REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEB 18 2 54 PM '94

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 1-1-94 through 1-31-94		
6. (a) Cash on Hand January 1, 19 94		$ 90,913.07
(b) Cash on Hand at Beginning of Reporting Period	$ 90,913.07	
(c) Total Receipts (from Line 19)	$ 28,854.11	$ 28,854.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 119,767.18	$ 119,767.18
7. Total Disbursements (from Line 30)	$ 37,145.58	$ 37,145.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 82,621.60	$ 82,621.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

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

Signature of Treasurer
Paul Willging

Date
2-18-94

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)

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

(revised 1/1/91)

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

REPORT COVERING PERIOD: FROM 1-1-94 TO: 1-31-94

	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)	16,850.00	16,850.00
ii. Unitemized	11,775.75	11,775.75
iii. Total (add i and ii) ➤	28,625.75	28,625.75
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	28,625.75	28,625.75
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		
17. Other Federal Receipts (Dividends, Interest, etc.)	228.36	228.36
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	28,854.11	28,854.11
20. Total Federal Receipts (subtract line 18 from line 19) ➤	28,854.11	28,854.11
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	145.58	145.58
c. Total Operating Expenditures (add a i, a ii, and b) ➤	145.58	145.58
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	37,000.00	37,000.00
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		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	37,145.58	37,145.58
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	37,145.58	37,145.58
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	28,625.75	28,625.75
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	28,625.75	28,625.75
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	145.58	145.58
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	145.58	145.58

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Name of Committee (In Full)
American Health Care Association-Political Action Committee (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1217 Washington, D.C. 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Interest earned for period Occupation Aggregate Year-to-Date—$228.36	Date (month, day, year) 1-1-94-1-31-94	Amount of Each Receipt this Period 228.36
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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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
Donald Franco 274 Hemingway Ave. East Haven, CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Paragon Group President Aggregate Year-to-Date $ 250.00	01/28/94	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Eugene Bishop P.O. Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Services Centers President Aggregate Year-to-Date $ 250.00	01/28/94	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Keith Holloway 1475 N. Cole Rd. Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Western Health Care Corp. Administrator Aggregate Year-to-Date $ 500.00	01/28/94	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Billy Reed 20191 Pineville Rd Long Beach, MS 39560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Miramar Lodge Nursing Home President Aggregate Year-to-Date $	01/28/94	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James Durante 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark Nursing Center Administrator Aggregate Year-to-Date $ 250.00	01/28/94	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 1,750.00

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
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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. Millard Cursey 531 Stevenson Ln Towson,MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Holly Hill Manor Administrator Aggregate Year-to-Date > $	01/28/94 500.00	500.00
B. Delta Holloway 1475 N Cole Rd Boise,ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Holly Hills Care Center Owner/Nurse Consl Aggregate Year-to-Date > $	01/28/94 250.00	250.00
C. Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville,LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gulf South Medical Enterprises President Aggregate Year-to-Date > $	01/28/94 250.00	250.00
D. James Branscum 37700 Harper Clinton Township,MI 48036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Point Villa Administrator Aggregate Year-to-Date > $	01/28/94 250.00	250.00
E. Douglas Wright PO Box 3667 Tupelo,MS 38803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Right Care Inc. President Aggregate Year-to-Date > $	01/28/94 250.00	250.00
F. Earl Linehan 515 Fairmount Ave #800 Towson,MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Woodbrook Capital Inc. President Aggregate Year-to-Date > $	01/28/94 250.00	250.00
G. Robert Hartwell 1201 L St NW Washington, DC 20005-4014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Dir Political Aff Aggregate Year-to-Date > $	01/28/94 500.00	500.00

SUBTOTAL of Receipts This Page (optional)	2,250.00
TOTAL This Period (last page this line number only)	

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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. Stuart Goldberg 10 Berkshire Rd PO Box 5249 West Babylon,NY 11704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Berkshire Nursing Center President Aggregate Year-to-Date > $	01/28/94 1,000.00	1,000.00
B. Edward Kuntz 15415 Katy Fwy #800 Houston,TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Chairman & CEO Aggregate Year-to-Date > $	01/28/94 250.00	250.00
C. Dandridge Walton PO Box 79 Frankfort,KY 40602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Attorney at Law Attorney Aggregate Year-to-Date > $	01/28/94 250.00	250.00
D. Marlene Braham Box AD Rt 198 Conneautville,PA 16406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rolling Fields Nursing Home Administrator Aggregate Year-to-Date > $	01/28/94 250.00	250.00
E. Bruce Yarwood 200 P St #F31 Sacramento,CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood & Assoc Gov Rel Consult Aggregate Year-to-Date > $	01/28/94 250.00	250.00
F. Ava Vogel Smith 133 W Broadway Shelbyville,IN 46176 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Haven Center Owner Aggregate Year-to-Date > $	01/28/94 300.00	300.00
G. Michael Barody 455 N Indian Rocks Rd Belleair Bluff Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern Mgmt Services, Inc Administrator Aggregate Year-to-Date > $	01/28/94 500.00	500.00

SUBTOTAL of Receipts This Page (optional)	2,800.00
TOTAL This Period (last page this line number only)	

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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. John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	White Oak Manor Executive VP/CFO Aggregate Year-to-Date > $	01/28/94 1,000.00	1,000.00
B. Neil Pruitt PO Box 1210 Toccoa, GA 30577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pruitt & Assoc Administrator Aggregate Year-to-Date > $	01/28/94 250.00	250.00
C. Jack Wells 725 Harvard Dr Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wells Health Systems President Aggregate Year-to-Date > $	01/28/94 250.00	250.00
D. James Rozzi PO Box 859 Cicero, IN 46034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Management Corp President Aggregate Year-to-Date > $	01/28/94 250.00	250.00
E. Rose Boritzer 3400 Cannon Pl Bronx, NY 10463 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kingsbridge Heights Nursing Home Administrator Aggregate Year-to-Date > $	01/28/94 300.00	300.00
F. Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Proprietor Aggregate Year-to-Date > $	01/28/94 250.00	250.00
G. Joseph Warner PO Box 3188 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprises President Aggregate Year-to-Date > $	01/28/94 250.00	250.00

SUBTOTAL of Receipts This Page (optional) 2,550.00

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

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SCHEDULE A' **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barrett Rainey 802 W Bannock #304 PO Box 2623 Boise,ID 83702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Idaho Health Care Assoc Exec VP Aggregate Year-to-Date > $ 300.00	01/28/94	300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J. Robert Wilson 1501 Lemay #204 Ft. Collins,CO 80524 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbine Care Ctr President Aggregate Year-to-Date > $ 250.00	01/28/94	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Elton Beebe 3900 Lakeland Dr #400 Jackson,MS 39208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Management Corp President Aggregate Year-to-Date > $ 250.00	01/28/94	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gail Horrigan 1016 E Couley Dr #G Colton, CA 92324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horrigan Enterprises Owner Aggregate Year-to-Date > $ 500.00	01/28/94	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jack Markovitz 11630 S Grevillea Ave Hawthorne,CA 90250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hawthorne Care Ctr President Aggregate Year-to-Date > $ 200.00	01/28/94	200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Mathies 10969 Trade Center Dr Rancho Cordova,CA 95670 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises VP/Operations Aggregate Year-to-Date > $ 250.00	01/28/94	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Banks PO Box 3324 Ft Smith,AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Chairman/President Aggregate Year-to-Date > $ 250.00	01/28/94	250.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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

3 4 3 9 4 5 4 7 1

SCHEDULE A **ITEMIZED RECEIPTS**

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. Phil Caldwell 9200 Keystone Crossing #800 Indianapolis, IN 46240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nationwide Care VP/Operations Aggregate Year-to-Date $ 1,000.00	01/28/94	1,000.00
B. Richard Sadler P.O. Box 100129 Nashville, TN 37224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tennessee Health Care Assn. Exec Dir Aggregate Year-to-Date $ 250.00	01/28/94	250.00
C. Roger C. Lipitz 515 Fairmount Ave #800 Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meridian Healthcare Owner Aggregate Year-to-Date $ 250.00	01/28/94	250.00
D. Esther Houston 1481 S Grant Ave P O Box 661 Crawfordsville, IN 47933 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ben Hur Nursing Home Chairman of Board Aggregate Year-to-Date $ 1,000.00	01/28/94	1,000.00
E. Lee Marchant 1100 S Curry Pike Bloomington, IN 47403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LJM Enterprises Chief Exec Office Aggregate Year-to-Date $ 250.00	01/28/94	250.00
F. Larry Juhl 104 Glenoaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Glenoaks Care Center Administrator Aggregate Year-to-Date $ 250.00	01/28/94	250.00
G. Don Bedell P O Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Mgmt Corp. President Aggregate Year-to-Date $ 1,000.00	01/28/94	250.00

SUBTOTAL of Receipts This Page (optional)	3,250.00
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

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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
Gerald M Bodine 111 SW Columbia #725 Portland, OR 97201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cascade Care Centers Occupation Aggregate Year-to-Date $ 1,000.00	01/28/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Don Bedell P.O. Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Mgmt Corp President Aggregate Year-to-Date $ 1,000.00	01/28/94	750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H. Wes Handy 1005 Hill Rd. Las Cruces, NM 88005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mountain Shadows Nursing Center Owner Aggregate Year-to-Date $ 250.00	01/28/94	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Martha Lang 3615 Imperial Lynwood, CA 90262 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlinda Convalescent Hospital Administrator Aggregate Year-to-Date $ 250.00	01/28/94	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 2,250.00

TOTAL This Period (last page this line number only) 16,850.00

94038454/3

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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 Riggs National Bank P.O. Box 1217 Washington, D.C. 20004	Purpose of Disbursement Bank fees for period Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 1-1-94- 1-31-94	Amount of Each Disbursement This Period 145.58
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)			

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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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Mike Parker P.O. Box 3730 Brookhaven, MS 39601	D-0004-MS 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	01/19/94	500.00
B. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	-DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	01/25/94	5,000.00
C. Full Name, Mailing Address and ZIP Code DSCC 450 South Capitol St., SE Washington, DC 20003	-SEN-DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	01/25/94	15,000.00
D. Full Name, Mailing Address and ZIP Code. President's Forum NRCC 320 First St., S.E. Washington, DC 20003	R- -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	01/25/94	15,000.00
E. Full Name, Mailing Address and ZIP Code Karan English , AZ	-0006-AZ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	01/12/94	500.00
F. Full Name, Mailing Address and ZIP Code Les Shively 1 Riverfront Place, Ste. 500 Evansville, IN 47708	-IN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	01/12/94	1,000.00
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) 37,000.00

TOTAL This Period (last page this line number only) 37,000.00

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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 2-18-94
☐	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

2-18-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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