REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

1201 L STREET NW

CITY, STATE and ZIP CODE

WASHINGTON DC 20005

MAY 17 10 34 AM '95

2. FEC IDENTIFICATION NUMBER
C-00000-6080

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due On:

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/95 through 4/30/95		
6. (a) Cash on Hand January 1, 19____		$ 38,132.29
(b) Cash on Hand at Beginning of Reporting Period	$ 15,207.63	
(c) Total Receipts (from Line 19)	$ 39,345.49	$ 125,213.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 25,653.12	$ 163,346.02
7. Total Disbursements (from Line 30)	$ 17,729.59	$ 96,023.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 67,323.53	$ 67,323.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

Type or Print Name of Treasurer: PAUL WILLGING

Signature of Treasurer: Paul Willging

Date: 5/17/95

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

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN HEALTH CARE ASSOC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 4/1/95 TO: 4/30/95

	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)	31,665.00	93,193.40
ii. Unitemized	8006.25	31,512.94
iii. Total (add i and ii) ➤	39,671.25	124,706.34
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	39,671.25	124,706.34
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	174.24	507.39
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 16) ➤	39,845.49	125,213.73
20. Total Federal Receipts (subtract line 18 from line 19) ➤	39,845.49	125,213.73
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	729.59	898.09
c. Total Operating Expenditures (add a i, a ii, and b) ➤	729.59	898.09
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,000.00	95,125.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	17,729.59	96,023.09
31 Total Federal Disbursements (subtract line 21 a II from line 30) ➤	17,729.59	96,023.09
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

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

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in Full) [illegible]

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
[illegible]	[illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible]	[illegible]	
	Aggregate Year-to-Date—$ [illegible]		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	[illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible]	[illegible]	[illegible]
	Aggregate Year-to-Date—$ [illegible]		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	[illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible]	[illegible]	[illegible]
	Aggregate Year-to-Date—$ [illegible]		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	[illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible]	[illegible]	[illegible]
	Aggregate Year-to-Date—$ [illegible]		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	[illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible]	[illegible]	[illegible]
	Aggregate Year-to-Date—$ [illegible]		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	[illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible]	[illegible]	[illegible]
	Aggregate Year-to-Date—$ [illegible]		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
[illegible]	[illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible]	[illegible]	[illegible]
	Aggregate Year-to-Date—$ [illegible]		

SUBTOTAL of Receipts This Page (optional)	[illegible]
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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Name of Committee (in Full) [illegible]

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. [illegible] Mt. Zion, OH [illegible]	Name of Employer: [illegible] Occupation: [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 470.00		
B. [illegible] PO Box 100139 [illegible]	Name of Employer: [illegible] Occupation: [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		
C. [illegible] [illegible] Baltimore MD [illegible]	Name of Employer: [illegible] Occupation: [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		
D. [illegible] Arlington TX [illegible]	Name of Employer: [illegible] Occupation: [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		
E. [illegible] PO Box 1451 Tallahassee, FL [illegible]	Name of Employer: [illegible] Occupation: [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		
F. Michael W. Meaney PO Box 1149 [illegible]	Name of Employer: [illegible] Occupation: [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ [illegible]		
G. [illegible] [illegible]	Name of Employer: [illegible] Occupation: [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ [illegible]		

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible]

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

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Name of Committee (in full): [illegible]

A. Full Name, Mailing Address and ZIP Code Harvey Wertlieb 4041 Powder Mill Rd #410 Calverton, MD 20705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation [illegible] Aggregate Year-to-Date—$	Date (month, day, year) 04/[illegible] [illegible]	Amount of Each Receipt this Period [illegible]
B. Full Name, Mailing Address and ZIP Code Harvey Wertlieb 4041 Powder Mill Rd #410 Calverton, MD 20705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation Admin Aggregate Year-to-Date—$	Date (month, day, year) 04/[illegible] [illegible]	Amount of Each Receipt This Period [illegible]
C. Full Name, Mailing Address and ZIP Code [illegible] [illegible] Northbridge, MA [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation Admin Aggregate Year-to-Date—$	Date (month, day, year) [illegible] [illegible]	Amount of Each Receipt This Period [illegible]
D. Full Name, Mailing Address and ZIP Code Larry Juhl [illegible] New London, MN [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation Administrator Aggregate Year-to-Date—$	Date (month, day, year) 04/[illegible] [illegible]	Amount of Each Receipt This Period [illegible]
E. Full Name, Mailing Address and ZIP Code Don Wessel [illegible] Main St. [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation President Aggregate Year-to-Date—$	Date (month, day, year) [illegible] [illegible]	Amount of Each Receipt This Period [illegible]
F. Full Name, Mailing Address and ZIP Code Paul Engelhardt [illegible] State St., Box 209 Marion, SD [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation [illegible] Aggregate Year-to-Date—$	Date (month, day, year) 04/[illegible] [illegible]	Amount of Each Receipt This Period [illegible]
G. Full Name, Mailing Address and ZIP Code Herman Conaway 2312 Highland Avenue Parkersburg, WV [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 04/19/95 [illegible]	Amount of Each Receipt This Period [illegible]
SUBTOTAL of Receipts This Page (optional)			[illegible]
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Name of Committee (in Full) [illegible]

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt this Period
Louis Serna 2525 Pennsylvania Ave Weirton, WV 26062	Weirton Corrugated [illegible]	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Owner/Sole Aggregate Year-to-Date—$ 1,000.00	04/17/95 750.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Date (month, day, year)**	**Amount of Each Receipt This Period**
James Judy 9403 Mill Brook Rd Louisville, KY 40223	Kentucky Association of [illegible]	
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Exec. V Aggregate Year-to-Date—$ 1,000.00	04/25/95 1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Trestrail Box 629 200 River Plaza Shrewsbury, WV 26812	Harmony House	
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner Aggregate Year-to-Date—$ 1,000.00	04/20/95 500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Date (month, day, year)**	**Amount of Each Receipt This Period**
John K Smith PO Box 311 Commerce, VA 75429	Smith's Investments	
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner Aggregate Year-to-Date—$ 250.00	04/20/95 125.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Date (month, day, year)**	**Amount of Each Receipt This Period**
Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668	Sun Net Management [illegible]	
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date $ 300.00	04/11/95 50.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Reisman 11266 Washington Pl Culver City, CA 90232	Cedars Villa Senior [illegible]	
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date $ 500.00	04/25/95 100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Feinstein 861 S Harbour Blvd Anaheim, CA 92805	Cable Health Care Inv [illegible]	
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date $ 500.00	04/24/95 500.00
SUBTOTAL of Receipts This Page (optional)		[illegible]
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. Full Name, Mailing Address and ZIP Code Wally Miller 104 E Central Ave LaGrange, IN 46761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MMM Forest Inc Occupation: CEO Operations Aggregate Year-to-Date—$	04/17/95 1,000.00	500.00
B. Full Name, Mailing Address and ZIP Code [illegible] 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Navaloa Conv Home Inc Occupation: Admin Aggregate Year-to-Date—$	04/17/95 250.00	15.00
C. Full Name, Mailing Address and ZIP Code Robert Chu 7 Limestone Drive Williamsville, NY 14221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Sidewood Affiliates Occupation: President Aggregate Year-to-Date—$	04/25/95 1,000.00	50.00
D. Full Name, Mailing Address and ZIP Code Mary Bennett 1655 Cypress Ln Paradise, CA 95969 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Cypress Acres Conv Hosp Occupation: Card Ops Aggregate Year-to-Date—$	4/17/95 500.00	25.00
E. Full Name, Mailing Address and ZIP Code John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: White Oak Manor Occupation: Executive VP/CFO Aggregate Year-to-Date—$	04/20/95 1,000.00	500.00
F. Full Name, Mailing Address and ZIP Code Debra Finneran 2529 Six Mile Ln Louisville, KY 40220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Meadows East Occupation: Administrator Aggregate Year-to-Date—$	04/28/95 500.00	100.00
G. Full Name, Mailing Address and ZIP Code Ruth Brisbell 3671 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brisbell Enterprises Inc Occupation: Owner/Administrator Aggregate Year-to-Date—$	04/19/95 7,700.00	1,000.00
SUBTOTAL of Receipts This Page (optional)			3,475.00
TOTAL This Period (last page this line number only)			

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Braswell Enterprises Occupation: Owner/Administrator Aggregate Year-to-Date—$ 2,260.00	04/25/95	[illegible]
B. Thomas Bault PO Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hannaman House Occupation: Executive Director Aggregate Year-to-Date—$ 300.00	04/07/95	280.00
C. J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Montgomery Health Services Inc Occupation: President Aggregate Year-to-Date $ 300.00	04/25/95	375.00
D. Larry Donaway PO Box 5 Hancock Park Pennsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mount View Health Ca Occupation: Administrator Aggregate Year-to-Date $ 250.00	04/19/95	[illegible]
E. Lloyd Johnson 5400 Morgan Rd Ann Arbor, MI 48104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Whitehall Convalescent Home Occupation: Admin Aggregate Year-to-Date—$ 300.00	04/19/95	[illegible]
F. Linda Sechovec 6400 Uptown Blvd NE #520W Albuquerque, NM 87110 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	New Mexico Health Care Assn Occupation: Executive Director Aggregate Year-to-Date—$ 240.00	04/11/95	50.00
G. Linda Sechovec 6400 Uptown Blvd NE #520W Albuquerque, NM 87110 Receipt For ☐ Primary ☐ General ☐ Other (specify):	New Mexico Health Care Assn Occupation: Executive Director Aggregate Year-to-Date—$ 240.00	04/19/95	150.00
SUBTOTAL of Receipts This Page (optional)			[illegible]
TOTAL This Period (last page this line number only)			

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Name of Committee (in Full): [illegible] Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A. Linda Sechovec [illegible] Albuquerque, NM [illegible]	New Mexico Health Ca[illegible]		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Executive Director	04/[illegible]/95	[illegible]
	Aggregate Year-to-Date—$	[illegible]	
B. Joseph Mantl[illegible] 105 Dunning Rd Middletown, NY 10940	Name of Employer Middletown Park Manor	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	04/[illegible]/95	[illegible]
	Aggregate Year-to-Date—$	[illegible]	
C. Andrew Adams 100 Vine St. Muncie[illegible], IN [illegible]	Name of Employer National Health Corporation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Director	04/[illegible]/95	[illegible]
	Aggregate Year-to-Date—$	2,000.00	
D. Joseph Warner PO Box 3188 Bloomington, IL [illegible]	Name of Employer Heritage Enterprises	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	04/[illegible]/95	[illegible]
	Aggregate Year-to-Date—$	[illegible]	
E. Michael Riley 824 S 59th St Belleville, IL [illegible]	Name of Employer Professional Therapy	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	04/[illegible]/95	[illegible]
	Aggregate Year-to-Date—$	[illegible]	
F. Stuart Goldberg 134 Great East Neck Rd. West Babylon, NY [illegible]	Name of Employer Heart Neck Nursing Center	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	04/[illegible]/95	1,000.00
	Aggregate Year-to-Date—$	[illegible]	
G. Chester [illegible] [illegible] E 4th St Long Beach, CA [illegible]	Name of Employer [illegible]	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible]	04/[illegible]/95	[illegible]
	Aggregate Year-to-Date—$	[illegible]	
SUBTOTAL of Receipts This Page (optional)			[illegible]
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
Janice Hanewald 25620 Highland Rd Auburn, OH 44602	Highland Lodge Inc Admin	04/19/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Moreton 100-B Gamelson Ave Ft Smith, AR 72901	Smith & Orkmann Nursing Owner	04/19/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John M. Gresham 431 E Washington Ave Greenville, MS 38701	Mississippi Bd Corp Admin	04/19/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stanley Picker 182-19 Hillside Ave Jamaica Estates, NY 11432	Hillside Manor Exec Dir	04/25/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ [illegible]		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Earl Carlson 256 Metro Dr Jefferson City, MO 65109	[illegible] Health Ctr Exec Dir	04/24/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Earl Carlson 256 Metro Dr Jefferson City, MO 65109	[illegible] Exec Dir	04/24/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ [illegible]		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
J. Stanley Lee 170 Laurelhurst Dr Columbia, SC 29210	Carolina 113th Cong Assn Op	04/21/95	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ [illegible]		
SUBTOTAL of Receipts This Page (optional)			2,750.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code Patti Turenne 407 S McDonough St Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Turenne & Associates Occupation Administrator Aggregate Year-to-Date—$ 1,000.00	Date (month, day, year) 04/20/95	Amount of Each Receipt this Period [illegible]
B. Full Name, Mailing Address and ZIP Code Tony Bugman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Cardinal Pavilion Occupation Administrator Aggregate Year-to-Date—$ 225.00	Date (month, day, year) 04/11/95	Amount of Each Receipt This Period [illegible]
C. Full Name, Mailing Address and ZIP Code Gus Raley 4601 Martin Luther King Ave SW Washington, DC 20032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Hadley Hospital Skilled Occupation Administrator Aggregate Year-to-Date—$ 300.00	Date (month, day, year) 04/17/95	Amount of Each Receipt This Period [illegible]
D. Full Name, Mailing Address and ZIP Code Walter Ledig PO Box 892 Minden, LA 71058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Turenne & Associates Occupation Administrator Aggregate Year-to-Date—$ [illegible]	Date (month, day, year) 04/[illegible]/95	Amount of Each Receipt This Period [illegible]
E. Full Name, Mailing Address and ZIP Code David Lebanbon 801 W Big Beaver #650 Troy, MI 48084 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer David Lebanbon PC Occupation Attorney Aggregate Year-to-Date—$ 300.00	Date (month, day, year) 04/24/95	Amount of Each Receipt This Period [illegible]
F. Full Name, Mailing Address and ZIP Code Mark Nesselroad 1369 Stewartstown Rd Morgantown, WV 26505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Eleanor Associates Occupation President Aggregate Year-to-Date—$ 300.00	Date (month, day, year) 04/[illegible]/95	Amount of Each Receipt This Period [illegible]
G. Full Name, Mailing Address and ZIP Code John Elliot 901 Quarrier St #300 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation CEO Aggregate Year-to-Date—$ [illegible]	Date (month, day, year) 04/11/95	Amount of Each Receipt This Period 1,000.00

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible]

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

SCHEDULE A **ITEMIZED RECEIPTS**

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Name of Committee (In Full): [illegible] Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code [illegible] Halley [illegible] Crestwood Exec Ctr #202 Crestwood, MO 63126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Beverly Enterprises Occupation VP/Operations Aggregate Year-to-Date—$ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt this Period [illegible]
B. Full Name, Mailing Address and ZIP Code Delta Holloway 1475 N Cole Rd Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Hills Care Center Occupation Owner/Home Consult Aggregate Year-to-Date $ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt This Period 175.00
C. Full Name, Mailing Address and ZIP Code Ronald Bosk 2045 Hwy 59 PO Box 204 Hardeville, LA 70440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] South Medical Ent Occupation President Aggregate Year-to-Date—$ [illegible]	Date (month, day, year) 04/04/95	Amount of Each Receipt This Period [illegible]
D. Full Name, Mailing Address and ZIP Code Ronald Bosk 2045 Hwy 59 PO Box 204 Hardeville, LA 70440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Gulf South Medical Ent Occupation President Aggregate Year-to-Date—$ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt This Period [illegible]
E. Full Name, Mailing Address and ZIP Code Jane Peach PO Box 12957 Alexandria, LA 71315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation Aggregate Year-to-Date—$ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt This Period 200.00
F. Full Name, Mailing Address and ZIP Code Patrick T Kriens 3231 Kenley Road Maumee, OH 43537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Ridgewood Manor Occupation Aggregate Year-to-Date $ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt This Period 80.00
G. Full Name, Mailing Address and ZIP Code Michael Cook 1025 Thomas Jefferson St NW Washington, DC 20007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Kaiser Martin Zavis Occupation Lawyer/Lab Consult Aggregate Year-to-Date—$ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt This Period [illegible]

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible]

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

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): [illegible] 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
Melvin Harris 413 N Main Marksville, LA 71351	Name of Employer: Deceased Spouse Occupation: Owner Aggregate Year-to-Date—$ 400.00	04/25/95	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Evelyn Tripoli 1501 E Orangewood Ave Phoenix, AZ 85020	Name of Employer: Tripoli Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 200.00	04/19/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Sims 707 Center Street Columbus, GA 31902	Name of Employer: Continental Regional Medical Center Occupation: Senior Vice Pres. Aggregate Year-to-Date—$ [illegible]	04/19/95	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Aubrey Preston 422 1/2 Main Street Franklin, TN 37064	Name of Employer: Southern Health Care Occupation: President Aggregate Year-to-Date—$ 250.00	04/25/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Harcourt Kinan 153 Boardingline Ave North Haven, CT 06473	Name of Employer: Northeast Health Care Occupation: President Aggregate Year-to-Date—$ 250.00	04/26/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gerald M Gadzia PO Box 829 Brewster, WA 98812	Name of Employer: Riverside Care Centers Occupation: CFO Aggregate Year-to-Date—$ [illegible]	04/15/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lynda Conaway R.N. P.O. Box 200 Hurricane, WV 25526	Name of Employer: [illegible] Occupation: Administrator Aggregate Year-to-Date—$ 250.00	04/17/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 2,250.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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Name of Committee (in Full): [illegible] Health Care Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code Bill & Nancy Rowe P. O. Box [illegible] Tacoma, WA 98442 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Healthwood Extended Occupation Administrator Aggregate Year-to-Date—$	Date (month, day, year) 04/26/95 500.00	Amount of Each Receipt this Period [illegible]
B. Full Name, Mailing Address and ZIP Code Paul Diaz 4641 Powder Mill Rd., Ste. 410 Calverton, MD Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Health Mgmt. Occupation [illegible] Aggregate Year-to-Date—$	Date (month, day, year) 04/24/95 [illegible]	Amount of Each Receipt This Period [illegible]
C. Full Name, Mailing Address and ZIP Code Sally Rapp St Francis E.C.F. Inc Hayward, CA [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 04/24/95 500.00	Amount of Each Receipt This Period [illegible]
D. Full Name, Mailing Address and ZIP Code Francis [illegible] W Main Suite [illegible] Tustin, CA [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 04/[illegible] [illegible]	Amount of Each Receipt This Period [illegible]
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)			[illegible]
TOTAL This Period (last page this line number only)			[illegible]

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CRESTAR BANK, NA PO BOX 26150 RICHMOND, VA 23260		4/28/95	
Receipt For: ☐ Primary ☐ General ☒ Other (specify): BANK INTEREST	Aggregate Year-to-Date—$		174.24
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		

SUBTOTAL of Receipts This Page (optional) 174.24

TOTAL This Period (last page this line number only) 174.24

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
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)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page ____ of ____ for
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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)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Mike Doyle P.O. [illegible] Pittsburgh, PA [illegible]	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	[illegible]	[illegible]
B. Full Name, Mailing Address and ZIP Code [illegible] , MD	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	[illegible]	[illegible]
C. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
D. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			[illegible]
TOTAL This Period (last page this line number only)			[illegible]

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. BLANCHE LAMBERT LINCOLN 1204 WAVERLY RD HELENA, AR 72917	94 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	4/30/95	(500.00)
B. LEWIS F PAYNE PO BOX 235 NELLYSFORD, VA 22958	94 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	4/30/95	(500.00)
C. CHARLES RANGEL 74 W 132ND ST NEW YORK, NY 10037	94 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	4/30/95	(500.00)
D. RICHARD NEAL 131 CANNON HOB WASHINGTON DC	94 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	4/30/95	(500.00)
E. JIM McDERMOTT PO BOX 21786 SEATTLE, WA 98111	94 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	4/30/95	(500.00)
F. JOE BARTON 1312 SUNDALE ENNIS, TX 75119	94 PRIMARY Disbursement for: X Primary ☐ General ☐ Other (specify):	4/30/95	(500.00)
G. SAM GIBBONS 940 S. STERLING TAMPA, FL 33629	94 GENERAL Disbursement for: ☐ Primary X General ☐ Other (specify):	4/30/95	(1000.00)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) . . . . . (4000.00)

TOTAL This Period (last page this line number only) . . . . . (4000.00)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, NA PO BOX 26150 RICHMOND, VA 23260	Purpose of Disbursement BANKING FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 4/28/95	Amount of Each Disbursement This Period 729.59
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)			729.59
TOTAL This Period (last page this line number only)			729.59

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 5/17/95
☐	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

J.A.Q.
PREPARER

5/17/95
DATE PREPARED

FEC FORM 70-2 (12/92)