REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION

93 MAR 22 AM 2:55

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, D.C. 20005-4014

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 2-1-93 through 2-28-93		
6. (a) Cash on Hand January 1, 19 93		$ 70,831.53
(b) Cash on Hand at Beginning of Reporting Period	$ 71,835.09	
(c) Total Receipts (from Line 19)	$ 14,247.68	$ 38,840.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 86,082.77	$ 109,672.35
7. Total Disbursements (from Line 30)	$ 11,498.44	$ 34,088.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 74,584.33	$ 75,584.33
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, Ph.D.

Signature of Treasurer
Paul R. Willging

Date
3-19-93

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

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

93031932135

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

(revised 1/1/91)

NAME OF COMMITTEE: American Health Care Assn.-Political Action Committee

REPORT COVERING PERIOD FROM 2-1-93 TO 2-28-93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	6,850.00	20,700.00
i. Itemized (use Schedule A)	2,212.50	12,767.50
ii. Unitemized	9,062.50	33,467.50
iii. Total (add i and ii) ➤	5,000.00	5,000.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)	14,062.50	38,467.50
d. Total Contributions (add a ii, b and c) ➤		
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	185.18	373.32
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity	14,247.68	38,840.82
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	14,247.68	38,840.82
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
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	148.44	238.02
c. Total Operating Expenditures (add a i, a ii, and b) ➤	148.44	238.02
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,350.00	34,850.00
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) ➤	11,498.44	35,088.02
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,498.44	35,088.02
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	14,062.50	38,467.50
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,062.50	38,467.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	148.44	238.02
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	148.44	238.02

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary Baker 812 W. Main St. Turlock, CA 95381	Elness Convalescent Hospital Admin.	02/22/93	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 350.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jack Markovitz 11630 S. Grevillea Ave. Hawthorne, CA 90250	Hawthorne Care Ctr. President	02/22/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
David Banks P.O. Box 3324 Ft. Smith, AR 72913	Beverly Enterprises Chairman/President	02/08/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Donel Sprenger P.O. Box 343 Amherst, OH 44001	Autumn Aegis General Partner	02/22/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Richard Van Allen 6831 Chapel Road Madison, OH 44057	Concept One United Health Ctr Owner/Administrator	02/08/93	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jack Wells 1614 Parrish Avenue Owensboro, KY 42301	Hermitage Manor Nursing Home President	02/22/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Lloyd Johnson 3400 Morgan Road Ann Arbor, MI 48104	Whitehall Convalescent Home Admin	02/10/93	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 300.00		

SUBTOTAL of Receipts This Page (optional) 1,950.00

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

Page ____ of ____ for
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SCHEDULE A **ITEMIZED RECEIPTS**

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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. Dennis Christiano 525 Beahan Road Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Occupation: Proprietor Aggregate Year-to-Date—$ 250.00	02/08/93	250.00
B. Connie Miller Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millers Merry Manor Inc. Occupation: President Aggregate Year-to-Date—$ 250.00	02/10/93	250.00
C. William McReynolds 430 Larimer Street, Ste 300 Denver, CO 80202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LTC Health Care Services, Inc. Occupation: President Aggregate Year-to-Date—$ 300.00	02/08/93	300.00
D. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Inc. Occupation: President Aggregate Year-to-Date—$ 250.00	02/22/93	250.00
E. Kensett Moyle 55425 Santa Fe Trail Yucca Valley, CA 92284 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Health Care Inc. Occupation: President Aggregate Year-to-Date—$ 250.00	02/22/93	250.00
F. Hillhaven 1048 Broadway Plaza Tacoma, WA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillhaven Corporation Occupation: Political Action Co Aggregate Year-to-Date—$ 5,000.00	02/10/93	5,000.00
G. Pearl Barnes 7900 Redmond Kirkwood Highway Redmond, WA 98052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cascade Vista Conv. Ctr. Occupation: Administrator Aggregate Year-to-Date—$ 300.00	02/22/93	300.00

SUBTOTAL of Receipts This Page (optional) 6,600.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
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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. Ronald Goux 2045 Highway 59 Mandeville, LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gulf South Medical President Aggregate Year-to-Date—$ 250.00	02/08/93	250.00
B. Brigitta Braswell 461 E. Johnston Hemet, CA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadowbrook Conv. Admin/Owner Aggregate Year-to-Date—$ 250.00	02/22/93	250.00
C. Gary Macomber 1251 Beacon Blvd. West Sacramento, CA 95691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAHF Executive Director Aggregate Year-to-Date—$ 1,000.00	02/08/93	1,000.00
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)			1,500.00
TOTAL This Period (last page this line number only)			11,850.00

SCHEDULE A

ITEMIZED RECEIPTS

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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 L. Guillot 11862 E. Chama Rd. Scottsdalee, AZ 85255 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: David L. Guillot, Inc Occupation: President Aggregate Year-to-Date-$ 250.00	02/08/93	250.00
B. Keith Holloway 1475 N. Cole Rd. Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Western Health Care Corp Occupation: Administrator Aggregate Year-to-Date-$ 250.00	02/10/93	250.00
C. Jack Vetter 5010 S. 118th St. #250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vetter Health Services Occupation: Admin Aggregate Year-to-Date-$ 250.00	02/22/93	250.00
D. James Durante 526 Altamont Avenue Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Hallmark Nursing Centers Occupation: Admin Aggregate Year-to-Date-$ 250.00	02/10/93	250.00
E. James Judy 9403 Mill Brook Rd. Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Kentucky Assn of Hlth Care Fac Occupation: Exec V.P. Aggregate Year-to-Date-$ 250.00	02/22/93	250.00
F. Harlan Knudson 319 Seward Street Juneau, AK 99801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Assn. of Alaska Occupation: Executive Director Aggregate Year-to-Date-$ 300.00	02/08/93	300.00
G. H. Wes Handy 1005 Hill Rd Las Cruces, NM 88005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mountain Shadows Nrsg Ctr Occupation: Owner Aggregate Year-to-Date-$ 250.00	02/22/93	250.00
SUBTOTAL of Receipts This Page (optional)			1,800.00
TOTAL This Period (last page this line number only)			

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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 P.O. Box 1217 Washington, D.C. 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Interest Earned Occupation Aggregate Year-to-Date—$ 373.32	Date (month, day, year) 2/1/93- 2/28/93	Amount of Each Receipt this Period 185.18
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 (options)			
TOTAL This Period (last page this line number only)			

Page ____ of ____ for
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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. Mike Kreidler P.O. Box 4839 Federal Way, WA 98063	D-0009-WA 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	02/01/93	500.00
B. Bill Baker 2411 Old Crow Canyon Rd. San Ramon, CA 94583	R-0010-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/19/93	250.00
C. Lynn Schenk 8340 Clairemont Mesa Blvd. San Diego, CA 92111	D-49 -CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/01/93	500.00
D. Lauch Faircloth P.O. Box 26585 Raleigh, NC 27611	R-SEN-NC 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	02/05/93	1,000.00
E. Mel Reynolds 7425 S. Shore Dr. Chicago, IL 60649	-02 -IL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/19/93	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)			2,750.00
TOTAL This Period (last page this line number only)			12,350.00

7 3 1 3 8 3 2 1 4 0 0

Page ____ of ____ for
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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. Michael Andrews 1001 Fannin Suite 2500 Houston, TX 77002	D-0025-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/01/93	500.00
B. DCCC 430 South Capitol St Washington, DC 20003	Party cmte. contributions Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/01/93	5,000.00
C. Jim Nussle , IA	R-0002-IA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/19/93	500.00
D. Rick Santorum P.O. Box 10495 Pittsburgh, PA 15234	R-6 -PA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/01/93	500.00
E. Jim Sasser 1722 Eye Street NW Washington, TN	D-SEN-TN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/05/93	1,000.00
F. Michael McNulty , NY	D-0023-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/19/93	500.00
G. Jim Talent 955 Executive Pkwy., #201 St. Louis, MO 63141	R-0002-MO 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	02/05/93	600.00
H. Leslie Byrne P.O. Box 2612 Falls Church, VA	D-11 -VA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/19/93	500.00
I. Patricia Danner 210 N.E. Barry Rd. Kansas City, MO 64155	D-0005-MO 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	02/05/93	500.00
SUBTOTAL of Disbursements This Page (optional)			9,600.00
TOTAL This Period (last page this line number only)			

9 3 0 3 8 3 2 1 4 3 1

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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 Patrick Leahy Rm. 338 Federal Bldg., P.O. Box933 Montpelier, VT 05602	Purpose of Disbursement VT-0001 92-General Disbursement for ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10-2-92	Amount of Each Disbursement This Period Check Returned (1,000.00)
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)			

93038321402

Page ____ of ____ 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 (AHCA - PAC)

A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1217 Washington, D.C. 20004	Purpose of Disbursement Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 2/1/93- 2/28/93	Amount of Each Disbursement This Period 148.44
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

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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
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N.A.D.
PREPARER

3/22/93
DATE PREPARED

FEC FORM 70-2 (12/92)

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