT ROBERTS 1570 W. BEESON DODGE CITY, KS 67801	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RICK WHITE P.O. BOX 8156 KIRKLAND, WA 98034	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SUE MYRICK 509 CANNON HOB HOB NC	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(1000.00)
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ROSA DELAURO 49 HUNTINGTON ST. NEW HAVEN, CT 06511	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
F. 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	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(5000.00)
G. 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	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(2000.00)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOE BARTON P.O. BOX 1444 ENNIS TX 75120	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(1000.00)
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHARLES RANGEL 74 WEST 132ND ST NEW YORK, NY 10003	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

Page 4 of 4 for
LINE NUMBER ____
(Use separate schedule(s) for each category of the Detailed Summary Page)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full) AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SAM JOHNSON 1030 LONGWORTH HOB, TX	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	10/31/96	(500.00)
B. Full Name, Mailing Address and ZIP Code NANCY JOHNSON 5650 N. EIGHTH ST ARLINGTON, VA 22205	Purpose of Disbursement 96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/31/96	Amount of Each Disbursement This Period (500.00)
C. Full Name, Mailing Address and ZIP Code WALTER MINNICK 815 PARK BLVD # 13 BOISE, ID 83712	Purpose of Disbursement 96 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/31/96	Amount of Each Disbursement This Period (1000.00)
D. Full Name, Mailing Address and ZIP Code JOHN KERRY 326 BEACON ST BOSTON, MA 02116	Purpose of Disbursement 96 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/31/96	Amount of Each Disbursement This Period (5000.00)
E. Full Name, Mailing Address and ZIP Code WILLIAM JEFFERSON 1661 CANAL ST NEW ORLEANS, LA 70112	Purpose of Disbursement 96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/31/96	Amount of Each Disbursement This Period (500.00)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
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)			~~30,850.00~~ (31,350.60)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 1 of 1 for LINE NUMBER 1
(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
CRESTAR BANK P.O. BOX 85024 RICHMOND, VA 23285	BANKING FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/31/96	582.66
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)			582.66

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 10-5-96
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

Jm H — PREPARER

10-15-96 — DATE PREPARED

FEC FORM 70-2 (10/92)