# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

HAND DELIVERED

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

OCT 24 9 37 AM '96

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-0000-6080

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 10/1 through 10/16/96 | | |
| 6. (a) Cash on Hand January 1, 1996 | | $ 86,167.07 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 24,815.49 | |
| (c) Total Receipts (from Line 19) | $ 11,574.00 | $ 291,737.18 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 36,389.49 | $ 377,904.25 |
| 7. Total Disbursements (from Line 30) | $ 18,750.00 | $ 360,264.76 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 17,639.49 | $ 17,639.49 |
| 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, Ph.D.

Signature of Treasurer Paul Willging

Date 10/23/96

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)

FE4AN101

# 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

REPORT COVERING PERIOD FROM 10/1/96 TO: 10/16/96

| 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) | 11,162.50 | 227,834.27 | 11(a)(i) |
| ii. Unitemized | 411.50 | 49,113.61 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 11,574.00 | 276,947.88 | 11(a)(iii) |
| b. Political Party Committees | | | 11(b) |
| c. Other Political Committees (such as PACs) | | 5770.00 | 11(c) |
| d. Total Contributions (add a iii, b and c) ➤ | 11,574.00 | 282,717.88 | 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 | | 8000.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | 1019.30 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 11,574.00 | 291,737.18 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 11,574.00 | 291,737.18 | 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 | | 4363.35 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | | 4363.35 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | | | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 18,750.00 | 354,901.41 | 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 | | 1000.00 | 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) ➤ | | 1000.00 | 28(d) |
| 29. Other Disbursements | | | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 18,750.00 | 360,264.76 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 18,750.00 | 360,264.76 | 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 |

FE4AN101

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

| | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Jesse Helms<br>1233 Pond Street<br>Cary, NC 00000 | R-SEN-NC<br>96 General<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | 10/10/96 | 5,000.00 |
| B. Full Name, Mailing Address and ZIP Code<br>President's Council NRSC<br>425 2nd St., N.E.<br>Washington, DC 20002 | Purpose of Disbursement<br>DC<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | 10/09/96 | 13,500.00 |
| C. Full Name, Mailing Address and ZIP Code<br>John Cobksey<br>1310 North 19th ST<br>Monroe, LA 71201 | Purpose of Disbursement<br>LA<br>96 General<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | 10/07/96 | 250.00 |
| 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) | | | 18,750.00 |
| TOTAL This Period (last page this line number only) | | | 18,750.00 |

**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. Wanda Bennington<br>2125 Royce St<br>Portsmouth, OH 45662<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Golden Years Conval Center<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 200.00 | 10/11/96 | 200.00 |
| B. Patricia Cullen<br>2850 Metro Dr #200<br>Minneapolis, MN 55425<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Care Providers of Minnesota<br>Occupation: Dir Public Affairs<br>Aggregate Year-to-Date—$ 200.00 | 10/10/96 | 100.00 |
| C. Paul Maggio<br>25 Schoenfeld Blvd<br>Patchogue, NY 11772<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Patchogue Nursing Center<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 250.00 | 10/11/96 | 62.50 |
| D. L Bruce Levering<br>1076 Coshocton Rd<br>Mt Vernon, OH 43050<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Country Court Limited<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 500.00 | 10/11/96 | 150.00 |
| E. Roger C. Lipitz<br>515 Fairmount Ave #800<br>Towson, MD 21286<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Genesis Health Ventures<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 2,000.00 | 10/10/96 | 500.00 |
| F. Nolan Brown<br>101 S State St PO Box 969<br>Yadkinville, NC 27055<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Triad Medical Services, Inc<br>Occupation: President<br>Aggregate Year-to-Date—$ 750.00 | 10/03/96 | 750.00 |
| G. Bruce Baldwin<br>2151 NE Coachman Rd<br>Clearwater, FL 34625<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Baldwin Thomas & Associates<br>Occupation: President<br>Aggregate Year-to-Date—$ 1,100.00 | 10/10/96 | 1,000.00 |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 2,762.50

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

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Page ____ of ____ for
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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. Scott Sigmon<br>2120 State St NE<br>Olympia, WA 98506<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Washington Health Care Assoc<br>Gov Aff Director<br>Aggregate Year-to-Date—$ 200.00 | 10/11/96 | 100.00 |
| B. Julius Cox<br>PO Box 1629<br>Marshall, TX 75671<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Marshall Manor Nursing Home<br>Administrator<br>Aggregate Year-to-Date—$ 300.00 | 10/11/96 | 75.00 |
| C. 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 | 10/11/96 | 150.00 |
| D. William Kempiners<br>1029 S 4th St<br>Springfield, IL 62703<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Illinois Health Care Assoc<br>Executive Director<br>Aggregate Year-to-Date—$ 200.00 | 10/11/96 | 50.00 |
| E. Mary Baker<br>812 W Main St PO Box 1129<br>Turlock, CA 95381<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Elness Convalescent Hospital<br>Admin<br>Aggregate Year-to-Date—$ 2,350.00 | 10/07/96 | 250.00 |
| F. Boyd Hendrickson<br>PO Box 3324<br>Ft Smith, AR 72913<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Beverly Enterprises<br>President<br>Aggregate Year-to-Date—$ 250.00 | 10/03/96 | 250.00 |
| G. David Banks<br>PO Box 3324<br>Ft Smith, AR 72913<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Beverly Enterprises<br>Chairman/President<br>Aggregate Year-to-Date—$ 1,000.00 | 10/16/96 | 500.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,375.00 |
| TOTAL This Period (last page this line number only) | | | |

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|---|---|---|---|
| A. Jack and Jean Wells<br>725 Harvard Drive<br>Owensboro, KY 42301<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Wells Health Systems<br>Occupation: Owners<br>Aggregate Year-to-Date—$ 2,000.00 | 10/07/96 | 500.00 |
| B. Larry Conaway<br>PO Box F Hancock Park<br>Moundsville, WV 26041<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Mound View Health Care, Inc<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 500.00 | 10/15/96 | 500.00 |
| C. Donald Griggs<br>55 Grand St<br>New Britain, CT 06052<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Walnut Hill Conv Home<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 500.00 | 10/15/96 | 250.00 |
| D. Dick Stebbins<br>600 E Whaley<br>Longview, TX 75601<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Stebbins Five Companies<br>Occupation: Managing Partner<br>Aggregate Year-to-Date—$ 250.00 | 10/10/96 | 250.00 |
| E. Roland & Sally Rapp<br>23950 Mission Blvd<br>Hayward, CA 94544<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Rapp Health Facilities<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 2,350.00 | 10/07/96 | 100.00 |
| F. Bradley Strong<br>6831 Chappel Road<br>Madison, OH 44057<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Inn Conneaut Health Center<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 500.00 | 10/10/96 | 500.00 |
| G. 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—$ 750.00 | 10/11/96 | 400.00 |

SUBTOTAL, of Receipts This Page (optional) . . . . . 2,500.00

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. Mary Ousley<br>6001 Indian School Rd, NE, 530<br>Albuquerque, NM 87110<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Horizon Healthcare Corporation<br>Occupation: Corporate Director<br>Aggregate Year-to-Date—$ 1,250.00 | 10/10/96 | 1,000.00 |
| B. Bruce Yarwood<br>200 P St #F31<br>Sacramento, CA 95814<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Yarwood and Associates<br>Occupation: Gov Rel Consultant<br>Aggregate Year-to-Date—$ 1,750.00 | 10/04/96 | 500.00 |
| C. Howard Broff<br>9201 Bloomington Frwy #FF<br>Bloomington, MN 55420<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Tealwood Care Centers<br>Occupation: President<br>Aggregate Year-to-Date—$ 500.00 | 10/15/96 | 125.00 |
| D. Joe Kearby<br>PO Box 405<br>Mineral Wells, TX 76067<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Resort Lodge<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 200.00 | 10/11/96 | 50.00 |
| E. Jan Thayer<br>404 Woodland Dr<br>Grand Island, NE 68801<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Riverside Lodge<br>Occupation: Owner/Admin<br>Aggregate Year-to-Date—$ 500.00 | 10/11/96 | 125.00 |
| F. Richard Matros<br>2742 Dow Ave<br>Tustin, CA 92680<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Care Enterprises<br>Occupation: President<br>Aggregate Year-to-Date—$ 500.00 | 10/16/96 | 125.00 |
| G. Millard Cursey<br>531 Stevenson Ln<br>Towson, MD 21286<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Holly Hill Manor<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 500.00 | 10/10/96 | 100.00 |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 2,025.00

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

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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. Ron Floyd<br>505 Robert Rd<br>Slidell, LA 70458<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Greenbriar Nursing Home<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 250.00 | 10/11/96 | 125.00 |
| B. Royce Delaney<br>PO Box 6015<br>Ridgeland, MS 39158<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Magnolia Mngmnt Services<br>Occupation: Vice President<br>Aggregate Year-to-Date—$ 350.00 | 10/11/96 | 250.00 |
| C. Brad Stebbins<br>600 E Whaley<br>Longview, TX 75601<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Stebbins Five Companies<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 250.00 | 10/10/96 | 250.00 |
| D. Jana Hazelbaker<br>1496 Old Henderson Rd<br>Columbus, OH 43221<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Aegis Consulting Services<br>Occupation: President<br>Aggregate Year-to-Date—$ 1,000.00 | 10/15/96 | 1,000.00 |
| E. Kensett Moyle IV<br>55425 Santa Fe Trail<br>Yucca Valley, CA 92234<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Moyles Health Care<br>Occupation: Vice President<br>Aggregate Year-to-Date—$ 500.00 | 10/11/96 | 500.00 |
| F. Ken Burgess<br>1201 E Street NW<br>Washington, AH<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: AHCA<br>Occupation: Sr Dir Legal Serv<br>Aggregate Year-to-Date—$ 300.00 | 10/10/96 | 300.00 |
| G. 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 V.P.<br>Aggregate Year-to-Date—$ 300.00 | 10/08/96 | 75.00 |

SUBTOTAL of Receipts This Page (optional) . . . . . 2,500.00

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

| | | | |
|---|---|---|---|
| **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) | | | 11,162.50 |

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

| | | |
|---|---|---|
| ☑ | Hand Delivered | DATE OF RECEIPT 10-24-96 |
| ☐ | 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 |

MN — PREPARER

10-24-96 — DATE PREPARED

FEC FORM 70-2 (12/92)