# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

RECEIVED
FEDERAL ELECTION
COMMISSION

AUG 20 2 52 PM '97

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

2. FEC IDENTIFICATION NUMBER
C-000-6080

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 7-1-97 through 7-31-97 | | |
| 6. (a) Cash on Hand January 1, 19 73,064.62 | | $ 73,064.62 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 3,435.90 | |
| (c) Total Receipts (from Line 19) | $ 41,575.28 | $ 188,867.76 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 45,011.18 | $ 261,932.38 |
| 7. Total Disbursements (from Line 30) | $ 10,999.46 | $ 227,920.66 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 34,011.72 | $ 34,011.72 |
| 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: [signature]

Date: 8-20-97

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)

PB6AN133

# 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 7-1-97 TO 7-31-97

| | 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) | 29,555.00 | 150,834.00 | 11(a)(i) |
| ii. Unitemized | 11,863.75 | 36,656.03 | 11(a)(ii) |
| iii. Total ... (add i and ii) ➤ | 41,418.75 | 187,490.03 | 11(a)(iii) |
| b. Political Party Committees | | | 11(b) |
| c. Other Political Committees (such as PACs) | | | 11(c) |
| d. Total Contributions ... (add a iii, b and c) ➤ | 41,418.75 | 187,490.03 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | | | 12 |
| 13. All Loans Received | | | 13 |
| 14. Loan Repayments Received | | | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 156.53 | 1,377.73 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | 18 |
| 19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 41,575.28 | 188,867.76 | 19 |
| 20. Total Federal Receipts ... (subtract line 18 from line 19) ➤ | 41,575.28 | 188,867.76 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | | | 21(a)(i) |
| ii. Non-Federal Share | | | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 549.46 | 3372.66 | 21(b) |
| c. Total Operating Expenditures ... (add a i, a ii, and b) ➤ | 549.46 | 3372.66 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | | | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 10,450.00 | 224,548.00 | 23 |
| 24. Independent Expenditures (use Schedule E) | | | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | 25 |
| 26. Loan Repayments Made | | | 26 |
| 27. Loans Made | | | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | | | 28(a) |
| b. Political Party Committees | | | 28(b) |
| c. Other Political Committees (such as PACs) | | | 28(c) |
| d. Total Contribution Refunds ... (add a, b and c) ➤ | | | 28(d) |
| 29. Other Disbursements | | | 29 |
| 30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 10,999.46 | 227,920.66 | 30 |
| 31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤ | 10,999.46 | 227,920.66 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | | | 32 |
| 33. Total Contribution Refunds (from line 28d) | | | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | | | 34 |
| 35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) ➤ | | | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | | | 36 |
| 37. Net Operating Expenditures ... (subtract line 36 from 35) ➤ | | | 37 |

FE0AN135

**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 |
|---|---|---|---|
| Donald Franco<br>274 Hemingway Ave.<br>East Haven, CT 06512<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Paragon Group, Inc.<br>President<br>Aggregate Year-to-Date-$ 825.00 | 07/16/97 | 75.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Eugene Bishop<br>PO Box 397<br>Roswell, GA 30077<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Health Services Centers<br>President<br>Aggregate Year-to-Date-$ 750.00 | 07/18/97 | 250.00 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Robert M Coury<br>Two Berea Commons #1<br>Berea, OH 44017<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Aristocrat Berea<br>Administrator<br>Aggregate Year-to-Date-$ 750.00 | 07/14/97 | 250.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Jerry Sansby<br>2004 Edgcumbe Road<br>St Paul, MN 55116<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Highland Chateau<br>President<br>Aggregate Year-to-Date-$ 750.00 | 07/18/97 | 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 Grosso<br>130 Terhune Dr<br>Wayne, NJ 07470<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Lakeview Subacute Care, Inc.<br>President<br>Aggregate Year-to-Date-$ 500.00 | 07/21/97 | 250.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Don Angell<br>PO Box 1670<br>Clemmons, NC 27012<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Angell Group Inc<br>Owner<br>Aggregate Year-to-Date-$ 750.00 | 07/18/97 | 250.00 |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| William Dunn<br>195 Executive Dr<br>Marion, OH 43302<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Marion Manor Nursing Ctr<br>Admin<br>Aggregate Year-to-Date-$ 750.00 | 07/18/97 | 250.00 |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 1,575.00

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

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|---|---|---|---|
| A. Mel Lynn<br>2560 Lawrence Ave<br>Park Falls, WI 54552<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Park Manor<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 375.00 | 07/21/97 | 125.00 |
| B. Roger C. Lipitz<br>515 Fairmount Ave #800<br>Towson, MD 21286<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Genesis Health Ventures<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 1,500.00 | 07/18/97 | 500.00 |
| C. Michael W Massey<br>PO Box 1149<br>Greer, SC 29652<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Roger Huntington Nursing Ctr<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 1,000.00 | 07/18/97 | 1,000.00 |
| D. Steven Wolf<br>820 S 59th St<br>Belleville, IL 62223<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Eldercare Inc<br>Occupation: President<br>Aggregate Year-to-Date—$ 1,500.00 | 07/18/97 | 500.00 |
| E. Lee Marchant<br>PO Box 427<br>Bloomington, IN 47402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: LJM Enterprises<br>Occupation: Chief Exec Officer<br>Aggregate Year-to-Date—$ 750.00 | 07/10/97 | 250.00 |
| F. Daniel Salmon<br>85 Beaumont Dr<br>Northbridge, MA 01534<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Beaumont Nursing Home<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 375.00 | 07/31/97 | 125.00 |
| G. Larry Juhl<br>104 GlenOaks Dr Box 31<br>New London, MN 56273<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: GlenOaks Care Center<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 750.00 | 07/21/97 | 250.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 2,750.00 |
| TOTAL This Period (last page this line number only) | | | |

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|---|---|---|---|
| A. Don Wessell<br>417 S. Main St.<br>Oberlin, OH 44074<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Employer: Welcome Nursing Home Inc<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 375.00 | 07/18/97 | 125.00 |
| B. Michael Maistros<br>42350 National Rd<br>Belmont, OH 43718<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Employer: Bell Nursing Home Inc<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 375.00 | 07/18/97 | 125.00 |
| C. Glenn Adrian<br>1369 Stewartstown Rd<br>Morgantown, WV 26505<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Employer: Glenmark Associates Inc<br>Occupation: President<br>Aggregate Year-to-Date—$ 225.00 | 07/21/97 | 150.00 |
| D. Louis Serra<br>2525 Pennsylvania Ave<br>Weirton, WV 26062<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Employer: Weirton Convalescent Home<br>Occupation: Owner/Adm<br>Aggregate Year-to-Date—$ 1,500.00 | 07/07/97 | 500.00 |
| E. James Judy<br>9403 Mill Brook Rd<br>Louisville, KY 40223<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Employer: Kentucky Assn of Hlth Care Fac<br>Occupation: Exec VP<br>Aggregate Year-to-Date—$ 500.00 | 07/10/97 | 250.00 |
| F. William Biggs<br>4605 Belton Highway<br>Anderson, SC 29621<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Employer: Richard Campbell Veterans Home<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 350.00 | 07/21/97 | 350.00 |
| G. Marlow Baar<br>17732 Corinthian Drive<br>Encino, CA 91316<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Employer: Haskin & Baar<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 250.00 | 07/25/97 | 125.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,625.00 |
| TOTAL This Period (last page this line number only) | | | |

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|---|---|---|---|
| A. Gail Clarkson<br>64500 Van Dyke<br>Washington, MI 48095<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | The Medilodge Group<br>Vice President<br>Aggregate Year-to-Date—$ 850.00 | 07/07/97 | 250.00 |
| B. Gail Clarkson<br>64500 Van Dyke<br>Washington, MI 48095<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | The Medilodge Group<br>Vice President<br>Aggregate Year-to-Date—$ 850.00 | 07/18/97 | 100.00 |
| C. Edward Brady<br>4712 Chester Ave Box 19990<br>Philadelphia, PA 19143<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Park Pleasant Nursing Home<br>Administrator<br>Aggregate Year-to-Date—$ 225.00 | 07/25/97 | 75.00 |
| D. Michael Hamm<br>1501 42nd St.<br>West Des Moines, IA 50266<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hawkeye Care Centers<br>President<br>Aggregate Year-to-Date—$ 500.00 | 07/25/97 | 500.00 |
| E. Leonard Wiggins<br>PO Box 670<br>Judsonia, AR 72081<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Oakdale Nursing Home<br>Owner/Administrator<br>Aggregate Year-to-Date—$ 300.00 | 07/16/97 | 150.00 |
| F. J Robert Wilson<br>947 Worthington Circle<br>Ft Collins, CO 80526<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Columbine Care Centers<br>President<br>Aggregate Year-to-Date—$ 750.00 | 07/16/97 | 250.00 |
| G. Elton Beebe<br>PO Box 6015<br>Ridgeland, MS 39158<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Magnolia Management<br>President<br>Aggregate Year-to-Date—$ 1,500.00 | 07/10/97 | 500.00 |
| **SUBTOTAL** of Receipts This Page (optional) | | | 1,825.00 |
| **TOTAL** This Period (last page this line number only) | | | |

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|---|---|---|---|
| A. Gerald Cox<br>PO Box 7728<br>Rocky Mount, NC 27804<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Autumn Corp<br>President<br>Aggregate Year-to-Date—$ 2,000.00 | 07/18/97 | 2,000.00 |
| B. John K Smith<br>PO Box 311<br>Commerce, TX 75429<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Smith Investments<br>Owner<br>Aggregate Year-to-Date—$ 375.00 | 07/30/97 | 250.00 |
| C. Steven Reissman<br>4551 Glencoe Ave, Ste 300<br>Marina Del Ray, CA 90292<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Country Villa Health Services<br>Admin<br>Aggregate Year-to-Date—$ 375.00 | 07/21/97 | 125.00 |
| D. Joy May<br>2000 Domanik Dr<br>Racine, WI 53404<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Lincoln Lutheran Of Racine<br>Admin<br>Aggregate Year-to-Date—$ 375.00 | 07/25/97 | 125.00 |
| E. Jack Markovitz<br>11630 S Grevillea Ave<br>Hawthorne, CA 90250<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hawthorne Care Ctr<br>President<br>Aggregate Year-to-Date—$ 1,000.00 | 07/25/97 | 1,000.00 |
| F. Wally Miller<br>104 E Central Ave<br>LaGrange, IN 46761<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | MMM Invest Inc<br>CEO Operations<br>Aggregate Year-to-Date—$ 1,500.00 | 07/18/97 | 1,000.00 |
| G. Troy Athon<br>1150 Dogwood<br>Greensboro, GA 30642<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Ceremore Mgt Co Inc<br>VP, Dev<br>Aggregate Year-to-Date—$ 750.00 | 07/07/97 | 250.00 |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 4,750.00

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

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|---|---|---|---|
| Steve Briscoe<br>1100-10th Street, No. 201<br>Greeley,CO 80631 | Continuum Health Partnerships | | |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Area VP | 07/21/97 | 250.00 |
| | Aggregate Year-to-Date-$ | 750.00 | |
| **B. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Travis Tomlinson<br>513 E Whitaker Mill Rd<br>Raleigh,NC 27608 | Mayview Conv Home Inc | | |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Admin | 07/18/97 | 125.00 |
| | Aggregate Year-to-Date-$ | 375.00 | |
| **C. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| David Banks<br>PO Box 3324<br>Ft Smith,AR 72913 | Beverly Enterprises | | |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Chairman/President | 07/21/97 | 250.00 |
| | 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** |
| Robert Chur<br>7 Limestone Drive<br>Williamsville,NY 14221 | Elderwood Affiliates | | |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | President | 07/18/97 | 500.00 |
| | Aggregate Year-to-Date-$ | 1,500.00 | |
| **E. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Kennon S Shea<br>75 Court St PO Box U<br>Quincy,CA 95971 | California Convalescent Hosp | | |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Admin | 07/14/97 | 75.00 |
| | 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** |
| Ruth Braswell<br>3674 Pacific Ave<br>Riverside,CA 92509 | Vista Pacifica Enterprises | | |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Owner/Administrator | 07/08/97 | 500.00 |
| | Aggregate Year-to-Date-$ | 1,500.00 | |
| **G. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| A D Buffington<br>2506 Lakeland Dr PO Box 7575<br>Jackson,MS 39204 | Hillcrest Health Center | | |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Owner | 07/18/97 | 300.00 |
| | Aggregate Year-to-Date-$ | 450.00 | |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 2,000.00

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

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|---|---|---|---|
| G. Michael Leader<br>1070 W. Areba Ave.<br>Hershey, PA 17033 | Country Meadows of West Shore<br>President | 07/18/97 | 75.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 225.00 | | |
| Larry Bradley<br>PO Box 709<br>Durham, CA 95939 | Integrated Health Services Inc.<br>Admin | 07/21/97 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 375.00 | | |
| Gregory Chambary<br>100 Daniel Dr<br>Webster, NY 14580 | Maplewood Nursing Home Inc<br>Admin | 07/25/97 | 75.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 225.00 | | |
| Judith Dicker<br>182-15 Hillside Ave<br>Jamaica Estates, NY 11432 | Hillside Manor<br>Exec Dir | 07/11/97 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 375.00 | | |
| Frank Wronski<br>64500 Van Dyke<br>Washington, MI 48095 | Medilodge Group<br>Admin | 07/18/97 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 1,100.00 | | |
| Ernest Dicker<br>157-15 19th Ave<br>Whitestone, NY 11357 | Clearview Nursing Home<br>Executive Director | 07/10/97 | 250.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 375.00 | | |
| Jim Klausman<br>3715 SW 29th Street, No. 200<br>Topeka, KS 66614 | Midwest Health Services<br>Owner-Adm | 07/21/97 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 375.00 | | |
| **SUBTOTAL** of Receipts This Page (optional) | | | 875.00 |
| **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. Terry Mundy<br>2633 W Rumble Rd<br>Modesto, CA 95350<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | English Oaks Convalescent Hosp<br>Occupation: Administrator/Owner<br>Aggregate Year-to-Date—$ 750.00 | 07/18/97 | 250.00 |
| B. Stanley Dicker<br>182-15 Hillside Ave<br>Jamaica Estates, NY 11432<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillside Manor<br>Occupation: Exec Dir<br>Aggregate Year-to-Date—$ 1,500.00 | 07/21/97 | 500.00 |
| C. J Wayne Franklin<br>125 Springfield St #1<br>O'Fallon, IL 62269<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Franklin Healthcare Consultants<br>Occupation: President<br>Aggregate Year-to-Date—$ 375.00 | 07/29/97 | 125.00 |
| D. Joseph Donchess<br>7844 Office Park Blvd<br>Baton Rouge, LA 70809<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Louisiana Nursing Home Assn<br>Occupation: Executive Director<br>Aggregate Year-to-Date—$ 500.00 | 07/25/97 | 250.00 |
| E. Abraham Morse<br>2310 Washington St #300<br>NewtonLowerFalls, MA 02162<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | MA Extended Care Federation<br>Occupation: Exec VP<br>Aggregate Year-to-Date—$ 500.00 | 07/18/97 | 500.00 |
| F. Richard Rau<br>10911 N Port Washington Rd<br>Mequon, WI 53092<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Mequon Care Center<br>Occupation: Exec Dir<br>Aggregate Year-to-Date—$ 375.00 | 07/21/97 | 250.00 |
| G. Gerald Reilly<br>2120 State St NE #102<br>Olympia, WA 98506<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Washington Health Care Assoc<br>Occupation: Executive Director<br>Aggregate Year-to-Date—$ 275.00 | 07/25/97 | 125.00 |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 2,000.00

**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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Jerry Neal<br>2205 Broadway<br>Mt Vernon, IL 62864 | Developmental Services of Ill<br>President | 07/14/97 | 250.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 750.00 | | |
| **B. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Mary Ousley<br>6001 Indian School Rd, NE, 530<br>Albuquerque, NM 87110 | Horizon Healthcare Corporation<br>Corporate Director | 07/25/97 | 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** |
| Kensett Moyle III<br>55425 Santa Fe Tr<br>Yucca Valley, CA 92284 | Moyle's Health Care Inc<br>President | 07/11/97 | 500.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 1,500.00 | | |
| **D. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Patti Turenne<br>407 S McDonough St<br>Montgomery, AL 36104 | Turenne & Associates<br>Administrator | 07/07/97 | 500.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 1,500.00 | | |
| **E. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Floyd A Schlossberg<br>4200 Peterson #140<br>Chicago, IL 60646 | Alden Management Inc<br>President | 07/10/97 | 1,000.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 2,000.00 | | |
| **F. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Abraham Gosman<br>513 N Country Rd<br>Palm Beach, FL 33480 | Meditrust<br>Chairman of Board | 07/31/97 | 750.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 750.00 | | |
| **G. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Richard & Jill Mendlen<br>1333 E Madison #206<br>El Cajon, CA 92021 | Kennon S Shea & Assoc<br>Dir/Operations | 07/21/97 | 250.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 750.00 | | |
| **SUBTOTAL** of Receipts This Page (optional) | | | 3,500.00 |
| **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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt (this Period) |
|---|---|---|---|
| Betty Solomonson<br>8111 Tiswell Dr<br>Alexandria, VA 22306 | Mt Vernon Nursing Ctr<br>Administrator | 07/11/97 | 250.00 |
| 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** |
| Jan Thayer<br>404 Woodland Dr<br>Grand Island, NE 68801 | Riverside Lodge<br>Owner/Admin | 07/14/97 | 375.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ | 750.00 | |
| **C. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Steven Brant<br>101 S Belt W<br>Belleville, IL 62220 | Four Fountains Conv Ctr<br>Administrator | 07/14/97 | 250.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ | 500.00 | |
| **D. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Michael Scharfenberger<br>7265 Kenwood Rd #300<br>Cincinnati, OH 45236 | Nursing Care Management<br>Exec Vice President | 07/10/97 | 75.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ | 225.00 | |
| **E. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Ronald Boux<br>2045 Hwy 59 PO Box 204<br>Mandeville, LA 70448 | Gulf South Medical Ent<br>President | 07/18/97 | 1,000.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ | 1,500.00 | |
| **F. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Patrick T Kriner<br>6228 Merger Drive<br>Holland, OH 43528 | Villa Homes West Inc<br>President | 07/30/97 | 500.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ | 1,000.00 | |
| **G. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Joyce Book<br>1 Hickory Drive<br>Bethel, PA 19507 | George M Leader Family Corp<br>Br VP Operations | 07/11/97 | 75.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ | 225.00 | |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 2,525.00

**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. Mary Flynn<br>40 White Hall Road<br>Rochester, NH 03867<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Rochester Manor<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 325.00 | 07/18/97 | 200.00 |
| B. Ted Lee<br>700 Hanover St<br>Manchester, NH 03104<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hanover Hill Health Center<br>Occupation: Owner/Administrator<br>Aggregate Year-to-Date—$ 300.00 | 07/18/97 | 100.00 |
| C. Robert Lohr<br>P.O. Box 10805<br>Pittsburgh, PA 15236<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Jefferson Hills Manor<br>Occupation: Executive Director<br>Aggregate Year-to-Date—$ 750.00 | 07/25/97 | 250.00 |
| D. Mark Tobin<br>50 Christy Place<br>Brockton, MA 02401<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | The Pointe Group<br>Occupation: President<br>Aggregate Year-to-Date—$ 750.00 | 07/25/97 | 250.00 |
| E. Melvin Harris<br>426 N. Washington<br>Marksville, LA 71351<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify). | Colonial Manor<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 225.00 | 07/18/97 | 150.00 |
| F. Gerald Romano<br>7 Creek Ln<br>Bristol, RI 02809<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Silver Creek Manor<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 1,040.00 | 07/18/97 | 40.00 |
| G. Jim Wahner<br>3724 W. Wisconsin Ave.<br>Milwaukee, WI 53208<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | United Health, Inc.<br>Occupation: VP, Admin & Gov Re<br>Aggregate Year-to-Date—$ 375.00 | 07/11/97 | 250.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,240.00 |
| 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. Susan Bailis<br>400 Centre Street<br>Newton, MA 02158<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | The ADS Group<br>President<br>Aggregate Year-to-Date—$ 500.00 | 07/18/97 | 500.00 |
| B. Robert Murtha<br>27 E Russell St #200<br>Columbus, OH 43215<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | The MacIntosh Company<br>President<br>Aggregate Year-to-Date—$ 1,000.00 | 07/10/97 | 500.00 |
| C. J William Gady<br>10 Carpenter Ln<br>East Freetown, MA 02717<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation<br>Aggregate Year-to-Date—$ 200.00 | 07/31/97 | 200.00 |
| D. Lynda Conaway Kirk<br>2314 Highland Ave<br>Parkersburg, WV 26101<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Pine View Continuous Care<br>Administrator<br>Aggregate Year-to-Date—$ 375.00 | 07/17/97 | 250.00 |
| E. Zaiga Moriarty<br>5010 S. 118th St., Ste. 250<br>Omaha, NE 68137<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Vetter Health Services<br>Operations Super.<br>Aggregate Year-to-Date—$ 225.00 | 07/11/97 | 75.00 |
| F. Reynaldo Lapid<br>1931 Lakewood Rd.<br>Toms River, NJ 08755<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Green Acres Manor<br>Owner<br>Aggregate Year-to-Date—$ 375.00 | 07/14/97 | 125.00 |
| G. Kris Baldock<br>8028 Ritchie Hwy., Ste. 210B<br>Pasadena, MD 21122<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Future Care Health Mgmt.<br>President<br>Aggregate Year-to-Date—$ 225.00 | 07/21/97 | 75.00 |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 1,725.00

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

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

**SCHEDULE A**

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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. Mary Lynne Bailey<br>2112 West Laburnum Avenue, 206<br>Richmond, VA 23227<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Virginia Health Care Assn<br>Occupation: Assistant<br>Aggregate Year-to-Date—$ 375.00 | 07/21/97 | 125.00 |
| B. David Slutzker<br>36 Oriole Lane<br>Trumbull, CT 06611<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ 230.00 | 07/18/97 | 80.00 |
| C. David Slutzker<br>36 Oriole Lane<br>Trumbull, CT 06611<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ 230.00 | 07/18/97 | 150.00 |
| D. Deborah Ann Gulp<br>900-7 Mile Road<br>Athens, MI 49011<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ 300.00 | 07/18/97 | 300.00 |
| E. John Sims<br>PO Box 1129<br>Turlock, CA 95381<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Elness Convalescent Hospital<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 1,000.00 | 07/08/97 | 500.00 |
| F. Joan White<br>932 Ward Avenue, Suite 430<br>Honolulu, HI 96814<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Healthcare Assoc. of Hawaii<br>Occupation: Executive VP<br>Aggregate Year-to-Date—$ 200.00 | 07/25/97 | 100.00 |
| G. Bob Decker<br>1690 South County Farm Rd<br>Warsaw, IN 46580<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Lucas Health Group<br>Occupation: CEO<br>Aggregate Year-to-Date—$ 375.00 | 07/21/97 | 250.00 |
| **SUBTOTAL** of Receipts This Page (optional) | | | 1,505.00 |
| **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. James Freeburn<br>24 Spring Lane<br>Farmington, CT 06032<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Gold Star Medical Services<br>VP/GM<br>Aggregate Year-to-Date—$ | 07/18/97<br>320.00 | 320.00 |
| B. Daniel Lyons<br>5 Hillside Dr<br>Brookline, NH 03033<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | 07/18/97<br>200.00 | 200.00 |
| C. John Riley<br>29 Colburn Rd<br>Wellesly, MA 02181<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | 07/18/97<br>200.00 | 200.00 |
| D. Georgeanne Kuzman<br>15 Somers Hill Circle<br>Somers, CT 06071<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | 07/14/97<br>240.00 | 200.00 |
| E. Georgeanne Kuzman<br>15 Somers Hill Circle<br>Somers, CT 06071<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | 07/18/97<br>240.00 | 40.00 |
| F. Wayne Hansen<br>118 Main Street<br>Williston, ND 58802<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | 07/21/97<br>200.00 | 200.00 |
| G. Robert Baldwin<br>10701 Main Street<br>Fairfax, VA 22030<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Fairfax Nursing Center, Inc.<br>Occupation: Owner<br>Aggregate Year-to-Date—$ | 07/25/97<br>500.00 | 500.00 |
| **SUBTOTAL** of Receipts This Page (optional) | | | 1,660.00 |
| **TOTAL** This Period (last page this line number only) | | | |

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) American Health Care Association - Political Action Committee

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | 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 |
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | 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 |
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | 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 |
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | 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 |
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | 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 |
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ | | |
| SUBTOTAL of Receipts This Page (optional) | | | .00 |
| TOTAL This Period (last page this line number only) | | | 29,555.00 |

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)
AMERICAN HEALTH CARE ASSOCIATION - POLITICAL ACTION COMMITTEE

| | | | |
|---|---|---|---|
| **A. Full Name, Mailing Address and ZIP Code**<br>CRESTAR BANK<br>P.O. BOX 85024<br>RICHMOND, VA 23285 | Name of Employer<br>INTEREST RECEIPTS | Date (month, day, year)<br>7/31/90 | Amount of Each Receipt this Period<br>156.53 |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Occupation<br>Aggregate Year-to-Date—$ | | |
| **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<br>☐ Other (specify): | Occupation<br>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<br>☐ Other (specify): | Occupation<br>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<br>☐ Other (specify): | Occupation<br>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<br>☐ Other (specify): | Occupation<br>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<br>☐ Other (specify): | Occupation<br>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<br>☐ Other (specify): | Occupation<br>Aggregate Year-to-Date—$ | | |
| **SUBTOTAL** of Receipts This Page (optional) | | | |
| **TOTAL** This Period (last page this line number only) | | | |

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

**SCHEDULE B**

# ITEMIZED DISBURSEMENTS

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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Frank Pallone<br>Suite 118, 540 Broadway<br>Long Branch, NJ 07740 | D-0006-NJ<br>98 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/17/97 | 250.00 |
| **B. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Bill Paxon<br>19 Maple Avenue<br>Victor, NY 14564 | R-0027-NY<br>98 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/02/97 | 1,000.00 |
| **C. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Bill Paxon<br>19 Maple Avenue<br>Victor, NY 14564 | R-0027-NY<br>98 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/08/97 | 1,000.00 |
| **D. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| DCCC<br>430 South Capitol St<br>Washington, DC 20003 | - -DC<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | 07/08/97 | 1,000.00 |
| **E. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| President's Council NRSC<br>425 2nd St., N.E.<br>Washington, DC 20002 | - -DC<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | 07/30/97 | 5,000.00 |
| **F. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Patty Murray<br>225 S. Washington<br>Seattle, WA 98104 | D-SEN-WA<br>98 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/31/97 | 1,000.00 |
| **G. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Ted Strickland<br>P.O. Box 580<br>Lucasville, OH 45648 | D-0006-OH<br>98 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/11/97 | 200.00 |
| **H. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Robert Weygand<br>PO Box 28405<br>Providence, RI 02908 | D- -RI<br>98 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/09/97 | 500.00 |
| **I. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Daniel Feldman<br>135 East 65th Street<br>New York, NY 10021 | - -NY<br>98 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/09/97 | 500.00 |

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) | 10,450.00 |
| **TOTAL** This Period (last page this line number only) | 10,450.00 |

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

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>CRESTAR BANK<br>P.O. BOX 85024<br>RICHMOND, VA 23285 | Purpose of Disbursement<br>BANK CHARGES<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | Date (month, day, year)<br>7/31/97 | Amount of Each Disbursement This Period<br>549.46 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
| **SUBTOTAL** of Disbursements This Page (optional) | | | 549.46 |
| **TOTAL** This Period (last page this line number only) | | | 549.46 |

**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 8-20-97 |
| ☐ | 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<br>and/or DATE OF RECEIPT |

[signature] 8-20-97

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)