REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Health Care Association - Political Action Committee (AHCA-PAC)

ADDRESS (number and street) ☐ Check if different than previously reported
1201 L Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

FEDERAL ELECTION COMMISSION MAIL ROOM
JAN 27 5 05 PM '95

2. FEC IDENTIFICATION NUMBER
C-0000-6080

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

9503959419

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 11/29/94 through 12/31/94		
6. (a) Cash on Hand January 1, 19____		$ 89,913.07
(b) Cash on Hand at Beginning of Reporting Period	$ 36,925.81	
(c) Total Receipts (from Line 19)	$ 6,396.20	$ 366,411.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 43,322.01	$ 456,324.14
7. Total Disbursements (from Line 30)	$ 5,189.12	$ 418,191.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 38,132.89	$ 38,132.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Paul R. Willging, Ph.D., Assistant Treasurer

Signature of Treasurer
Paul Willging

Date
1/24/95

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)

4-00179

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

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM 11/29/94 TO: 12/31/94

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)	5,765.77	265,843.06	11(a)(i)
ii. Unitemized	406.35	92,897.34	11(a)(ii)
iii. Total (add i and ii) ➤	6,172.12	358,740.40	11(a)(iii)
b. Political Party Committees		--	11(b)
c. Other Political Committees (such as PACs)		5,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	6,172.12	363,740.40	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.)	224.08	2,670.67	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6,396.20	366,411.07	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	6,396.20	366,411.07	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	689.12	19,136.25	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,500.00	398,555.00	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	--	425.00	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) ➤	--	425.00	28(d)
29. Other Disbursements	--	75.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,189.12	418,191.25	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,189.12	418,191.25	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6,172.12	363,740.40	32
33. Total Contribution Refunds (from line 28d)	--	425.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,172.12	363,315.40	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	689.12	19,136.25	35
36. Offsets to Operating Expenditures (from line 15)	--	--	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	689.12	19,136.25	37

4-00173

9503959420

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mel Lynn 2560 Lawrence Ave Park Falls,WI 54552 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Manor Occupation: Admin Aggregate Year-to-Date—$ 800.00	12/08/94	250.00
B. Robert Taylor 13721 Glenoaks Rd Sylmar,CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Admin Aggregate Year-to-Date—$ 300.00	12/29/94	75.00
C. Richard G Miller 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Assoc Occupation: Senior Lobbyist Aggregate Year-to-Date—$ 500.00	12/29/94	134.44
D. David Long 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Assoc Occupation: Vice Pres Aggregate Year-to-Date—$ 1,000.00	12/29/94	1,000.00
E. Edward Stafford 33 Elk St., Ste. 300 Albany,NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NYS Health Facilities Assn Occupation: Director Aggregate Year-to-Date—$ 475.00	12/29/94	75.00
F. Paul Willging 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Assoc Occupation: Exec VP Aggregate Year-to-Date—$ 2,100.00	12/29/94	602.39
G. Tom Davis PO Box 1148 Hickory,NC 28603 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brian Center Management Corp Occupation: Exec VP Aggregate Year-to-Date—$ 625.00	12/21/94	125.00
SUBTOTAL of Receipts This Page (optional)			2,261.83
TOTAL This Period (last page this line number only)			

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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. Robert Deane 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Chief Economist Aggregate Year-to-Date—$ 589.00	12/29/94	269.50
B. Jane Hibbard-Merrill Guilford St PO Box 159 Dover-Foxcroft,ME 04426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hibbard Neg Hm Occupation: Admin Aggregate Year-to-Date—$ 300.00	12/08/94	75.00
C. Richard Rau 10911 N Fort Washington Rd Mequon,WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mequon Care Center Occupation: Admin Aggregate Year-to-Date—$ 1,300.00	12/07/94	250.00
D. David Seckman 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Assn Occupation: VP Regulatory Aggregate Year-to-Date—$ 500.00	12/29/94	134.44
E. F Leonard Herberth 7027 Dublin Blvd Dublin,CA 94568 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Herberth & Nettleton Occupation: Aggregate Year-to-Date—$ 300.00	12/21/94	300.00
F. Hollis Helgeson 520 1st St NE Sartell,MN 56377 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Country Manor Occupation: Chief Executive Off Aggregate Year-to-Date—$ 500.00	12/08/94	75.00
G. Thomas Buehs 4214 Medical Pkwy 3rd Fl Austin,TX 78756 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Texas Health Care Assn Occupation: Executive Director Aggregate Year-to-Date—$ 500.00	12/29/94	500.00
SUBTOTAL of Receipts This Page (optional)			1,603.94
TOTAL This Period (last page this line number only)			

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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. Francis Feltham 1200 Talisman Dr North Augusta, SC 29841 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fane Management Inc President Aggregate Year-to-Date—$ 500.00	12/29/94	125.00
B. Kensett Moyle IV 55425 Santa Fe Tr Yucca Valley, CA 92234 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyles Health Care Vice President Aggregate Year-to-Date—$ 300.00	12/08/94	75.00
C. Steve Brown 34004 S. 16th Ave., Ste. 200 Federal Way, WA 98003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Village Concepts President Aggregate Year-to-Date—$ 2,000.00	12/29/94	1,700.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			1,900.00
TOTAL This Period (last page this line number only)			5,765.77

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (In Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Bennie Thompson , MS	D-0002-MS 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	12/22/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Norwood 3643 Walton Way Ext. Augusta, GA 30909	- -GA 94 Primary Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	12/22/94	500.00
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
Bill Frist , TN	-SEN-TN	12/22/94	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Jon Christensen ,	- - 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	12/22/94	2,000.00
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)			4,500.00
TOTAL This Period (last page this line number only)			4,500.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code Crestar Bank Richmond, VA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Interest earned for period Occupation Aggregate Year-to-Date $ 2,670.67	Date (month, day, year) 11/29/94-12/31/94	Amount of Each Receipt this Period 224.08
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	

9 5 0 3 9 5 9 5 4 2 5

4-80173

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 1-30-95
☐	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 and/or DATE OF RECEIPT

Jim H
PREPARER

1-30-95
DATE PREPARED

FEC FORM 70-2 (12/92)

9503959542 6