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, DC 20005-4014

2. FEC IDENTIFICATION NUMBER

C-0000-5080

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 9/31/93		
6. (a) Cash on Hand January 1, 19 93		$ 70,831.53
(b) Cash on Hand at Beginning of Reporting Period	$ 71,108.76	
(c) Total Receipts (from Line 19)	$ 22,476.11	$ 195,325.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 93,584.87	$ 266,156.53
7. Total Disbursements (from Line 30)	$ 15,053.97	$ 187,625.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 78,530.90	$ 78,530.90
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., Assistant Treasurer

Signature of Treasurer

Date 9/20/93

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

(rev/cont 1/1991)

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

(revised 1/1/91)

NAME OF COMMITTEE: American Health Care Association Political Action Committee (AHCA-PAC)

REPORT COVERING PERIOD FROM 8/1/93 TO: 8/31/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	15,900.00	132,459.79
ii. Unitemized	6,393.75	55,992.73
iii. Total (add i and ii) ➤	22,293.75	188,452.52
b. Political Party Committees	0.00	
c. Other Political Committees (such as PACs)	0.00	5,000.00
d. Total Contributions (add a iii, b and c) ➤	22,293.75	193,452.52
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	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	182.36	1,372.48
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	22,476.11	195,325.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	22,476.11	195,325.00
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	303.97	1,250.63
c. Total Operating Expenditures (add a i, a ii, and b) ➤	303.97	1,250.63
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,750.00	186,350.00
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	0.00	25.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	0.00	25.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	15,053.97	187,625.63
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	15,053.97	187,625.63
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	22,293.75	193,452.52
33. Total Contribution Refunds (from line 28d)	0.00	25.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	22,293.75	193,427.52
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	303.97	1,250.63
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	303.97	1,250.63

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Timothy J Boyle 3500 S Lakeport Rd Sioux City, IA 51106	Care Center Mgmt Co Chief Operating Off	08/31/93	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,400.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Carlson 9701 Monrovia Lenexa, KS 66215	Delmar Gardens of Olathe Administrator	08/31/93	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 L Guillot 11862 E Chama Rd Scottsdale, AZ 85255	David L Guillot Inc President	08/12/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 750.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Snyder 135 S Morgan St Rushville, IL 62681	Snyders Vaughn Haven Inc Administrator	08/09/93	125.00
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**
Steven Chies 9899 Avocet St NW Coon Rapids, MN 55433	Park River Estates Care Ctr President	08/11/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 375.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
James Durante 526 Altamont Ave Schenectady, NY 12303	Hallmark Nursing Centre Admin	08/25/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 875.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Jarrett PO Box 909 New Paltz, NY 12561	New Paltz Nursing Home Admin	08/11/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 875.00		
SUBTOTAL of Receipts This Page (optional)			2,625.00
TOTAL This Period (last page this line number only)			

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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. Douglas Pendergras 3445 Executive Center Dr #250 Austin, TX 78731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Convalescent Enterprises Owner Aggregate Year-to-Date—$	08/31/93 250.00	250.00
B. Frank Brown PO Box 190 Cullman, AL 35056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Age Inc President Aggregate Year-to-Date—$	08/31/93 375.00	125.00
C. Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group President Aggregate Year-to-Date—$	08/25/93 750.00	250.00
D. G T Dalton 1050 Clinton St PO Box 329 Ironton, OH 45638 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jo-Lin Health Center Inc Owner/Administrator Aggregate Year-to-Date—$	08/31/93 500.00	250.00
E. Herman Conaway PO Box F Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care Inc President Aggregate Year-to-Date—$	08/09/93 375.00	125.00
F. John Austin 7774 Warner Rd PO Box 429 Madison, OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stewart Lodge Nursing Home Admin Aggregate Year-to-Date—$	08/19/93 375.00	125.00
G. Ron Thurston 303 State St Augusta, ME 04330 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maine Health Care Assn Exec VP Aggregate Year-to-Date—$	08/25/93 375.00	250.00
SUBTOTAL of Receipts This Page (optional)			1,375.00
TOTAL This Period (last page this line number only)			

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Meillier 27 Brand Ave PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Social Services Dir Aggregate Year-to-Date—$ 225.00	08/12/93	75.00
B. Lester Robertson 4239 War Memorial Dr Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Convalescent Management Assoc Exec VP Aggregate Year-to-Date—$ 225.00	08/12/93	75.00
C. Gerry Baker 192 W Vienna Rd Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beecher Manor Inc Admin Aggregate Year-to-Date—$ 1,225.00	08/08/93	125.00
D. Craig Rowley 15 Rutland St Dover, NH 03820 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dover House Administrator Aggregate Year-to-Date—$ 225.00	08/11/93	100.00
E. Craig Rowley 15 Rutland St Dover, NH 03820 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dover House Administrator Aggregate Year-to-Date—$ 225.00	08/31/93	125.00
F. Alan Solomont 300 Brickstone Square Andover, MA 01810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ADS Management Inc President Aggregate Year-to-Date—$ 750.00	08/19/93	250.00
G. John K Smith 1201 Park St Commerce, TX 75428 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Birchwood Manor Admin Aggregate Year-to-Date—$ 375.00	08/09/93	125.00

SUBTOTAL of Receipts This Page (optional) 875.00

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

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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
John K Smith 1201 Park St Commerce, TX 75428	Birchwood Manor Admin	08/31/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 375.00		
B. 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 PO Box 1129 Turlock, CA 95381	Elness Convalescent Hospital Admin	08/19/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,125.00		
C. 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 PO Box 1129 Turlock, CA 95381	Elness Convalescent Hospital Admin	08/25/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,125.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668	Sun Mar Management Services President	08/09/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 375.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Sharon Flippen 1106 Clayton Ln #300E Austin, TX 78723	Beverly Enterprises Dir/State Gov't Rel	08/25/93	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Reissman 11266 Washington Pl Culver City, CA 90232	Country Villa Service Corp Admin	08/09/93	375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 375.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Feingold 861 S Harbour Blvd Anaheim, CA 92805	Casa Pacifica Conv Hospital Admin	08/09/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 375.00		

SUBTOTAL of Receipts This Page (optional) 1,200.00

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

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A. Troy Athon PO Box 497 Conyers, GA 30207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Geriatric Health Services President Aggregate Year-to-Date—$	08/31/93 725.00	125.00
B. Gary Bowers 9311 San Pedro #1103 San Antonio, TX 78216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Administration Vice President Aggregate Year-to-Date—$	08/31/93 800.00	250.00
C. R Peter Madel 108 8th St NW Waseca, MN 56093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Shore Inn Nursing Home Admin Aggregate Year-to-Date—$	08/09/93 375.00	125.00
D. Donel Sprenger PO Box 343 Amherst, OH 44001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Autumn Aegis General Partner Aggregate Year-to-Date—$	08/12/93 1,150.00	100.00
E. Donel Sprenger PO Box 343 Amherst, OH 44001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Autumn Aegis General Partner Aggregate Year-to-Date—$	08/12/93 1,150.00	100.00
F. Donel Sprenger PO Box 343 Amherst, OH 44001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Autumn Aegis General Partner Aggregate Year-to-Date—$	08/12/93 1,150.00	100.00
G. Donel Sprenger PO Box 343 Amherst, OH 44001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Autumn Aegis General Partner Aggregate Year-to-Date—$	08/12/93 1,150.00	100.00
SUBTOTAL of Receipts This Page (optional)			900.00
TOTAL This Period (last page this line number only)			

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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)
Donel Sprenger PO Box 343 Amherst, OH 44001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Autumn Aegis General Partner Aggregate Year-to-Date-$ 150.00	08/31/93	500.00
Debra Finneran 2529 Six Mile Ln Louisville, KY 40220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadows East Administrator Aggregate Year-to-Date-$ 750.00	08/25/93	500.00
Thomas Boling 4900 Eagle St Anchorange, AK 99503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Our Lady of Compassion Admin Aggregate Year-to-Date-$ 225.00	08/09/93	75.00
J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northport Health Services Inc President Aggregate Year-to-Date-$ 375.00	08/19/93	125.00
Larry Conaway PO Box F Hancock Park Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care Inc Administrator Aggregate Year-to-Date-$ 375.00	08/09/93	125.00
Larry Bradley 587 Rio Lindo Ave Chico, CA 95926 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crestwood Conval Hosp Admin Aggregate Year-to-Date-$ 375.00	08/09/93	250.00
Joseph Nichols 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark N H VP Aggregate Year-to-Date-$ 875.00	08/25/93	125.00
SUBTOTAL of Receipts This Page (optional)			1,700.00
TOTAL This Period (last page this line number only)			

93038614

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joseph Warner PO Box 3188 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprises President Aggregate Year-to-Date—$ 375.00	08/09/93	125.00
B. Berry Crow 9628 Campo Rd #T Spring Valley, CA 91977 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brighton Health Alliance Inc Admin Aggregate Year-to-Date—$ 225.00	08/09/93	75.00
C. Jane Hibbard-Merrill Gulford St PO Box 159 Dover-Foxcroft, ME 04426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hibbard Nsg Hm Admin Aggregate Year-to-Date—$ 225.00	08/19/93	75.00
D. Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Management VP Aggregate Year-to-Date—$ 375.00	08/25/93	125.00
E. Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ivy Hall Geriatric Ctr President Aggregate Year-to-Date—$ 625.00	08/19/93	125.00
F. Harve Bauguess 781 Marietta St NW Atlanta, GA 30318 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bauguess Management Co President Aggregate Year-to-Date—$ 200.00	08/19/93	25.00
G. Dave Helmsin 1251 Beacon Blvd West Sacramento, CA 95691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAHF Program Director Aggregate Year-to-Date—$ 225.00	08/09/93	150.00

SUBTOTAL of Receipts This Page (optional) 700.00

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

93038610415

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A. Dandridge Walton PO Box 79 Frankfort,KY 40602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Attorney At Law Attorney Aggregate Year-to-Date—$	08/09/93 750.00	500.00
B. Richard Rau 10911 N Port Washington Rd Mequon,WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Admin Aggregate Year-to-Date—$	08/09/93 625.00	125.00
C. Richard Rau 10911 N Port Washington Rd Mequon,WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Admin Aggregate Year-to-Date—$	08/12/93 625.00	250.00
D. Thomas Moore 14 S Carroll St #200 Madison,WI 53703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wisconsin Assn of Nrsg Home Exec Dir Aggregate Year-to-Date—$	08/31/93 350.00	350.00
E. David Sauer PO Drawer A 410 NW 3rd St Casey,IL 62420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heartland Manor Nursing Center Admin Aggregate Year-to-Date—$	08/12/93 200.00	25.00
F. James Clark PO Box 271 3142 County Line Rd Geneva,OH 44041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lakeland Nursing Home Admin Aggregate Year-to-Date—$	08/19/93 225.00	150.00
G. Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale,FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Corporation Administrator Aggregate Year-to-Date—$	08/25/93 750.00	250.00

SUBTOTAL of Receipts This Page (optional) 1,650.00

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Howard Groff 9801 Dupont Ave S #295 Bloomington, MN 55431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tealwood Care Centers Inc Occupation: President Aggregate Year-to-Date—$ 500.00	08/31/93	250.00
B. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date—$ 250.00	08/31/93	125.00
C. Robert Van Dyk 301 Sicomac Ave Wyckoff, NJ 07481 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Christian Health Care Occupation: President/CEO Aggregate Year-to-Date—$ 725.00	08/09/93	125.00
D. Richard Matros 2742 Dow Ave Tustin, CA 92680 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Enterprises Occupation: President Aggregate Year-to-Date—$ 375.00	08/31/93	125.00
E. Terry Beyl One N Capitol #1115 Indianapolis, IN 46204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Indiana Health Care Assoc Occupation: Executive Vice Pres Aggregate Year-to-Date—$ 275.00	08/31/93	125.00
F. Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gulf South Medical Ent Occupation: President Aggregate Year-to-Date—$ 750.00	08/12/93	250.00
G. Patrick T Kriner 9855 Garden Rd Monclova, OH 43542 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Monclova Care Center Occupation: Aggregate Year-to-Date—$ 300.00	08/12/93	300.00

SUBTOTAL of Receipts This Page (optional) 1,300.00

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

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. H Thomas Taylor P.O. Box 20069 Charleston, SC 29413 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Service Management Inc Owner Aggregate Year-to-Date—$ 750.00	08/19/93	500.00
B. Jim Truchan 4410 W 49th Ave Hobart, IN 46342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sebo's Heritage Manor Owner Aggregate Year-to-Date—$ 200.00	08/09/93	125.00
C. Melvin Harris 413 N Wash Marksville, LA 71351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Manor Owner Aggregate Year-to-Date—$ 225.00	08/25/93	75.00
D. Brad Stebbins 600 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Five Companies Owner Aggregate Year-to-Date—$ 375.00	08/31/93	375.00
E. Will Lantis PO Box 699 Spearfish, SD 57783 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lantis Enterprises President Aggregate Year-to-Date—$ 225.00	08/25/93	125.00
F. Aubrey Preston PO Box 1869 Brentwood, TN 37024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Denver Health Group President Aggregate Year-to-Date—$ 625.00	08/19/93	125.00
G. Robert Murtha 27 E Russell St #200 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The MacIntosh Company President Aggregate Year-to-Date—$ 750.00	08/09/93	250.00

SUBTOTAL of Receipts This Page (optional) 1,575.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
George Lytal 34316 Land Park Dr Sacramento, CA 95818	Crestwood Hospitals VP/COO	08/31/93	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Weiderstein 4635 Georgetown Pkwy Stockton, CA 95207	Crestwood Hospitals V/P	08/12/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Kim & Larry Simpson PO Box 3539 Luskin, TX 75903	Twin Oaks Conv Center Owners	08/11/93	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**
Michael McDaniel 6915 Vista Dr West Des Moines, IA 50466	Care Initiatives Sr Vice President	08/11/93	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**
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) 2,000.00

TOTAL This Period (last page this line number only) 15,900.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Riggs National Bank P.O. Box 1217 Washington, DC 20004	Interest earned this period	8/1/93 - 8/31/93	182.36
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 1,372.48		

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)	

7 5 5 0 0 1 0 4 4 0

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Party cmte. contributions Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 08/26/93	Amount of Each Disbursement This Period 4,750.00
B. Full Name, Mailing Address and ZIP Code Orrin Hatch 405 South Main Street Suite 71 Salt Lake City, UT 84111	Purpose of Disbursement R-SEN-UT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 08/06/93	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Orrin Hatch 405 South Main Street Suite 71 Salt Lake City, UT 84111	Purpose of Disbursement R-SEN-UT 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 08/06/93	Amount of Each Disbursement This Period 5,000.00
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
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)			14,750.00
TOTAL This Period (last page this line number only)			14,750.00

7 5 0 3 8 6 1 0 4 2 1

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Riggs National Bank P.O. Box 1217 Washington, DC 20004	Bank fees Disbursement for: Primary General Other (specify)	8/1/93 - 8/31/93	303.97
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
☑	First Class Mail	POSTMARKED 9-17-93
☐	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

JMH
PREPARER

9-21-93
DATE PREPARED

FEC FORM 70-2 (12/92)

93038610425