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

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

CITY, STATE and ZIP CODE
WASHINGTON, D C 20005

2. FEC IDENTIFICATION NUMBER
C-000-6080

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

MAR 29 4 17 PM '97

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 2-1-1997 through 2-28-1997		
6. (a) Cash on Hand January 1, 19____		$73,064.62
(b) Cash on Hand at Beginning of Reporting Period	$35,002.06	
(c) Total Receipts (from Line 18)	$41,318.23	$41,593.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$76,360.29	$114,658.48
7. Total Disbursements (from Line 30)	$383.61	$38,721.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$75,936.68	$75,936.68
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 _____ Date 03-20-1997

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)

FE6AN1/5

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM TO:

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	33,750.00	33,750.00	11(a)(i)
ii. Unitemized	7,415.25	7,515.25	11(a)(ii)
iii. Total (add i and ii) ➤	41,165.25	41,265.25	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	41,165.25	41,265.25	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.)	152.98	328.61	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	41,318.23	41,593.86	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	41,318.23	41,593.86	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	383.61	721.80	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	383.61	721.80	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	Ø	38,000.00	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) ➤	383.61	38,721.80	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	383.61	38,721.80	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

FE4/6/91

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Eugene Bishop PO Box 397 Roswell, GA 30077	Health Services Centers President	02/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert M Coury Two Berea Commons #1 Berea, OH 44017	Aristocrat Berea Administrator	02/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David E Meillier PO Box 446 Faribault, MN 55021	Pleasant Manor Inc President	02/18/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David E Meillier PO Box 446 Faribault, MN 55021	Pleasant Manor Inc President	02/27/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Benno W Salewski 501 Woodlane Dr #300 Little Rock, AR 72201	Arkansas Health Care Assoc Executive Director	02/26/97	300.00
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**
Jack Vetter 5019 S 118th St #250 Omaha, NE 68137	Vetter Health Services Admin	02/14/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
James Cunningham 2131 Rt 33 Hamilton, NJ 08690	N J Assn of Hlth Care Fac President	02/26/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		

SUBTOTAL of Receipts This Page (optional) 2,800.00

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. Dori Angell PO Box 1670 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Angell Group Inc Occupation: Owner Aggregate Year-to-Date—$ 250.00	02/26/97	250.00
B. Roger C. Lipitz 515 Fairmount Ave #800 Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures Occupation: Owner Aggregate Year-to-Date—$ 500.00	02/06/97	500.00
C. Steven Wolf 829 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare Inc Occupation: President Aggregate Year-to-Date—$ 500.00	02/26/97	500.00
D. Lee Marchant PO Box 427 Bloomington, IN 47402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LJM Enterprises Occupation: Chief Exec Officer Aggregate Year-to-Date—$ 250.00	02/14/97	250.00
E. Harvey Wertlieb 4041 Powder Mill Rd #410 Calverton, MD 20705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Global Health Management Occupation: Admin Aggregate Year-to-Date—$ 500.00	02/14/97	500.00
F. Larry Juhl 104 GlenOaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GlenOaks Care Center Occupation: Administrator Aggregate Year-to-Date—$ 250.00	02/26/97	250.00
G. Don Bedell PO Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Mgmt. Corp Occupation: President Aggregate Year-to-Date—$ 250.00	02/14/97	250.00
SUBTOTAL of Receipts This Page (optional)			2,500.00
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. Herman Conaway 2312 Highland Avenue Parkersburg, WV 26101 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care, Inc. Occupation: Administrator Aggregate Year-to-Date—$ 500.00	02/07/97	500.00
B. Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Occupation: Owner/Adm Aggregate Year-to-Date—$ 500.00	02/14/97	500.00
C. James Judy 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kentucky Assn of Hlth Care Fac Occupation: Exec VP Aggregate Year-to-Date—$ 250.00	02/26/97	250.00
D. W. Heywood Fralin PO Box 20069 Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Virginia Health Care Assoc. Occupation: Nsg. Home Admin. Aggregate Year-to-Date—$ 500.00	02/14/97	500.00
E. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Admin Aggregate Year-to-Date—$ 500.00	02/14/97	500.00
F. H Wes Handy 1817 Imperial Ridge Las Cruces, NM 88011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mountain Shadows Nursing Ctr Occupation: Owner Aggregate Year-to-Date—$ 500.00	02/26/97	500.00
G. Bail Clarkson 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Medilodge Group Occupation: Vice President Aggregate Year-to-Date—$ 250.00	02/14/97	250.00

SUBTOTAL of Receipts This Page (optional) 3,000.00

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

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A. J Robert Wilson 947 Worthington Circle Ft Collins,CO 80526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbine Care Center President Aggregate Year-to-Date—$ 250.00	02/14/97	250.00
B. Herbert Heflich 33 Union Pl 2nd Flr Summit,NJ 07901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Long Term Care Mgt Co Owner Aggregate Year-to-Date—$ 2,000.00	02/18/97	2,000.00
C. Elton Beebe PO Box 6015 Ridgeland,MS 39158 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Management President Aggregate Year-to-Date—$ 500.00	02/27/97	500.00
D. Richard Stazesky 2 Mill Road, Suite 200 Wilmington,DE 19806 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Peninsula United Methodist H President Aggregate Year-to-Date—$ 200.00	02/26/97	200.00
E. Simon Pelman 140 St Edwards St Brooklyn,NY 11201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenpark Care Centers Administrator Aggregate Year-to-Date—$ 300.00	02/14/97	300.00
F. Wally Miller 104 E Central Ave LaGrange,IN 46761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Inc CEO Operations Aggregate Year-to-Date—$ 500.00	02/11/97	500.00
G. Martin Sbriglio, RN/Lic Adm 7003 Main St Stratford,CT 06497 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lord Chamberlain Nsg Facility Administrator Aggregate Year-to-Date—$ 200.00	02/26/97	200.00

SUBTOTAL of Receipts This Page (optional) 3,950.00

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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
Ruth Braswell 3674 Pacific Ave Riverside, CA 92509	Vista Pacifica Enterprises Owner/Administrator	02/14/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Coy Williamson 165 Winston Drive Athens, GA 30607	Grandview Care Center President/Owner	02/14/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dennis Christiano 525 Beahan Rd Rochester, NY 14624	Westgate Nursing Home Proprietor	02/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Frank Wronski 64500 Van Dyke Washington, MI 48095	Medilodge Group Admin	02/26/97	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Berry Crow 9628 Campo Rd #T Spring Valley, CA 91977	Brighton Health Alliance Inc Admin	02/26/97	300.00
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**
Janice Harshman 35680 Wish-I-Ah Rd Auberry, CA 93602	Wish-I-Ah Care Center Admin	02/26/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433	HBA Management VP	02/07/97	312.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 312.50		

SUBTOTAL of Receipts This Page (optional) 3,112.50

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

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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. Michael Morton 100-B Garrison Ave Ft Smith, AR 72901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Arkansas Nursing Ctrs Occupation: Owner Aggregate Year-to-Date—$ 1,000.00	02/14/97	1,000.00
B. Terry Mundy 2633 W Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	English Oaks Convalescent Hosp Occupation: Administrator/Owner Aggregate Year-to-Date—$ 250.00	02/14/97	250.00
C. Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Occupation: Exec Dir Aggregate Year-to-Date—$ 500.00	02/18/97	500.00
D. Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ivy Hall Geriatric Ctr Occupation: President Aggregate Year-to-Date—$ 500.00	02/14/97	500.00
E. Roland & Sally Rapp 20654A Redwood Rd Castro Valley, CA 94546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Occupation: Admin Aggregate Year-to-Date—$ 2,000.00	02/27/97	2,000.00
F. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Inc Occupation: President Aggregate Year-to-Date—$ 250.00	02/26/97	250.00
G. Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Occupation: Chairman & CEO Aggregate Year-to-Date—$ 250.00	02/26/97	250.00
SUBTOTAL of Receipts This Page (optional)			4,750.00
TOTAL This Period (last page this line number only)			

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Henry Burch PO Box 23314 New Orleans, LA 70123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henry J Burch & Associates Occupation: Owner Aggregate Year-to-Date—$ 2,000.00	02/26/97	2,000.00
B. Kensett Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Moyle's Health Care Inc Occupation: President Aggregate Year-to-Date—$ 500.00	02/26/97	500.00
C. Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HBA Corporation Occupation: Administrator Aggregate Year-to-Date—$ 437.50	02/07/97	437.50
D. Howard Groff 9201 Bloomington Frwy #FF Bloomington, MN 55420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tealwood Care Center Occupation: President Aggregate Year-to-Date—$ 500.00	03/27/97	500.00
E. Don Chensvold 4000 1st Ave NE #103 Cedar Rapids, IA 52402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Care of Iowa Inc Occupation: Vice President Aggregate Year-to-Date—$ 300.00	02/26/97	300.00
F. Robert Van Dyk 304 South Van Dien Ave. Ridgewood, NJ 07450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Van Dyk Manor Occupation: President/CEO Aggregate Year-to-Date—$ 500.00	02/14/97	500.00
G. John Chapple PO Box 1073 Burlington, VT 05402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Marlin Management Services Corp Occupation: President Aggregate Year-to-Date—$ 2,000.00	02/26/97	2,000.00

SUBTOTAL of Receipts This Page (optional) 6,237.50

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

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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. Richard & Jill Mendlen 1333 E Madison #206 El Cajon,CA 92021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kennon S Shea & Assoc Dir/Operations Aggregate Year-to-Date—$ 250.00	02/27/97	250.00
B. Millard Cursey 531 Stevenson Ln Towson,MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Holly Hill Manor Administrator Aggregate Year-to-Date—$ 500.00	02/26/97	500.00
C. Delta Holloway 1475 N Cole Rd Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Western Health Care Owner/Nurse Consult Aggregate Year-to-Date—$ 500.00	02/26/97	500.00
D. Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville,LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gulf South Medical Emp President Aggregate Year-to-Date—$ 500.00	02/26/97	500.00
E. Patrick T Kriner 3231 Manley Road Maumee, OH 43537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ridgewood Manor Owner Aggregate Year-to-Date—$ 500.00	02/14/97	500.00
F. Robert Lohr P.O. Box 10805 Pittsburgh,PA 15236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jefferson Hills Manor Executive Director Aggregate Year-to-Date—$ 250.00	02/18/97	250.00
G. Gerald Romano 7 Creek Ln Bristol,RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Silver Creek Manor Administrator Aggregate Year-to-Date—$ 250.00	02/14/97	250.00
SUBTOTAL of Receipts This Page (optional)			2,750.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Murtha 27 E Russell St #200 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The MacIntosh Company President Aggregate Year-to-Date—$ 250.00	02/14/97	250.00
B. Michael Batza 515 Fairmount Ave Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meridian Healthcare Partner Aggregate Year-to-Date—$ 250.00	02/07/97	250.00
C. Lynette Goux PO Box 338 Mandeville, LA 70470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pontchartrain Health Care Ctr Owner/Administrator Aggregate Year-to-Date—$ 250.00	02/14/97	250.00
D. Hugh Franklin 14 Northtowne Drive Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Facilities Mgmt Owner Aggregate Year-to-Date—$ 250.00	02/18/97	250.00
E. James Clay 970 Fifth Ave., N.W. Issaquah, WA 98027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Regency Care Center President Aggregate Year-to-Date—$ 500.00	02/14/97	500.00
F. Bernard Dana 5010 S. 118th St., Ste. 250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vetter Health Services Executive V.P. Aggregate Year-to-Date—$ 500.00	02/14/97	500.00
G. Cheryl Rapp 7500 Camino Tassajara Pleasanton, CA 94588 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carre President Aggregate Year-to-Date—$ 500.00	02/26/97	500.00

SUBTOTAL of Receipts This Page (optional) 2,500.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Reginald Carter PO Box 80050 Lansing, MI 48908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HCAM Occupation: Executive Vice Pres Aggregate Year-to-Date—$ 300.00	02/14/97	300.00
B. Ronnie Rollins PO Box 63 Macon, GA 31202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CareMore Occupation: President Aggregate Year-to-Date—$ 1,000.00	02/26/97	1,000.00
C. W. Parker Tomlinson 513 E. Whitaker Mill Road Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Convalescent Center Occupation: Vice President Aggregate Year-to-Date—$ 300.00	02/26/97	300.00
D. John Sims PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness Convalescent Hospital Occupation: Administrator Aggregate Year-to-Date—$ 250.00	02/18/97	250.00
E. Joan Gallegos 1319 South Emigration Street Salt Lake City, UT 84108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Utah Health Care Assn Occupation: State Executive Aggregate Year-to-Date—$ 300.00	02/26/97	300.00
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)	2,150.00
TOTAL This Period (last page this line number only)	33,750.00

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

SCHEDULE A — ITEMIZED RECEIPTS

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) AMERICA HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer: INTEREST RECEIPTS	Date (month, day, year): 2/28/97	Amount of Each Receipt this Period: 152.98
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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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)			
TOTAL This Period (last page this line number only)			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full)
AMERICAN HEALTH CARE ASSOCIATION - POLITICAL ACTION COMMITTEE
1201 L STREET, NW
WASHINGTON, D.C. 20005

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK P.O. BOX 85024 RICHMOND, VA 23285	Purpose of Disbursement BANK FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 2/28/97	Amount of Each Disbursement This Period 383.61
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)			
TOTAL This Period (last page this line number only)			

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 5-20-97
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

7-31-97

DATE PREPARED

FEC FORM 70-2 (12/92)