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 (AHCA-PAC)

ADDRESS (number and street) ☐ Check if different than previously reported
1201 L St., N.W.

CITY, STATE and ZIP CODE
Washington, D.C. 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date)

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 9/1/93 through 9/30/93		
6. (a)	Cash on Hand January 1, 19 93		$ 70,831.53
(b)	Cash on Hand at Beginning of Reporting Period	$ 78,530.90	
(c)	Total Receipts (from Line 19)	$ 8,549.21	$ 203,874.21
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 87,080.11	$ 274,705.74
7.	Total Disbursements (from Line 30)	$ 7,494.02	$ 195,119.65
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 79,586.09	$ 79,586.09
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

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

Signature of Treasurer
Paul Willging

Date
10/19/93

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

93038644359

FEC FORM 3X
(revised 1/1/91)

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

(revised 1/91)

NAME OF COMMITTEE AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA - PAC)

REPORT COVERING PERIOD FROM 9/1/93 TO: 9/30/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans): From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	5,267.50	138,727.29
ii. Unitemized	2,085.00	58,077.73
iii. Total (add i and ii) ➤	8,352.50	196,805.02
b. Political Party Committees		
c. Other Political Committees (such as PACs)		5,000.00
d. Total Contributions (add a iii, b and c) ➤	8,352.50	201,805.02
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		500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	196.71	1,569.19
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8,549.21	203,874.21
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8,549.21	203,874.21
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	144.02	1,394.65
c. Total Operating Expenditures (add a i, a ii, and b) ➤	144.02	1,394.65
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,100.00	193,450.00
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	250.00	275.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	250.00	275.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	7,494.02	195,119.65
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	7,494.02	195,119.65
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	8,352.50	201,805.02
33. Total Contribution Refunds (from line 28d)	250.00	275.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,102.50	201,530.02
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	144.02	1,394.65
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	144.02	1,394.65

9 3 0 3 8 5 4 4 3 9 0

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David E Maillier PO Box [illegible] Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Pleasant Manor Inc President Aggregate Year-to-Date—$ 875.00	09/10/93	100.00
B. David E Maillier PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc President Aggregate Year-to-Date—$ 875.00	09/22/93	250.00
C. Jack Vetter 5010 S 118th St #250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Vetter Health Services Admin Aggregate Year-to-Date—$ 1,000.00	09/22/93	250.00
D. Larry Juhl 104 GlenOaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GlenOaks Care Center Administrator Aggregate Year-to-Date—$ 750.00	09/09/93	250.00
E. James Judy 9403 Mill Brook Rd Louisville, KY 40225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kentucky Assn of Hlth Care Fac Exec VP Aggregate Year-to-Date—$ 1,000.00	09/22/93	250.00
F. Michael Hamm 1200 35th St West Des Moines, IA 50266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hawkeye Care Centers Inc President Aggregate Year-to-Date—$ 625.00	09/10/93	125.00
G. Robert Decker 3474 Liberty Rd S Salem, OR 97302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westcare Management President Aggregate Year-to-Date—$ 200.00	09/22/93	100.00

SUBTOTAL of Receipts This Page (optional) 1,350.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Name of Committee (in Full): American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Gary Dowers 9311 San Pedro #1103 San Antonio, TX 78216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Administration Vice President Aggregate Year-to-Date—$	09/09/93 800.00	500.00
B. Neil Pruitt PO Box 1213 Toccoa, GA 30577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pruitt & Associates Admin Aggregate Year-to-Date—$	Inc 09/09/93 750.00	500.00
C. Jack Wells 1614 Parrish Ave Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hermitage Manor Nursing Home President Aggregate Year-to-Date—$	09/14/93 750.00	250.00
D. Thomas Gault PO Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison House Executive Director Aggregate Year-to-Date—$	09/09/93 1,125.00	125.00
E. Paul Diuguardi 574 Fulton St Farmingdale, NY 11735 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Daleview Nursing Home Executive Director Aggregate Year-to-Date—$	09/22/93 750.00	250.00
F. John Wallace 611 W Market St Athens, AL 35611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Athens Nursing Home Owner/Administrator Aggregate Year-to-Date—$	Inc 09/22/93 375.00	125.00
G. John Gresham 431 S Washington Ave Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Ext Care Admin Aggregate Year-to-Date—$	Of Gre 09/22/93 375.00	125.00

SUBTOTAL of Receipts This Page (optional) 1,875.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Name of Committee (in Full): American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Harve Bauguess 731 Marietta St NW Atlanta, GA 30316 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Bauguess Management Co Occupation: President Aggregate Year-to-Date—$	09/14/93 [illegible]	125.00
B. Earl Carlson [illegible] Dr Jefferson City, MO 65109 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Missouri Health Care Assn Occupation: Exec Dir Aggregate Year-to-Date—$	09/22/93 500.00	250.00
C. Patrick J Meillier 2007 Paulis Dr Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pleasant Manor Occupation: Aggregate Year-to-Date—$	09/22/93 225.00	225.00
D. Bobby Stephens PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beverly Enterprises Occupation: Vice President Aggregate Year-to-Date—$	09/22/93 750.00	250.00
E. Richard Breer P.O. Box 30100 Shreveport, LA 71130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Care Capital Inc Occupation: President Aggregate Year-to-Date—$	09/22/93 750.00	750.00
F. Michael Cook 1025 Thomas Jefferson St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Katten Muchin Zavis & Bomboff Occupation: Partner/LTC Consult Aggregate Year-to-Date—$	09/14/93 425.00	125.00
G. Brigitta Braswell 461 E Johnston Hemet, CA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Meadowbrook Conv Occupation: Admin/Owner Aggregate Year-to-Date—$	09/14/93 1,000.00	500.00

SUBTOTAL of Receipts This Page (optional) 2,225.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Name of Committee (in Full): American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Barbra McClung 2910 W Main St NB Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Central Valley HM Vice President Aggregate Year-to-Date—$	09/10/93 [illegible]	[illegible]
B. Patricia Connell 921 Ward Ave #430 Honolulu, HI 96814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Assn of Hawaii VP Long Term Care Aggregate Year-to-Date—$	09/29/93 317.50	117.50
C. Genevieve Skidmore 1642 W Ave J Lancaster, CA 93534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lancaster Convalescent Hosp Executive Director Aggregate Year-to-Date—$	09/10/93 200.00	200.00
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)	817.50
TOTAL This Period (last page this line number only)	6,267.50

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION - POLITICAL ACTION COMMITTEE (AHCA PAC)

A. Full Name, Mailing Address and ZIP Code Riggs National Bank PO Box 1217 Washington, D.C. 20004	Name of Employer Interest Earned this period	Date (month, day, year) 9/1/93-9/30/93	Amount of Each Receipt this Period $196.71
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 1,569.19		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Aggregate Year-to-Date—$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

9 3 0 3 8 6 4 4 3 9 5

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page ___ of ___ for
LINE NUMBER _____
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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
Robert Kerrey 1511 K St., NW. Ste 140 Washington, DC, NE	D-SEN-NE 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/21/93	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nancy Johnson 5650 N. Everett St. Arlington, VA. CT 22205	R-0006-CT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/21/93	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	D-0005-MD 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/21/93	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Gerald Kleczka 3265 South 9th Street Milwaukee, WI 53215	D-0004-WI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/21/93	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Fred Grandy P.O. Box 1775 Sioux City, IA 51103	R-0006-IA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/21/93	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Trent Lott 801 Beach Blvd Pascagoula, MS 39567	R-SEN-MS 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/21/93	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Marge Roukema 249 Greenway Road Ridgewood, NJ 07450	R-0005-NJ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/21/93	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim Jesernig P.O. Box 896 Richalnd, WA 99852	-0004-WA 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/21/93	100.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Charles Stenholm P.O. Box 1032 Stamford, TX 79553	D-017 -TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/21/93	500.00
SUBTOTAL of Disbursements This Page (optional)			5,100.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page ____ of ____ for
LINE NUMBER _____
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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
Herbert Klein , NJ	D-GOVE-NJ S1 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/21/93	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carolyn Maloney , NY	D-13 -NY G4 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/21/93	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Future Leaders PAC , CA	S- -CA S4 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/21/93	1,000.00
D. 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):		
E. 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):		
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)			2,000.00
TOTAL This Period (last page this line number only)			7,100.00

93038644377

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code Riggs National Bank PO Box 1217 Washington, D.C. 20004	Purpose of Disbursement Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9/1/93-9/30/93	Amount of Each Disbursement This Period $144.02
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)	

93038644393

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Larry Simpson Twin Oaks CC - PO Box 3539 Luskin, TX 75903	Refund of Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/21/93	$250.00
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
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	DATE OF RECEIPT 10-20-93
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☐	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

ALB.
PREPARER

10-21-93
DATE PREPARED

FEC FORM 70-2 (12/92)

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