# 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, D.C. 20005-4014

2. FEC IDENTIFICATION NUMBER
C-0000-6080

3. ☐ This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

## 4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

| | | |
|---|---|---|
| ☐ February 20 | ☐ June 20 | ☐ October 20 |
| ☐ March 20 | ☐ July 20 | ☐ November 20 |
| ☐ April 20 | ☒ August 20 | ☐ December 20 |
| ☐ May 20 | ☐ September 20 | ☐ January 31 |

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 7-1-93 through 7-31-93 | | |
| 6. (a) Cash on Hand January 1, 1993 | | $ 70,831.53 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 41,131.28 | |
| (c) Total Receipts (from Line 19) | $ 35,251.29 | $ 172,848.89 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 76,382.57 | $ 243,680.42 |
| 7. Total Disbursements (from Line 30) | $ 5,273.81 | $ 172,571.66 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 71,108.76 | $ 71,108.76 |
| 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 R. Willging

Date: 8-20-93

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**FEC FORM 3X**

(revised 1/1/91)

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# 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 (AHCA-PAC)

REPORT COVERING PERIOD FROM: 7-1-93 TO: 7-31-93

| | 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) | 27,850.00 | 116,559.79 |
| i. Unitemized | 7,220.00 | 49,598.98 |
| iii. Total (add i and ii) ➤ | 35,070.00 | 166,158.77 |
| b. Political Party Committees | -0- | 5,000.00 |
| c. Other Political Committees (such as PACs) | | |
| d. Total Contributions (add a iii, b and c) ➤ | 35,070.00 | 171,158.77 |
| 12. Transfers From Affiliated/Other Party Committees | | |
| 13. All Loans Received | | |
| 14. Loan Repayments Received | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | -0- | 500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 181.29 | 1,190.12 |
| 18. Transfers from Nonfederal Account for Joint Activity | | |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 35,251.29 | 172,848.89 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | | |
| **II. Disbursements** | | |
| 21. Operating Expenditures: | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| i. Federal Share | | |
| ii. Non-Federal Share | | |
| b. Other Federal Operating Expenditures | 148.81 | 946.66 |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 148.81 | 946.66 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 5,100.00 | 171,600.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | |
| 26. Loan Repayments Made | | |
| 27. Loans Made | | |
| 28. Refunds of Contributions To: | | |
| a. Individuals/Persons Other Than Political Committees | 25.00 | 25.00 |
| b. Political Party Committees | | |
| c. Other Political Committees (such as PACs) | | |
| d. Total Contribution Refunds (add a, b and c) ➤ | 25.00 | 25.00 |
| 29. Other Disbursements | | |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 5,273.81 | 172,571.66 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 5,273.81 | 172,571.66 |
| **III. Net Contributions/Operating Expenditures** | | |
| 32. Total Contributions (other than loans)(from line 11d) | 35,070.00 | 171,158.77 |
| 33. Total Contribution Refunds (from line 28d) | 25.00 | 25.00 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 35,045.00 | 171,133.77 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | 148.81 | 946.66 |
| 36. Offsets to Operating Expenditures (from line 15) | -0- | -0- |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | 148.81 | 946.66 |

**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. D E "Kit" Gamble<br>PO Drawer 44226<br>Shreveport,LA 71106<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Gamble Guest Care Center<br>Occupation: President<br>Aggregate Year-to-Date—$ | 07/30/93<br>375.00 | 125.00 |
| B. John Wade<br>PO Box H<br>Uvalde,TX 78801<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Amistad Nursing Home<br>Occupation: Vice President<br>Aggregate Year-to-Date—$ | 07/30/93<br>375.00 | 375.00 |
| C. Eugene Bishop<br>PO Box 397<br>Roswell,GA 30077<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Health Services Center<br>Occupation: President<br>Aggregate Year-to-Date—$ | 07/23/93<br>750.00 | 250.00 |
| D. Robert M Coury<br>Two Berea Commons #1<br>Berea,OH 44017<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aristocrat Berea<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ | 07/16/93<br>375.00 | 125.00 |
| E. Keith Holloway<br>1475 N Cole Rd<br>Boise,ID 83704<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Western Health Care Corp<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ | 07/23/93<br>750.00 | 250.00 |
| F. Sandra Higgins<br>PO Box 743<br>Madisonville,KY 42431<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Senior Citizens Nrsg Home<br>Occupation: Owner/Administrator<br>Aggregate Year-to-Date—$ | 07/23/93<br>375.00 | 125.00 |
| G. Jerry Sansby<br>2319 W 7th St<br>St Paul,MN 55116<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Highland Chateau<br>Occupation: President<br>Aggregate Year-to-Date—$ | 07/23/93<br>375.00 | 125.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,375.00 |
| TOTAL This Period (last page this line number only) | | | |

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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<br>Riggs National Bank<br>P.O. Box 1217<br>Washington, D.C. 20004<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Interest Earned<br>Occupation<br>Aggregate Year-to-Date > $ 1,190.12 | Date (month, day, year)<br>7/1/93-7/31/93 | Amount of Each Receipt this Period<br>181.29 |
| B. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| C. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>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) | |

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**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. Jenean Erickson<br>2901 W 97th<br>Minneapolis, MN 55431<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Yorkshire Manor<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 375.00 | 07/16/93 | 250.00 |
| B. Jack Vetter<br>5010 S 118th St #250<br>Omaha, NE 68137<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Vetter Health Services<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 750.00 | 07/16/93 | 500.00 |
| C. James Durante<br>526 Altamont Ave<br>Schenectady, NY 12303<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hallmark Nursing Centre<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 750.00 | 07/30/93 | 250.00 |
| D. John Jarrett<br>PO Box 909<br>New Paltz, NY 12561<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | New Paltz Nursing Home<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 875.00 | 07/30/93 | 125.00 |
| E. Don Angell<br>PO Box 1670<br>Clemmons, NC 27012<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Angell Group Inc<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 875.00 | 07/23/93 | 250.00 |
| F. Don Angell<br>PO Box 1670<br>Clemmons, NC 27012<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Angell Group Inc<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 875.00 | 07/30/93 | 125.00 |
| G. William Dunn<br>195 Executive Dr<br>Marion, OH 43302<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Marion Manor Nursing Hm Inc<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 500.00 | 07/23/93 | 125.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,625.00 |
| TOTAL This Period (last page this line number only) | | | |

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**SCHEDULE A** **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
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|---|---|---|---|
| A. William Dunn<br>195 Executive Dr<br>Marion, OH 43302<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Marion Manor Nursing Hm Inc<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 500.00 | 07/30/93 | 125.00 |
| B. Kenneth Morris<br>401 Snyder Ave<br>Barberton, OH 44203<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Pleasant View Health Care<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 225.00 | 07/16/93 | 75.00 |
| C. Richard Sadler<br>PO Box 100129<br>Nashville, TN 37224<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Tennessee Health Care Assn<br>Occupation: Exec Dir<br>Aggregate Year-to-Date—$ 500.00 | 07/16/93 | 250.00 |
| D. Dennis McFall<br>4190 S Highland Dr #113<br>Salt Lake City, UT 84124<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Utah Health Care Assn<br>Occupation: Executive Vice Pres<br>Aggregate Year-to-Date—$ 275.00 | 07/23/93 | 125.00 |
| E. Roger Lipitz<br>515 Fairmount Ave #800<br>Towson, MD 21204<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Meridian Healthcare<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 750.00 | 07/23/93 | 250.00 |
| F. Steven Wolf<br>820 S 59th St<br>Belleville, IL 62223<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Eldercare Inc<br>Occupation: President<br>Aggregate Year-to-Date—$ 500.00 | 07/16/93 | 125.00 |
| G. Steven Wolf<br>820 S 59th St<br>Belleville, IL 62223<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Eldercare Inc<br>Occupation: President<br>Aggregate Year-to-Date—$ 500.00 | 07/23/93 | 125.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,075.00 |
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|---|---|---|---|
| Lee Marchant<br>1100 S Curry Pike<br>Bloomington, IN 47403 | LJM Enterprises<br>Occupation: Chief Exec Officer | 07/23/93 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 375.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| James Shipley<br>4080 1st Ave NE #103<br>Cedar Rapids, IA 52406 | Healthcare of Iowa Inc<br>President | 07/23/93 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 500.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| James Shipley<br>4080 1st Ave NE #103<br>Cedar Rapids, IA 52406 | Healthcare of Iowa Inc<br>President | 07/23/93 | 125.00 |
| 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 |
| Daniel Salmon<br>85 Beaumont Dr<br>Northbridge, MA 01534 | Beaumont Nursing Home<br>Admin | 07/16/93 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 375.00 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Scott Sandford<br>65 Ashburton Ave<br>Yonkers, NY 10701 | Hudson View Nursing Home<br>Owner/Administrator | 07/23/93 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 375.00 | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Don Wessell<br>54 E Hamilton St<br>Oberlin, OH 44074 | Welcome Nursing Home Inc<br>President | 07/30/93 | 75.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 225.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Robert Killett<br>7309 2nd Ave<br>Sykesville, MD 21784 | Sykesville Eldercare Center<br>Administrator/Pres | 07/23/93 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 375.00 | | |
| **SUBTOTAL** of Receipts This Page (optional) | | | 825.00 |
| **TOTAL** This Period (last page this line number only) | | | |

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SCHEDULE A

# ITEMIZED RECEIPTS

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|---|---|---|---|
| Michael Maistros<br>42350 National Rd<br>Belmont, OH 43718<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Bell Nursing Home Inc<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 475.00 | 07/23/93 | 125.00 |
| Louis Serra<br>2525 Pennsylvania Ave<br>Weirton, WV 26062<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Weirton Convalescent Home<br>Occupation: Owner/Adm<br>Aggregate Year-to-Date—$ 375.00 | 07/16/93 | 125.00 |
| Donald Beaver<br>PO Box 1148<br>Hickory, NC 28601<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Brian Center Management Corp<br>Occupation: President/CEO<br>Aggregate Year-to-Date—$ 750.00 | 07/16/93 | 250.00 |
| James Judy<br>9403 Mill Brook Rd<br>Louisville, KY 40223<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Kentucky Assn of Hlth Care Fac<br>Occupation: Exec VP<br>Aggregate Year-to-Date—$ 750.00 | 07/23/93 | 250.00 |
| Gary Marwitz<br>PO Drawer 2239<br>Waco, TX 76703<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Marwitz Brothers Inc<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 750.00 | 07/16/93 | 250.00 |
| Martha Lang<br>3615 Imperial<br>Lynwood, CA 90262<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Marlinda Convalescent Hospital<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 750.00 | 07/23/93 | 250.00 |
| William Chunyk<br>PO Box 2295<br>Tacoma, WA 98401<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Quad "C" Health Care Centers<br>Occupation: President<br>Aggregate Year-to-Date—$ 375.00 | 07/16/93 | 125.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,375.00 |
| 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. Marlow Baar<br>5955 DeSoto Ave<br>Woodland Hills, CA 91367<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Haskin & Baar<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 375.00 | 07/23/93 | 375.00 |
| B. Jerry Franks<br>124 S Elm Pl<br>Broken Arrow, OK 74102<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Park Blvd Inc<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 1,125.00 | 07/23/93 | 125.00 |
| C. John Vivenzio<br>RR 4 Box 1B E River Rd<br>Oswego, NY 13126<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Pontiac Nursing Home<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 375.00 | 07/30/93 | 125.00 |
| D. R Brady Snowden<br>25 William Burton Scenic Hwy<br>Jacksonville, FL 32259<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Wesley Manor Retirement Village<br>Occupation: Executive Director<br>Aggregate Year-to-Date—$ 200.00 | 07/16/93 | 100.00 |
| E. Leonard Wiggins<br>PO Box 670<br>Judsonia, AR 72801<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Oakdale Nursing Home<br>Occupation: Owner/Administrator<br>Aggregate Year-to-Date—$ 225.00 | 07/23/93 | 75.00 |
| F. Jerry Tretwold<br>Box 829 200 River Plaza<br>Brewster, WA 98812<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Harmony House<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 225.00 | 07/16/93 | 75.00 |
| G. Ronald Kayne<br>1800 38th St., Ste. 200<br>Boulder, CO 80301<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Pharmacy Corp. of America<br>Occupation: President<br>Aggregate Year-to-Date—$ 750.00 | 07/23/93 | 250.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,125.00 |
| TOTAL This Period (last page this line number only) | | | |

93038580435

**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. Mel Jackson<br>804 NE 87th Ave<br>Vancouver, WA 98664<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Ft Vancouver Conv Center<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 225.00 | 07/23/93 | 75.00 |
| B. 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>Occupation: Admin<br>Aggregate Year-to-Date—$ 750.00 | 07/23/93 | 250.00 |
| C. Gail Horrigan<br>1016 E Couley Dr #G<br>Colton, CA 92324<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Horrigan Enterprises<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 750.00 | 07/23/93 | 250.00 |
| D. Joy Moy<br>2000 Domanik Dr<br>Racine, WI 53404<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Lincoln Lutheran Of Racine<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 375.00 | 07/23/93 | 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>Occupation: President<br>Aggregate Year-to-Date—$ 750.00 | 07/23/93 | 250.00 |
| F. V Richard Miller<br>PO Box 498<br>Plymouth, IN 46563<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Millers Merry Manor Inc<br>Occupation: CEO<br>Aggregate Year-to-Date—$ 750.00 | 07/16/93 | 250.00 |
| G. Wally Miller<br>104 E Central Ave<br>LaGrange, IN 46761<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | MMM Invest Inc<br>Occupation: CEO Operations<br>Aggregate Year-to-Date—$ 750.00 | 07/16/93 | 250.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,450.00 |
| 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 |
|---|---|---|---|
| Travis Tomlinson<br>513 E Whitaker Mill Rd<br>Raleigh, NC 27608<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Mayview Conv Home Inc<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 375.00 | 07/16/93 | 125.00 |
| David Banks<br>PO Box 3324<br>Ft Smith, AR 72913<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Beverly Enterprises<br>Occupation: Chairman/President<br>Aggregate Year-to-Date—$ 750.00 | 07/23/93 | 250.00 |
| John Barber<br>2407 S Pine St PO Box 3347<br>Spartanburg, SC 29304<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | White Oak Manor<br>Occupation: Executive VP/CFO<br>Aggregate Year-to-Date—$ 1,125.00 | 07/30/93 | 125.00 |
| Douglas Cecil<br>PO Box 3347<br>Spartanburg, SC 29304<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | White Oak Manor<br>Occupation: Dir/Human Resources<br>Aggregate Year-to-Date—$ 200.00 | 07/16/93 | 25.00 |
| Douglas Cecil<br>PO Box 3347<br>Spartanburg, SC 29304<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | White Oak Manor<br>Occupation: Dir/Human Resources<br>Aggregate Year-to-Date—$ 200.00 | 07/23/93 | 125.00 |
| Warren Wolfson<br>3601 S Green Rd #102<br>Beachwood, OH 44122<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Care Services Associates<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 225.00 | 07/23/93 | 75.00 |
| Ruth Braswell<br>3674 Pacific Ave<br>Riverside, CA 92509<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Braswell Enterprises Inc<br>Occupation: Owner/Administrator<br>Aggregate Year-to-Date—$ 750.00 | 07/16/93 | 250.00 |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 975.00

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

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**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 Rozzi<br>PO Box 859<br>Cicero, IN 46034<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Healthcare Management Corp<br>Occupation: President<br>Aggregate Year-to-Date—$ 750.00 | 07/16/93 | 250.00 |
| B. Sam Gunnerson<br>8620 Key Harbour Dr<br>Indianapolis, IN 46236<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Gunnerson Associates<br>Occupation: Treasurer<br>Aggregate Year-to-Date—$ 225.00 | 07/30/93 | 75.00 |
| C. Mike Burris<br>PO Box 7230<br>Victoria, TX 77905<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Southwestern Medical Center<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 375.00 | 07/16/93 | 125.00 |
| D. Coy Williamson<br>2645 Whiting St NW<br>Atlanta, GA 30318<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Imperial Health Care Center<br>Occupation: President/Owner<br>Aggregate Year-to-Date—$ 225.00 | 07/30/93 | 150.00 |
| E. A D Buffington<br>2506 Lakeland Dr PO Box 7575<br>Jackson, MS 39204<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillcrest Health Center<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 375.00 | 07/16/93 | 125.00 |
| F. Edward Stafford<br>111 Washington Ave #700<br>Albany, NY 12210<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | NYS Health Facilities Assn<br>Occupation: Director<br>Aggregate Year-to-Date—$ 275.00 | 07/30/93 | 125.00 |
| G. Michael Leader<br>830 Cherry Dr<br>Hershey, PA 17033<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Country Meadows<br>Occupation: President<br>Aggregate Year-to-Date—$ 225.00 | 07/16/93 | 75.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 925.00 |
| 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. Edward Markovitz<br>1037 W Vernon Ave<br>Los Angeles, CA 90037<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Vernon Conv Hospital<br>Admin<br>Aggregate Year-to-Date—$ | 07/16/93<br>300.00 | 300.00 |
| B. Dennis Callies<br>804 N Western Ave<br>Sioux Falls, SD 57104<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | South Dakota Hlth Care Assn<br>Exec Dir<br>Aggregate Year-to-Date—$ | 07/23/93<br>225.00 | 75.00 |
| C. James Chambery<br>100 Daniel Dr<br>Webster, NY 14580<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Maplewood Nursing Home<br>Admin<br>Aggregate Year-to-Date—$ | 07/16/93<br>225.00 | 75.00 |
| D. Joseph Nichols<br>526 Altamont Ave<br>Schenectady, NY 12303<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hallmark N H<br>VP<br>Aggregate Year-to-Date—$ | 07/16/93<br>750.00 | 250.00 |
| E. Dennis Christiano<br>525 Beahan Rd<br>Rochester, NY 14624<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Westgate Nursing Home<br>Proprietor<br>Aggregate Year-to-Date—$ | 07/23/93<br>750.00 | 250.00 |
| F. Tom Davis<br>PO Box 1148<br>Hickory, NC 28603<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Brian Center Management Corp<br>Exec VP<br>Aggregate Year-to-Date—$ | 07/30/93<br>375.00 | 125.00 |
| G. Frank Wronski<br>223 S Main<br>Romeo, MI 48065<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Medilodge<br>Admin<br>Aggregate Year-to-Date—$ | 07/16/93<br>375.00 | 250.00 |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 1,325.00

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

93038580437

**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. Michael Riley<br>926 S 59th St<br>Belleville, IL 62223<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Professional Therapy Services<br>President<br>Aggregate Year-to-Date—$ | 07/16/93<br>500.00 | 125.00 |
| B. Michael Riley<br>926 S 59th St<br>Belleville, IL 62223<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Professional Therapy Services<br>President<br>Aggregate Year-to-Date—$ | 07/23/93<br>500.00 | 125.00 |
| C. Chester Erickson<br>3901 E 4th St<br>Long Beach, CA 90814<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Alamitos-Belmont Conv Hosp<br>Owner<br>Aggregate Year-to-Date—$ | 07/16/93<br>225.00 | 75.00 |
| D. Terry Mundy<br>2633 W Rumble Rd<br>Modesto, CA 95350<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | English Oaks Convalescent Hosp<br>Administrator/Owner<br>Aggregate Year-to-Date—$ | 07/16/93<br>225.00 | 75.00 |
| E. Stanley Dicker<br>182-15 Hillside Ave<br>Jamaica Estates, NY 11432<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillside Manor<br>Exec Dir<br>Aggregate Year-to-Date—$ | 07/23/93<br>750.00 | 250.00 |
| F. Connie Miller<br>PO Box 377<br>Warsaw, IN 46580<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Millers Merry Manor<br>President<br>Aggregate Year-to-Date—$ | 07/23/93<br>750.00 | 250.00 |
| G. Darell R Cammack<br>1300 Windlass Dr<br>Baltimore, MD 21220<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Ivy Hall Geriatric Ctr<br>President<br>Aggregate Year-to-Date—$ | 07/23/93<br>500.00 | 250.00 |
| **SUBTOTAL** of Receipts This Page (optional) | | | 1,150.00 |
| **TOTAL** This Period (last page this line number only) | | | |

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**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. Peter Gendron<br>31 Overton Rd<br>Ossining, NY 10562<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Briar Crest Nursing Home<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 225.00 | 07/16/93 | 75.00 |
| B. J Wayne Franklin<br>125 Springfield St #1<br>O'Fallon, IL 62269<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Franklin Healthcare Consultant<br>Occupation: President<br>Aggregate Year-to-Date—$ 500.00 | 07/30/93 | 500.00 |
| C. Roland 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—$ 375.00 | 07/30/93 | 125.00 |
| D. Robert Martin<br>PO Box 2335 1203 Smith Dr<br>Cleveland, TN 37320<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Heritage Health Group<br>Occupation: President<br>Aggregate Year-to-Date—$ 375.00 | 07/23/93 | 375.00 |
| E. Ira Alpert<br>9100 Wilshire Blvd #340<br>Beverly Hills, CA 90212<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Wilshire Foundation<br>Occupation: President<br>Aggregate Year-to-Date—$ 750.00 | 07/16/93 | 250.00 |
| F. Edward Kuntz<br>15415 Katy Fwy #800<br>Houston, TX 77094<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Living Centers of America<br>Occupation: Chairman & CEO<br>Aggregate Year-to-Date—$ 750.00 | 07/23/93 | 250.00 |
| G. Joseph Donchess<br>7921 Picardy Ave<br>Baton Rouge, LA 70809<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Louisiana Health Care Assn.<br>Occupation: Executive Director<br>Aggregate Year-to-Date—$ 225.00 | 07/16/93 | 75.00 |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 1,650.00

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

93038580439

**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. Abraham Morse<br>990 Washington St #2075<br>Dedham, MA 02026<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Mass Fed Of Nursing Homes Inc<br>Occupation: Exec VP<br>Aggregate Year-to-Date—$ 225.00 | 07/30/93 | 225.00 |
| B. 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—$ 225.00 | 07/16/93 | 75.00 |
| C. David Sauer<br>PO Drawer A 410 NW 3rd St<br>Casey, IL 62420<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Heartland Manor Nursing Center<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 200.00 | 07/23/93 | 125.00 |
| D. Lawrence Garatoni<br>315 W Jefferson Blvd<br>South Bend, IN 46601<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Health Quest Corporation<br>Occupation: Exec Off<br>Aggregate Year-to-Date—$ 375.00 | 07/30/93 | 125.00 |
| E. Stephen Spaugh<br>10411 N College Ave<br>Indianapolis, IN 46280<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Spaugh & Co<br>Occupation:<br>Aggregate Year-to-Date—$ 225.00 | 07/16/93 | 75.00 |
| F. Phil Chase<br>1500 North View Dr<br>Westlake Village, CA 91362<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Self Employed<br>Occupation: Nursing Home Consul<br>Aggregate Year-to-Date—$ 225.00 | 07/16/93 | 150.00 |
| G. Kensett Moyle<br>55425 Santa Fe Tr<br>Yucca Valley, CA 92284<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Moyle's Health Care Inc<br>Occupation: President<br>Aggregate Year-to-Date—$ 750.00 | 07/16/93 | 250.00 |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 1,025.00

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

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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 |
|---|---|---|---|
| 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-$ 750.00 | 07/30/93 | 250.00 |
| Sandra Martin<br>3332 Main St<br>Manchester,MD 21102<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Long View Nursing Home<br>Occupation: NH Admin<br>Aggregate Year-to-Date-$ 300.00 | 07/23/93 | 150.00 |
| Dirk Anjewierden<br>4035 S 500 E<br>Salt Lake City,UT 84107<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Alta Care Center<br>Occupation: Admin<br>Aggregate Year-to-Date-$ 350.00 | 07/23/93 | 200.00 |
| Patti Turenne<br>407 S McDonough St<br>Montgomery,AL 36104<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Turenne & Associates Inc<br>Occupation: Administrator<br>Aggregate Year-to-Date-$ 375.00 | 07/16/93 | 125.00 |
| Floyd Schlossberg<br>4200 Peterson #140<br>Chicago,IL 60646<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Alden Management Inc<br>Occupation: President<br>Aggregate Year-to-Date-$ 500.00 | 07/16/93 | 250.00 |
| John F Underwood<br>9403 Mill Brook Rd<br>Louisville,KY 40223<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | KAHCF<br>Occupation: Vice President<br>Aggregate Year-to-Date-$ 375.00 | 07/23/93 | 125.00 |
| Sue Damrell<br>2840 W Clay<br>St Charles,MO 63301<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Claywest House<br>Occupation: Admin<br>Aggregate Year-to-Date-$ 225.00 | 07/16/93 | 75.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,175.00 |
| TOTAL This Period (last page this line number only) | | | |

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**SCHEDULE A** **ITEMIZED RECEIPTS**

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Sebastian Gomez<br>105 W Michigan St 9th Fl<br>Milwaukee,WI 53203 | United Health Inc<br>Occupation: Director | 07/23/93 | 75.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 225.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Michael Barody<br>455 N Indian Rocks Rd<br>Belleair Bluffs,FL 34640 | Southern Mgmt Services<br>Occupation: Admin | 07/23/93 | 500.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 600.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| F Harold Creal<br>777 Orleans Blvd<br>Coldwater,MI 49036 | Creal Enterprises Inc<br>Occupation: CEO | 07/30/93 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 375.00 | | |
| D. 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>Occupation: Owner/Admin | 07/16/93 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 375.00 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Steven Brant<br>101 S Belt W<br>Belleville,IL 62220 | Four Fountains Conv<br>Occupation: Administrator | 07/16/93 | 25.00 |
| 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 |
| Steven Brant<br>101 S Belt W<br>Belleville,IL 62220 | Four Fountains Conv<br>Occupation: Administrator | 07/23/93 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 200.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Stan Jones<br>3107 Westhill Dr<br>Wausau,WI 54401 | Wausau Manor<br>Occupation: Administrator | 07/23/93 | 250.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date—$ 375.00 | | |
| SUBTOTAL of Receipts This Page (optional) | | | 1,225.00 |
| 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. Carl Lyons<br>6202 E 61st St<br>Tulsa, OK 74136<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Skyline Terrace Nursing Ctr<br>Occupation: Admin<br>Aggregate Year-to-Date—$ | 07/16/93<br>225.00 | 75.00 |
| B. Marvin L Piersma<br>2815 Michigan St<br>Grand Rapids, MI 49506<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | MIKO Enterprises Inc<br>Occupation: President<br>Aggregate Year-to-Date—$ | 07/16/93<br>375.00 | 125.00 |
| C. Mark Bertilrud<br>1949 Gillam Way<br>Fairbanks, AK 99701<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Denali Center<br>Occupation: Admin<br>Aggregate Year-to-Date—$ | 07/23/93<br>225.00 | 75.00 |
| D. Michael Scharfenberger<br>7265 Kenwood Rd #300<br>Cincinnati, OH 45236<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Nursing Care Management<br>Occupation: Exec Vice President<br>Aggregate Year-to-Date—$ | 07/30/93<br>225.00 | 75.00 |
| E. Marian Hart<br>675 Wagner Dr<br>Battle Creek, MI 49017<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Riverside Manor<br>Occupation: Admin Consultant<br>Aggregate Year-to-Date—$ | 07/23/93<br>250.00 | 125.00 |
| F. Delta Holloway<br>1475 N Cole Rd<br>Boise, ID 83704<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Holly Hills Care Center<br>Occupation: Owner/Nurse Consult<br>Aggregate Year-to-Date—$ | 07/16/93<br>375.00 | 125.00 |
| G. Harold Moffie<br>433 S Main St Corporate Ctr W<br>West Hartford, CT 06110<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Connecticut Health Facilities<br>Occupation: President<br>Aggregate Year-to-Date—$ | 07/23/93<br>375.00 | 125.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 725.00 |
| 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. Adele Wilzack<br>229 Hanover St<br>Annapolis, MD 21401<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Health Facilities Assn of MD<br>Occupation: Executive Director<br>Aggregate Year-to-Date—$ 375.00 | 07/23/93 | 250.00 |
| B. Jim Truchan<br>4410 W 49th Ave<br>Hobart, IN 46342<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Sebo's Heritage Manor<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 200.00 | 07/30/93 | 25.00 |
| C. Lorraine Daubner<br>450 Lake St<br>Mellen, WI 54546<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Mellen Manor<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 225.00 | 07/23/93 | 75.00 |
| D. Joanne Grubbs<br>3735 Memorial Dr<br>Decatur, GA 30032<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Georgia Nursing Homes<br>Occupation: Dir Reg Affairs<br>Aggregate Year-to-Date—$ 750.00 | 07/23/93 | 750.00 |
| E. R James Miller<br>922 S Buffalo St<br>Warsaw, IN 46580<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: MMM Invest<br>Occupation: Partner<br>Aggregate Year-to-Date—$ 375.00 | 07/30/93 | 125.00 |
| F. James Branscum<br>37700 Harper<br>Clinton Township, MI 48036<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Lake Point Villa<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 500.00 | 07/16/93 | 250.00 |
| G. Larry Overstreet<br>1300 Belk St<br>Oxford, MS 38655<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Health Care Consultants, Inc<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 225.00 | 07/23/93 | 150.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,625.00 |
| TOTAL This Period (last page this line number only) | | | |

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**SCHEDULE A** **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
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Name of Committee (in Full)
American Health Care Association - Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Jim Deal<br>PO Box 311<br>Boone, NC 28607 | Pro=Rehab<br>Executive V. P. | 07/16/93 | 25.00 |
| 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** |
| Jim Deal<br>PO Box 311<br>Boone, NC 28607 | Pro=Rehab<br>Executive V. P. | 07/30/93 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date-$ | 200.00 | |
| **C. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Joe Stephens<br>PO Drawer 1130<br>Magee, MS 39111 | Millcreek Management<br>CEO | 07/30/93 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date-$ | 375.00 | |
| **D. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Kenneth Kuhnle<br>148 W State St<br>Kennett Square, PA 19348 | Genesis Health Venture<br>VP/Treasurer | 07/23/93 | 125.00 |
| 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** |
| Faroop Khan<br>163 Quinnipine Ave<br>North Haven, CT 06473 | Montower Health Care<br>President | 07/16/93 | 210.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date-$ | 300.00 | |
| **F. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Faroop Khan<br>163 Quinnipine Ave<br>North Haven, CT 06473 | Montower Health Care<br>President | 07/16/93 | 90.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date-$ | 300.00 | |
| **G. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt This Period** |
| Bob Shoulders<br>Riley Bldg #301<br>Little Rock, AR 72201 | Riley's Total Health<br>Vice President | 07/30/93 | 125.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date-$ | 225.00 | |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 825.00

**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. Vincent Barnaba<br>540 Meadow St Ext<br>Agawam, MA 01001<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Genesis Physician Services<br>President<br>Aggregate Year-to-Date—$ 1,000.00 | 07/23/93 | 1,000.00 |
| B. David Hightower<br>PO Box 5387<br>Ft, AR 72913<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Health Management<br>President<br>Aggregate Year-to-Date—$ 375.00 | 07/23/93 | 375.00 |
| C. Chris Schmidt<br>3613 S 13th St<br>Sheboygan, WI 53081<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | MeadowView Manor<br>Owner/Operator<br>Aggregate Year-to-Date—$ 250.00 | 07/23/93 | 250.00 |
| D. Arnold Richman<br>515 Fairmount Ave<br>Towson, MD 21286<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Meridian Healthcare<br>Executive VP<br>Aggregate Year-to-Date—$ 1,000.00 | 07/23/93 | 1,000.00 |
| E. Edward Burchell<br>515 Fairmount Ave<br>Towson, MD 21286<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Meridian Healthcare<br>President/CEO<br>Aggregate Year-to-Date—$ 1,000.00 | 07/23/93 | 1,000.00 |
| F. Earl Linehan<br>515 Fairmount Ave #800<br>Towson, MD 21286<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Woodbrook Capital Inc<br>President<br>Aggregate Year-to-Date—$ 1,000.00 | 07/23/93 | 1,000.00 |
| G. Michael Batza<br>515 Fairmount Ave<br>Towson, MD 21286<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Meridian Healthcare<br>Partner<br>Aggregate Year-to-Date—$ 1,000.00 | 07/23/93 | 1,000.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 5,625.00 |
| 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. Mark Cavanaugh<br>515 Fairmount Ave<br>Towson, MD 21386<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Meridian Healthcare<br>Vice President<br>Aggregate Year-to-Date—$ 250.00 | 07/23/93 | 250.00 |
| B. Joseph Dvorak<br>515 Fairmount Ave<br>Towson, MD 21286<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Meridian Healthcare<br>Vice President<br>Aggregate Year-to-Date—$ 250.00 | 07/23/93 | 250.00 |
| C. J B Wright<br>PO Box 1301<br>Lafollette, TN 37766<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Lafollette Medical Center<br>Administrator<br>Aggregate Year-to-Date—$ 250.00 | 07/30/93 | 250.00 |
| D. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | Date (month, day, year) | Amount of Each Receipt This Period |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | Date (month, day, year) | Amount of Each Receipt This Period |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | Date (month, day, year) | Amount of Each Receipt This Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | Date (month, day, year) | Amount of Each Receipt This Period |
| SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| TOTAL This Period (last page this line number only) | | | 27,850.00 |

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SCHEDULE B

# ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

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

| | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Riggs National Bank<br>P.O. Box 1217<br>Washington, D.C. 20004 | Bank Fees<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 7/1/93-7/31/93 | 148.81 |
| 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 |

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

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SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

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

| | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Henry Hyde<br>Henry J. Hyde for Congress<br>P.O. Box 332<br>Des Plaines, IL 60016 | IL-0006 92-General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify) | 6-10-93 | check returned ($200.00) |
| 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) | | | |
| TOTAL This Period (last page this line number only) | | | |

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**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Barry Sheftel<br>167 Wall St.<br>Meriden, CT 06450 | Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 6-30-93 | check returned<br>NSF ($25.00) |
| 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 |

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

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**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

Page ____ of ____ for
LINE NUMBER _____
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Name of Committee (in Full)

American Health Care Association - Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Richard Bryan<br>, NV | D-SEN-NV<br>94 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/30/93 | 1,000.00 |
| **B. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Barbara Kennelly<br>95 Scarborough St<br>Hartford, CT 06105 | D-0001-CT<br>94 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/30/93 | 500.00 |
| **C. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Alan Wheat<br>1710 Pased Suite C<br>Kansas City, MO 64108 | D-0005-MO<br>94 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/30/93 | 300.00 |
| **D. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Elton Gallegly<br>1791 Erringer Road<br>Simi Valley, CA 93065 | R-0021-CA<br>94 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/16/93 | 500.00 |
| **E. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Douglas Applegate<br>RD #3 Berkley Place<br>Steubenville, OH 43952 | D-0018-OH<br>94 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/16/93 | 500.00 |
| **F. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Jim McDermott<br>PO Box 21786<br>Seattle, WA 98111 | D-0007-WA<br>94 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/16/93 | 500.00 |
| **G. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Dan Miller<br>1111 3rd Ave., West, Ste. 100<br>Bradenton, FL 34205 | - -FL<br>94 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/30/93 | 500.00 |
| **H. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Charles Stenholm<br>P.O. Box 1032<br>Stamford, TX 79553 | D-017 -TX<br>94 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/16/93 | 500.00 |
| **I. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Scott McInnis<br>, CO | -0003-CO<br>94 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/30/93 | 500.00 |
| **SUBTOTAL** of Disbursements This Page (optional) | | | 4,800.00 |
| **TOTAL** This Period (last page this line number only) | | | |

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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)

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 |
|---|---|---|---|
| Karan English<br>, AZ | -0006-AZ<br>94 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 07/30/93 | 500.00 |
| 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) | | | 500.00 |
| **TOTAL** This Period (last page this line number only) | | | 5,300.00 |

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Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

| | | |
|---|---|---|
| ☐ | Hand Delivered | DATE OF RECEIPT |
| ☑ | First Class Mail | POSTMARKED |
| ☐ | 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 |

JM H

PREPARER

8-23-93

DATE PREPARED

FEC FORM 70-2 (12/92)

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