FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Gerald L. Baker, Treasurer
American Health Care Association
Political Action Committee
(AHCA-PAC)
1201 L Street, NW
Washington, DC 20005

MAR -6 1996

Identification Number: C00006080

Reference: November Monthly Report (10/1/95-10/31/95)

Dear Mr. Baker:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee from making a contribution to a candidate for federal office in excess of $5,000 per election.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of $5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the contributor. In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Edward D. Ryan

Edward D. Ryan
Reports Analyst
Reports Analysis Division

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9603033136

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

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

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
A. Connie Mack P.O. Box 1835 Tampa, FL 33601	R-SEN-FL 96 Primary	03/30/95	500.00
B. Jim Nussle , IA	R-0002-IA 96 Primary	03/01/95	500.00
C. Jim Nussle , IA	R-0002-IA 96 Primary	03/07/95	500.00
D. Jim McCrery Suite 350, 6425 Youree Dr. Shreveport, LA 71105	R-0005-LA 96 Primary	03/01/95	500.00
E. Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	D-0005-MD 96 Primary	03/17/95	500.00
F. Dave Camp 133 Ashman Midland, MI 48640	R-0004-MI 96 Primary	03/07/95	500.00
G. Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	D-0012-MI 96 Primary	03/07/95	500.00
H. John Kasich 5910 Cleveland Avenue Columbus, OH 43229	R-0012-OH 96 Primary	03/17/95	1,000.00
I. Joe Barton 1312 Sundale Ennis, TX 75119	R-0006-TX 96 Primary	03/30/95	1,000.00
SUBTOTAL of Disbursements This Page (optional)			5,500.00
TOTAL This Period (ten 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

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
A. Christopher Dodd 18 Huntington Place Norwich, CT 06360	D-SEN-CT	05/26/95	1,000.00
B. William Coyne , PA	D-0014-PA 96 Primary	05/22/95	500.00
C. DCCC 430 South Capitol St Washington, DC 20003	-DC	05/22/95	500.00
D. Michael Bilirakis P O Box 1077 Tarpen Springs, FL 34688	R-0009-FL 96 Primary	05/04/95	500.00
E. Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clirton, MD 20735	D-0005-MD 96 Primary	05/22/95	500.00
F. Bill Brewster PO Box 10 Medil, OK 73446	D-0003-OK	05/22/95	500.00
G. Rick Santorum 2nd Floor, 640 Rodi Rd. Pittsburgh, PA 15235	R-SEN-PA 96 Primary	05/22/95	250.00
H. John Bryant 8035 E. RL Thurton Fwy,#310 Dallas, TX 75228	D-0002-TX 96 Primary	05/22/95	500.00
I. John Rockefeller 1716 Kanawha Blvd East Charleston, WV 25305	D-SEN-WV 96 Primary	05/22/95	5,000.00
SUBTOTAL of Disbursements This Page (optional)			8,250.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Name of Committee (In Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 96 Primary ☐ Other (specify): X	10/16/95	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Don Nickles 1412 Meadowbrook Ponca City, OK 74601	R-SEN-OK ☐ Other (specify):	10/16/95	5000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Ronald Wyden P O Box 12473 Portland, OR 97212	D-0003-OR ☐ Other (specify):	10/16/95	1000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
DCCC 430 South Capitol St Washington, DC 20003	-DC	10/16/95	1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
DCCC 430 South Capitol St Washington, DC 20003	-DC	10/16/95	2000.00
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
Sam Johnson , TX	R-3 -TX	10/24/95	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Lehman Suite 105 2377 W. Shaw Ave. Fresno, CA 93711	D-0019-CA 96 Primary	10/24/95	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
Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	D-0005-MD 96 Primary	10/16/95	5,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Edolphus Towns 321 Stuyvesant Ave. Brooklyn, NY 11233	D-0210-NY 96 Primary		
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

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