REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 20 4 29 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, N.W.

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 9-1-1997 through 9-30-1997		
6. (a) Cash on Hand January 1, 1997		$ 73,064.62
(b) Cash on Hand at Beginning of Reporting Period	$ 36,192.31	
(c) Total Receipts (from Line 19)	$ 45,017.17	$ 251,319.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 81,209.48	$ 324,384.41
7. Total Disbursements (from Line 30)	$ 13,095.70	$ 256,270.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 68,113.78	$ 68,113.78
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
10-20-97

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)

FE8AN136

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 9-1-1997 TO 9-30-1997

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)	39,794.70	204,391.20	11(a)(i)
ii. Unitemized	5028.23	45,184.26	11(a)(ii)
iii. Total (add i and ii) ➤	44,822.93	249,575.46	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) ➤	44,822.93	249,575.46	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.)	194.24	1744.33	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	45,017.17	251,319.79	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	45,017.17	251,319.79	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	595.70	4472.63	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	595.70	4472.63	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	12,500.00	251,798.00	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) ➤	13,095.70	256,270.63	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	13,095.70	256,270.63	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

FE4ANI-01

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. Alice Kim Lew 58-130 Kam Hwy Haleiwa, HI 96712	Crawford's Convalescent Home Administrator	09/24/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		
B. Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008	Health Dimensions Nursing Home Admin	09/18/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 475.00		
C. Linda DeRuyo Keegan Washington, AH	AHCA VP PR & Prof Svcs	09/05/97	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
D. Dale Thompson 1995 E Rum River Dr S Cambridge, MN 55008	Health Dimensions Admin	09/12/97	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
E. David E Meillier PO Box 446 Faribault, MN 55021	Pleasant Manor Inc President	09/10/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,850.00		
F. David E Meillier PO Box 446 Faribault, MN 55021	Pleasant Manor Inc President	09/18/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,850.00		
G. David E Meillier PO Box 446 Faribault, MN 55021	Pleasant Manor Inc President	09/18/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,850.00		
SUBTOTAL of Receipts This Page (optional)			4,050.00
TOTAL This Period (last page this line number only)			

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Dunn 195 Executive Dr Marion, OH 43302	Marion Manor Nursing / Admin	09/18/97	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	950.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Levering 4 New Market Dr Delaware, OH 43015	Delaware Court Health Ctr / Administrator	09/18/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	400.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Douglas Pendergras 3445 Executive Center Dr #250 Austin, TX 78731	Convalescent Enterpr / Owner	09/12/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
R Frank Brown PO Box 190 Cullman, AL 35056	Age Inc / President	09/09/97	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**
Larry Juhl 104 GlenOaks Dr Box 31 New London, MN 56273	GlenOaks Care Center / Administrator	09/18/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	850.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Don Bedell PO Box 1210 Sikeston, MO 63801	Health Facilities Mgmt Corp / President	09/02/97	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	800.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Don Bedell PO Box 1210 Sikeston, MO 63801	Health Facilities Mgmt Corp / President	09/23/97	300.00-
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	800.00	
SUBTOTAL of Receipts This Page (optional)			1,125.00
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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Daniel Mosca 150 Fayetteville St Mall #2700 Raleigh, NC 27601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AdvoCare of North Carolina Occupation: Vice President Aggregate Year-to-Date—$ 5,100.00	09/10/97	5,000.00
B. Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bell Nursing Home Inc Occupation: Admin Aggregate Year-to-Date—$ 475.00	09/18/97	100.00
C. James Judy 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Kentucky Assn of Hlth Care Fac Occupation: Exec VP Aggregate Year-to-Date—$ 750.00	09/30/97	250.00
D. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Quality Care Health Occupation: Admin Aggregate Year-to-Date—$ 1,150.00	09/12/97	150.00
E. Philip Schumacher PO Box 971 Virginia, MN 55792 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Arrowhead Health Care Occupation: President Aggregate Year-to-Date—$ 500.00	09/18/97	500.00
F. John Vivenzio 303 East River Road Oswego, NY 13126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pontiac Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 225.00	09/05/97	150.00
G. Gerry Baker 192 W Vienna Rd Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beecher Manor Inc Occupation: Admin Aggregate Year-to-Date—$ 2,350.00	09/02/97	100.00
SUBTOTAL of Receipts This Page (optional)			6,250.00
TOTAL This Period (last page this line number only)			

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Berry Baker 192 W Vienna Rd Clio, MI 48420	Beecher Manor Inc Admin	09/08/97	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,350.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Berry Baker 192 W Vienna Rd Clio, MI 48420	Beecher Manor Inc Admin	09/12/97	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,350.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John K Smith PO Box 311 Commerce, TX 75429	Smith Investments Owner	09/24/97	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 525.00		
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 #950 Orange, CA 92868	Sun Mar Management Services President	09/12/97	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,150.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Peach PO Box 12957 Alexandria, LA 71315	The Management Co Inc VP/Administration	09/10/97	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
R Peter Madel 108 8th St NW Waseca, MN 56093	Lake Shore Inn Nursing Home Admin	09/09/97	125.00
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**
John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304	White Oak Manor Executive VP/CFO	09/10/97	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,150.00		

SUBTOTAL of Receipts This Page (optional) 2,875.00

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. Daniel Velorie 5601 Chestnut St Philadelphia, PA 19139 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tomahawk Holdings Inc. Chairman of the Bd Aggregate Year-to-Date—$ 275.00	09/08/97	250.00
B. Jean Wells 725 Harvard Drive Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wells Health Systems Owner Aggregate Year-to-Date—$ 600.00	09/12/97	300.00
C. Thomas Gault PO Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison House Executive Director Aggregate Year-to-Date—$ 2,200.00	09/18/97	100.00
D. Thomas Gault PO Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison House Executive Director Aggregate Year-to-Date—$ 2,200.00	09/18/97	100.00
E. David Long PAYROLL DEDUCTION Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Vice President Aggregate Year-to-Date—$ 230.76	09/17/97	115.38
F. Paul Willging PAYROLL DEDUCTION Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Exec VP Aggregate Year-to-Date—$ 3,423.21	09/17/97	752.79
G. Paul Willging PAYROLL DEDUCTION Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Exec VP Aggregate Year-to-Date—$ 3,423.21	09/24/97	2,209.84
SUBTOTAL of Receipts This Page (optional)			3,827.01
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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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—$ 750.00	09/08/97	500.00
B. Robert Deane PAYROLL DEDUCTION Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Chief Economist Aggregate Year-to-Date—$ 920.00	09/17/97	280.00
C. Robert Deane PAYROLL DEDUCTION Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Chief Economist Aggregate Year-to-Date—$ 920.00	09/24/97	440.00
D. Dick Stebbins 600 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Five Company Managing Partner Aggregate Year-to-Date—$ 800.00	09/10/97	300.00
E. Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Exec Dir Aggregate Year-to-Date—$ 5,000.00	09/24/97	3,500.00
F. Earl Carlson 236 Metro Dr Jefferson City, MO 65109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Missouri Health Care Assoc Exec Dir Aggregate Year-to-Date—$ 475.00	09/18/97	375.00
G. Earl Carlson 236 Metro Dr Jefferson City, MO 65109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Missouri Health Care Assoc Exec Dir Aggregate Year-to-Date—$ 475.00	09/19/97	100.00

SUBTOTAL of Receipts This Page (optional) 5,495.00

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

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David Seckman PAYROLL DEDUCTION Washington, AH	AHCA		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP Regulatory Aggregate Year-to-Date—$	09/17/97 615.44	134.68
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David Seckman PAYROLL DEDUCTION Washington, AH	AHCA		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP Regulatory Aggregate Year-to-Date—$	09/24/97 615.44	365.32
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David Sauer PO Drawer A 410 NW 3rd St Casey, IL 62420	Heartland Manor Nursing Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$	09/12/97 300.00	150.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David Sauer PO Drawer A 410 NW 3rd St Casey, IL 62420	Heartland Manor Nursing Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$	09/18/97 300.00	50.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Charles Shelton Jr 29 Blackstone Avenue Branford, CT 06405	Branford Hills Health Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$	09/12/97 200.00	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stephen Spaugh 11572 Fall Creek Road Indianapolis, IN 46256	Spaugh & Co		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner Aggregate Year-to-Date—$	09/12/97 800.00	300.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John F Underwood 9403 Hill Brook Rd Louisville, KY 40223	KAHCF		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President Aggregate Year-to-Date—$	09/30/97 225.00	75.00
SUBTOTAL of Receipts This Page (optional)			1,175.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Van Dyk 304 South Van Dien Ave. Ridgewood, NJ 07450	Van Dyk Manor		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	President/CEO	09/12/97	300.00
	Aggregate Year-to-Date—$	800.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Helen Frampton 1405 7th St S Moorhead, MN 56560	Eventide Lutheran Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	President	09/18/97	100.00
	Aggregate Year-to-Date—$	200.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236	Nursing Care Management		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Exec Vice President	09/18/97	100.00
	Aggregate Year-to-Date—$	325.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Angelo S Rotella 303 Rhodes Ave Woonsocket, RI 02895	Friendly Home Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	President/Admin	09/30/97	1,000.00
	Aggregate Year-to-Date—$	1,000.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Millard Cursey 531 Stevenson Ln Towson, MD 21286	Holly Hill Manor		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Administrator	09/23/97	100.00
	Aggregate Year-to-Date—$	400.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Patrick T Kriner 6228 Merger Drive Holland, OH 43528	Villa Homes West Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	President	09/18/97	100.00
	Aggregate Year-to-Date—$	1,100.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Royce Delaney 14 Northtown Dr, Suite 202 Jackson, MS 39211	Delco, Inc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vice President	09/23/97	100.00
	Aggregate Year-to-Date—$	287.50	
SUBTOTAL of Receipts This Page (optional)			1,800.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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(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
Richard Greer P.O. Box 30100 Shreveport, LA 71130	Health Care Capital Inc President	09/08/97	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Cook 701 Pennsylvania Ave, NW, #900 Washington, DC 20004	Mintz, Levin, Cohn, et al Partner/LTC Consult	09/12/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Barbra McClung 3710 W Mineral King Avenue Visalia, CA 93291	Moyle's Central Valley HC Vice President	09/02/97	1,000.00
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**
Harold & Debra Stewart PO Box 974 Apalachicola, FL 32329	Senior Care Properties President	09/12/97	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**
Michael McBride 2905 White Horse Rd Greenville, SC 29611	Health Management Resources President	09/18/97	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Hartwell PAYROLL DEDUCTION Washington, AH	AHCA Dir Political Aff	09/17/97	269.29
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 961.75		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Hartwell PAYROLL DEDUCTION Washington, AH	AHCA Dir Political Aff	09/24/97	461.64
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 961.75		
SUBTOTAL of Receipts This Page (optional)			3,730.93
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Hugh Franklin 14 Northtowne Drive Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Facilities Mgmt Occupation: Owner Aggregate Year-to-Date—$ 700.00	09/23/97	200.00
B. John E Orestis PO Box 1408 Lewiston, ME 04243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Country Associates Occupation: CEO Aggregate Year-to-Date—$ 600.00	09/17/97	100.00
C. Robert Asztalos PAYROLL DEDUCTION Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date—$ 288.50	09/17/97	80.78
D. Robert Asztalos PAYROLL DEDUCTION Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date—$ 288.50	09/24/97	139.48
E. William Kinschner 4934 Valencia Dr. Toledo, OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care & Ret Bridge Occupation: VP of Bus Planning Aggregate Year-to-Date—$ 400.00	09/18/97	100.00
F. Philip Witker 2720 Albon Road Maumee, OH 43537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elizabeth Scott Memor Occupation: Administrator Aggregate Year-to-Date—$ 300.00	09/18/97	100.00
G. Deborah Ann Culp 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Group Occupation: Dir of Operations Aggregate Year-to-Date—$ 400.00	09/18/97	100.00
SUBTOTAL of Receipts This Page (optional)			819.26
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Matthew Hickam PAYROLL DEDUCTION Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date—$ 262.50	09/17/97	87.50
B. Matthew Hickam PAYROLL DEDUCTION Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date—$ 262.50	09/24/97	125.00
C. Todd Smith PAYROLL DEDUCTION Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date—$ 500.00	09/17/97	500.00
D. Georgeanne Kuzman 15 Somers Hill Circle Somers, CT 06071 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date—$ 540.00	09/12/97	100.00
E. Georgeanne Kuzman 15 Somers Hill Circle Somers, CT 06071 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date—$ 540.00	09/12/97	200.00
F. Lyn Wheatley 4156 Carmichael Road Montgomery, AL 36106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Alabama NH Assn Occupation: Aggregate Year-to-Date—$ 300.00	09/12/97	300.00
G. Thomas Grissom 400 W Market St Louisville, KY 40202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Vencor Inc Occupation: VP, Gov Relations Aggregate Year-to-Date—$ 500.00	09/26/97	500.00
SUBTOTAL of Receipts This Page (optional)			1,812.50
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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 TEXAS HC PAC P.O. BOX 4554 AUSTIN, TX 78765	Name of Employer	Date (month, day, year) 9/18/97	Amount of Each Receipt this Period 6535.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$		
B. Full Name, Mailing Address and ZIP Code JACK JORDAN P.O. BOX 5349 SEVIERVILLE, TN 37864	Name of Employer	Date (month, day, year) 9/18/97	Amount of Each Receipt This Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation SEVIER COUNTY HC 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)			6835.00
TOTAL This Period (last page this line number only)			39,794.70

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
CLESTAR BANK P.O. BOX 85024 RICHMOND, VA 23285	INTEREST RECEIPTS 9/30/97	9/30/97	194.24
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation 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)			
TOTAL This Period (last page this line number only)			

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Christopher Dodd 18 Huntington Place Norwich, CT 06360	D-SEN-CT 98 Primary ☒ Primary ☐ General ☐ Other (specify):	09/11/97	2,000.00
B. Christopher Dodd 18 Huntington Place Norwich, CT 06360	D-SEN-CT 98 General ☐ Primary ☒ General ☐ Other (specify):	09/11/97	3,000.00
C. Thomas Ewing 101 N. Mill St. Pontiac, IL 61764	R-15 -IL 98 Primary ☒ Primary ☐ General ☐ Other (specify):	09/08/97	500.00
D. Michael Oxley P O Box 1990 Findlay, OH 45839	R-0004-OH 98 Primary ☒ Primary ☐ General ☐ Other (specify):	09/08/97	1,000.00
E. Dennis Hastert P.O. Box 625 Batavia, IL 60510	R-0014-IL 98 Primary ☒ Primary ☐ General ☐ Other (specify):	09/08/97	500.00
F. Barbara Mikulski PO Box 13147 Baltimore, MD 21203	D-SEN-MD 98 Primary ☒ Primary ☐ General ☐ Other (specify):	09/08/97	3,400.00
G. Barbara Mikulski PO Box 13147 Baltimore, MD 21203	D-SEN-MD 98 General ☐ Primary ☒ General ☐ Other (specify):	09/08/97	1,600.00
H. Jerry Weller 1800 N. Division St., Ste. 212 Morris, IL 60450	R-11 -IL 98 Primary ☒ Primary ☐ General ☐ Other (specify):	09/08/97	500.00
I. Ray LaHood 3311 N. Sterling Ave., Ste. 10 Peoria, IL 61604	R-18 -IL 98 Primary ☒ Primary ☐ General ☐ Other (specify):	09/08/97	500.00
SUBTOTAL of Disbursements This Page (optional)			13,000.00
TOTAL This Period (last page this line number only)			

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 John Shimkus PO Box 5458 Springfield, IL 62705	Purpose of Disbursement R- -IL 98 Primary Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/08/97	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			500.00
TOTAL This Period (last page this line number only)			13,500.00

SCHEDULE B — **ITEMIZED DISBURSEMENTS**

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Name of Committee (In Full)
AMERICAN HEALTHCARE ASSOCIATION - POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and Zip Code DICK ARMEY 250 S. STEMMONS #318 LEWISVILLE, TX 75067	Purpose of Disbursement 98P TX TX Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 4-15-97	Amount of Each Disbursement This Period (1000.00)
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			(1000.00)
TOTAL This Period (last page this line number only)			(1000.00)

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 CRESTAR BANK P.O. BOX 85024 RICHMOND, VA 23285	Purpose of Disbursement BANK CHARGES Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 9/30/97	Amount of Each Disbursement This Period 595.70
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)			595.70
TOTAL This Period (last page this line number only)			595.70

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 recived.

☑	Hand Delivered	Date of Receipt 10-21-97
☐	First Class Mail	POSTMARKED
☐	Registerd/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
☐	Electronic Filing	

Jm 13
PREPARER

11/21/97
DATE PREPARED

(7/97)