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, DC 20005

2. FEC IDENTIFICATION NUMBER C-0000-6080

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 12/1/95 through 12/31/95		
6. (a) Cash on Hand January 1, 19 95		$ 38,132.89
(b) Cash on Hand at Beginning of Reporting Period	$ 108,504.60	
(c) Total Receipts (from Line 19)	$ 35,872.58	$ 402,372.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 144,377.18	$ 440,504.89
7. Total Disbursements (from Line 30)	$ 58,210.11	$ 354,337.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 86,167.07	$ 86,167.07
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, Ph.D

Signature of Treasurer Paul Willging

Date 1/26/96

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)

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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 ASSOC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 12/1/95 TO: 12/31/95

	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)	29,507.46	318,215.34
ii. Unitemized	3,572.60	79,122.44
iii. Total (add i and ii) ➤	33,080.06	397,337.78
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤		
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	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	292.50	2534.22
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	35,872.58	402,372.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	35,872.58	402,372.00
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	710.11	4862.82
c. Total Operating Expenditures (add a i, a ii, and b) ➤	710.11	4862.82
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	57,500.00	349,475.00
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) ➤	58,210.11	354,337.82
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	58,210.11	354,337.82
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

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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. D E "Kit" Gamble PO Box 52389 Shreveport,LA 71135 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gamble Guest Care Center President Aggregate Year-to-Date-$ 700.00	12/07/95	200.00
B. David L Guillot 7921 Picardy Ave. Baton Rouge,LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	David L Guillot Inc President Aggregate Year-to-Date-$ 1,100.00	12/13/95	250.00
C. James Westbury 922 McDonough Rd Jackson,GA 30233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westbury Medical Care Home Inc President Aggregate Year-to-Date-$ 500.00	12/07/95	380.00
D. Robert M Coury Two Berea Commons #1 Berea,OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aristocrat Berea Administrator Aggregate Year-to-Date-$ 1,100.00	12/04/95	625.00
E. Steven Chies 9899 Avocet St Coon Rapids,MN 55433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park River Estates Care Ctr President Aggregate Year-to-Date-$ 475.00	12/07/95	250.00
F. Jenean Erickson 16051 Northwood Rd., N.W. Prior Lake,MN 55372 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jade Enterprises Admin Aggregate Year-to-Date-$ 520.00	12/11/95	125.00
G. Jenean Erickson 16051 Northwood Rd., N.W. Prior Lake,MN 55372 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jade Enterprises Admin Aggregate Year-to-Date-$ 520.00	12/31/95	125.00
SUBTOTAL of Receipts This Page (optional)			1,955.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A

ITEMIZED RECEIPTS

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rick Carter 2850 Metro Dr #200 Bloomington, MN 55425	Providers of Minnesota Exec Dir	12/18/95	1,009.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	1,720.00	
B. 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	Hallmark Nursing Centre Admin	12/31/95	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
John Jarrett PO Box 909 New Paltz, NY 12561	New Paltz Nursing Home Admin	12/07/95	1,000.00
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
Kenneth Morris 401 Snyder Ave Barberton, OH 44203	Pleasant View Health Admin	12/11/95	425.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jerry Hill 2034 Cochran Rd Maryville, TN 37801	Colonial Hills Owner	12/31/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Roger C. Lipitz 515 Fairmount Ave #800 Towson, MD 21286	Genesis Health Ventures Owner	12/18/95	250.00-
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	1,750.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Frank Brown PO Box 190 Cullman, AL 35056	Age Inc President	12/07/95	100.00-
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	500.00	
SUBTOTAL of Receipts This Page (optional)			2,525.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A

ITEMIZED RECEIPTS

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. Frank Brown PO Box 190 Cullman, AL 35056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Age Inc Occupation: President Aggregate Year-to-Date—$ 500.00	12/31/95	100.00
B. Larry Juhl 104 GlenOaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: GlenOaks Care Center Occupation: Administrator Aggregate Year-to-Date—$ 1,000.00	12/31/95	500.00
C. Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Community Centre Group Occupation: President Aggregate Year-to-Date—$ 1,000.00	12/13/95	250.00
D. Robert Killett 7312 First Avenue Sykesville, MD 21784 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date—$ 500.00	12/31/95	75.00
E. Cecil Barcelo 411 Alabama League City, TX 77573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Baywind Village Occupation: Admin Aggregate Year-to-Date—$ 375.00	12/11/95	75.00
F. Cecil Barcelo 411 Alabama League City, TX 77573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Baywind Village Occupation: Admin Aggregate Year-to-Date—$ 375.00	12/31/95	75.00
G. Philip Schumacher PO Box 971 Virginia, MN 55792 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Arrowhead Health Care Ctr Occupation: President Aggregate Year-to-Date—$ 350.00	12/01/95	750.00-
SUBTOTAL of Receipts This Page (optional)			325.00
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. Gary Marwitz PO Drawer 2239 Waco, TX 76703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marwitz Brothers Inc Occupation: Owner Aggregate Year-to-Date—$ 1,000.00	12/31/95	500.00
B. Martha Lang 3615 Imperial Lynwood, CA 90262 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlinda Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$ 1,000.00	12/01/95	750.00
C. Martha Lang 3615 Imperial Lynwood, CA 90262 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlinda Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$ 1,000.00	12/11/95	250.00
D. Martin Stott PO Box 945 Clinton, LA 70722 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grace Nursing Home Occupation: President Aggregate Year-to-Date—$ 200.00	12/07/95	100.00
E. Finley Matthews 2421 E Texas Ave Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Occupation: Owner/Administrator Aggregate Year-to-Date—$ 2,000.00	12/31/95	2,000.00-
F. Patricia Snyder 421 S 9th St #137 Lincoln, NE 68508 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nebraska Health Care Assoc Occupation: Executive Director Aggregate Year-to-Date—$ 300.00	12/11/95	150.00
G. Jerry Tretwold Box 829 200 River Plaza Brewster, WA 98812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harmonty House Occupation: Owner Aggregate Year-to-Date—$ 2,100.00	12/07/95	100.00
SUBTOTAL of Receipts This Page (optional)			150.00-
TOTAL This Period (last page this line number only)			

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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)
Elton Beebe 3900 Lakeland Dr #400 Jackson, MS 39208	Magnolia Management Corp		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	President	12/07/95	500.00
	Aggregate Year-to-Date—$	2,000.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Wallace 2080 N Hwy 360 #230 Grand Prairie, TX 75060	Unicare Health Facilities		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		12/07/95	75.00
	Aggregate Year-to-Date—$	300.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Wallace 2080 N Hwy 360 #230 Grand Prairie, TX 75060	Unicare Health Facilities		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		12/31/95	50.00
	Aggregate Year-to-Date—$	300.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John K Smith PO Box 311 Commerce, TX 75429	Smith Investments		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Owner	12/31/95	125.00
	Aggregate Year-to-Date—$	500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Terrylea Entsminger 1667 St. Paul St Denver, CO 80206	St. Paul H.C.C.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Executive Director	12/07/95	100.00
	Aggregate Year-to-Date—$	460.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Taylor 13721 Glencoaks Rd Sylmar, CA 91342			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Admin	12/31/95	75.00
	Aggregate Year-to-Date—$	585.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668	Sun Mar Management Services		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	President	12/07/95	100.00
	Aggregate Year-to-Date—$	1,750.00	
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**

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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. Sharon Flippen 5301 Duval Rd., Ste. 100 Austin, TX 78727 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Dir., Government Rs Aggregate Year-to-Date—$ 740.00	12/31/95	415.00
B. Joy Moy 2000 Domanik Dr Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln Lutheran Of Racine Admin Aggregate Year-to-Date—$ 825.00	12/11/95	225.00
C. Richard G Miller 1201 L St NW ,,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assoc Senior Lobbyist Aggregate Year-to-Date—$ 923.28	12/31/95	192.35
D. 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	12/31/95	100.00
E. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Conv Home Inc Admin Aggregate Year-to-Date—$ 500.00	12/18/95	25.00
F. Gary Bowers 9311 San Pedro #1103 San Antonio, TX 78216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Administration Vice President Aggregate Year-to-Date—$ 500.00	12/07/95	250.00
G. John Peach PO Box 12957 Alexandria, LA 71315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Management Co Inc VP/Administration Aggregate Year-to-Date—$ 300.00	12/07/95	200.00

SUBTOTAL of Receipts This Page (optional) 907.35

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

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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. David Banks PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Chairman/President Aggregate Year-to-Date—$ 1,000.00	12/11/95	250.00
B. Donel Sprenger PO Box 343 Amherst, OH 44001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lorain Manor Partnership General Partner Aggregate Year-to-Date—$ 1,000.00	12/31/95	750.00
C. David Long 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Vice Pres Aggregate Year-to-Date—$ 1,000.00	12/31/95	280.00
D. Edward Stafford 33 Elk St., Ste. 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NYS Health Facilities Assn Director Aggregate Year-to-Date—$ 500.00	12/31/95	150.00
E. Robert Keon 243 Atlantic Ave PO Box 537 Lynbrook, NY 11563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Rockaway Nursing Home Admin Aggregate Year-to-Date—$ 2,200.00	12/07/95	400.00
F. John Wallace 611 N Market St Athens, AL 35611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Athens Nursing Home Owner/Administrator Aggregate Year-to-Date—$ 650.00	12/13/95	525.00
G. Judith Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Exec Dir Aggregate Year-to-Date—$ 500.00	12/07/95	500.00
SUBTOTAL of Receipts This Page (optional)			2,855.00
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. Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Proprietor Aggregate Year-to-Date—$ 1,350.00	12/07/95	250.00
B. Frederick Miles 1430 Larimer Square No. 400 Denver, CO 80202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Miles & Epstein Manager Aggregate Year-to-Date—$ 200.00	12/31/95	200.00
C. Paul Willging 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Exec VP Aggregate Year-to-Date—$ 2,000.00	12/31/95	538.33
D. Robert Deane 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Chief Economist Aggregate Year-to-Date—$ 1,000.00	12/31/95	268.50
E. Jane Hibbard-Merrill Gulford St PO Box 159 Dover-Foxcroft, ME 04426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hibbard Nsg Hm Admin Aggregate Year-to-Date—$ 300.00	12/07/95	225.00
F. Jim Klausman 3715 SW 29th Street, No. 200 Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Services Owner-Adm Aggregate Year-to-Date—$ 800.00	12/07/95	125.00
G. Dick Stebbins 600 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Five Companies Managing Partner Aggregate Year-to-Date—$ 600.00	12/07/95	250.00-

SUBTOTAL of Receipts This Page (optional) 1,356.83

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
A. Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Management Occupation: VP Aggregate Year-to-Date-$ 437.50	12/04/95	187.50
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-$ 650.00	12/13/95	250.00
C. 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-$ 750.00	12/07/95	125.00
D. Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Occupation: Admin Aggregate Year-to-Date-$ 2,300.00	12/07/95	600.00
E. Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Occupation: Admin Aggregate Year-to-Date-$ 2,300.00	12/07/95	500.00
F. Joseph Donchess 7921 Picardy Ave Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Louisiana Health Care Assn Occupation: Executive Director Aggregate Year-to-Date-$ 600.00	12/07/95	100.00
G. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Occupation: Admin Aggregate Year-to-Date-$ 1,370.00	12/07/95	100.00-
SUBTOTAL of Receipts This Page (optional)			1,662.50
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. Earl Carlson 236 Metro Dr Jefferson City, MO 65109 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Missouri Health Care Assn Exec Dir Aggregate Year-to-Date—$ 550.00	12/11/95	125.00
B. Gerald Reilly 2120 State St NE #102 Olympia, WA 98506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Health Care Assoc Executive Director Aggregate Year-to-Date—$ 300.00	12/31/95	30.00
C. David Seckman 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assoc VP Regulatory Aggregate Year-to-Date—$ 500.00	12/31/95	134.44
D. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services of Ill President Aggregate Year-to-Date—$ 1,335.00	12/07/95	250.00
E. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Gov Rel Consultant Aggregate Year-to-Date—$ 2,000.00	12/18/95	500.00
F. Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	HBA Corporation Administrator Aggregate Year-to-Date—$ 687.50	12/04/95	187.50
G. Howard Groff 9201 Bloomington Frwy #FF Bloomington, MN 55420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tealwood Care Centers President Aggregate Year-to-Date—$ 500.00	12/07/95	125.00
SUBTOTAL of Receipts This Page (optional)			1,351.94
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. Donna Caubarreaux PO Box 535 Marksville, LA 71351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Valley View Health Care Facili Occupation: Administrator/Owner Aggregate Year-to-Date—$ 300.00	12/07/95	300.00
B. Dirk Anjewierden 4035 S 500 E Salt Lake City, UT 84107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alta Care Center Occupation: Admin Aggregate Year-to-Date—$ 500.00	12/31/95	100.00
C. Eunice Dorten Montfort 301 N. Hurstbourne, Ste. 225 Louisville, KY 40222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillhaven Corporation Occupation: District Director Aggregate Year-to-Date—$ 200.00	12/31/95	200.00
D. Bary Marsh 2950 Breckinridge Ln #8 Louisville, KY 40220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Seniorcare Inc Occupation: President Aggregate Year-to-Date—$ 2,000.00	12/31/95	1,800.00
E. Robert Van Dyk 304 Bouth Van Dien Ave. Ridgewood, NJ 07450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Van Dyk Manor Occupation: President/CEO Aggregate Year-to-Date—$ 500.00	12/31/95	150.00
F. John Chapple PO Box 1072 Burlington, VT 05402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlin Management Services Corp Occupation: President Aggregate Year-to-Date—$ 2,000.00	12/31/95	500.00
G. Richard & Jill Mendlen 1333 E Madison #206 El Cajon, CA 92021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kennon S Shea & Assoc Occupation: Dir/Operations Aggregate Year-to-Date—$ 1,000.00	12/07/95	500.00
SUBTOTAL of Receipts This Page (optional)			3,550.00
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. Jeanne Sanders Rt 104 Box 51 RFD 3 Meredith, NH 03253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Golden View Health Care Ctr Occupation: Administrator Aggregate Year-to-Date—$ 1,000.00	12/31/95	250.00
B. Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Pointe Woods Occupation: General Manager Aggregate Year-to-Date—$ 1,575.00	12/07/95	100.00
C. Jan Thayer 404 Woodland Dr Grand Island, NE 68801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverside Lodge Occupation: Owner/Admin Aggregate Year-to-Date—$ 500.00	12/31/95	210.00
D. Bill R Hatley 300 Medical Center Dr Clanton, AL 35045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hatley Health Care Inc Occupation: Admin Aggregate Year-to-Date—$ 1,100.00	12/07/95	250.00
E. Thomas Sueha 4214 Medical Pkwy 3rd Fl Austin, TX 78756 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Texas Health Care Assn Occupation: Executive Director Aggregate Year-to-Date—$ 500.00	12/31/95	400.00
F. Louis E Cottrell Jr PO Box 189 Killen, AL 35645 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lauderdale Christian Mt Occupation: Administrator Aggregate Year-to-Date—$ 500.00	12/07/95	250.00
G. Cathy Williams 11301 North 99th Avenue Peoria, AZ 85345 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Camelot Care Center Occupation: Executive Director Aggregate Year-to-Date—$ 295.00	12/04/95	100.00

SUBTOTAL of Receipts This Page (optional) 1,060.00

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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. Russ Peterson 650 W 21st St Fremont, NE 68025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Excel Management & Development Administrator Aggregate Year-to-Date—$ 500.00	12/31/95	480.00
B. Barbara Cormier 10101 Lagrima de Oro NE Albuquerque, NM 87111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mission Manor Health Care Ctr Admin Aggregate Year-to-Date—$ 250.00	12/07/95	185.00
C. Richard Greer P.O. Box 30100 Shreveport, LA 71130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Capital Inc President Aggregate Year-to-Date—$ 240.00	12/07/95	200.00
D. Robert Lohr P.O. Box 10805 Pittsburgh, PA 15236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jefferson Hills Manor Occupation Aggregate Year-to-Date—$ 200.00	12/07/95	50.00
E. Guy Sarver 408 SE Evangeline Thwy Lafayette, LA 70501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Acadiana Nursing Home Administrator Aggregate Year-to-Date—$ 400.00	12/07/95	100.00
F. George Mitchell 1301 Harrison St Bogalusa, LA 70423 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rest Haven Nursing Home Owner Aggregate Year-to-Date—$ 500.00	12/07/95	500.00
G. John Sims 707 Center Street Columbus, GA 31901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbus Regional Health Care Senior Vice Pres Aggregate Year-to-Date—$ 2,100.00	12/31/95	730.00

SUBTOTAL of Receipts This Page (optional) 2,245.00

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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
Ray Crowson 65 N Sussex St Dover, NJ 07001	Dover Christian Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President Aggregate Year-to-Date-$ 370.00	12/07/95	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Eric Schaffer 12949 Alcosta Blvd #200 San Ramon, CA 94583	Schaffer Lab		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner/Admin Aggregate Year-to-Date-$ 550.00	12/07/95	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David Beck 1233 20th St NW #800 Washington, DC 20036	DC Health Care Association		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Exec VP Aggregate Year-to-Date-$ 775.00	12/07/95	275.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Rosenthal 6400 SW 44th St Miami, FL 33155	21st Century Mgmt Assoc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date-$ 200.00	12/07/95	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Tom Glass 1530 Kennedy Blvd Lakeland, FL 33809	Lakeland Health Care Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date-$ 200.00	12/07/95	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Harold & Debra Stewart PO Box 974 Apalachicola, FL 32329	Senior Care Properties		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date-$ 500.00	12/31/95	300.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Linn Dunn 70 Winchester Terr Mansfield, OH 44907	Winchester Terrace		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date-$ 200.00	12/04/95	50.00
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

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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)
Kenneth Moyle IV 55425 Santa Fe Tr Yucca Valley, CA 92234 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyles Health Care Occupation: Vice President Aggregate Year-to-Date—$ 250.00	12/11/95	125.00
Ross Peterson P.O. Box 14388 Oakland, CA 94614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Telecare Corp Occupation: VP Aggregate Year-to-Date—$ 300.00	12/07/95	300.00
Faroop Khan 163 Quinnipine Ave North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Montower Health Care Ctr Occupation: President Aggregate Year-to-Date—$ 500.00	12/31/95	150.00
Hal and Elaine Sarff 14819 E Mission Spokane, WA 99216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Colonial Care Occupation: Ass't Administrator Aggregate Year-to-Date—$ 1,500.00	12/07/95	100.00
Cynthia Palermo 11855 Quail Roost Dr Miami, FL 33177 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St Anne's Nursing Center Occupation: Administrator Aggregate Year-to-Date—$ 200.00	12/07/95	100.00
Lynette Boux PO Box 338 Mandeville, LA 70470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pontchartrain Health Center Occupation: Owner/Administrator Aggregate Year-to-Date—$ 1,100.00	12/07/95	100.00
Robert Hartwell 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Dir Political Aff Aggregate Year-to-Date—$ 1,000.00	12/31/95	388.84
SUBTOTAL of Receipts This Page (optional)			1,263.84
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. Hugh Franklin 865 North St. Jackson, MS 39212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franklin Nursing & Conv. Home Occupation: Owner Aggregate Year-to-Date—$ 300.00	12/07/95	75.00
B. Renee Matthews 2421 E. Texas Ave. Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Occupation: Asst. Administrator Aggregate Year-to-Date—$ 2,050.00	12/31/95	2,000.00
C. Steve Anderson 1707 E. Rowan Ave. Spokane, WA 99207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lilac City Care Center Occupation: Aggregate Year-to-Date—$ 250.00	12/07/95	100.00
D. John Overton 1871 Cottonwood Trail Sarasota, FL 34232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Waverly Management Co. Occupation: Vice President Aggregate Year-to-Date—$ 200.00	12/07/95	100.00
E. Karen Taylor 1999 Old Maultrie Rd. St. Augustine, FL 32086 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ponce de Leon Care Center Occupation: Administrator Aggregate Year-to-Date—$ 300.00	12/04/95	100.00
F. Lynda Conaway Kirk P.O. Box 200 Harrisville, WV 26362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pine View Continuous Care Occupation: Administrator Aggregate Year-to-Date—$ 500.00	12/31/95	125.00
G. Douglas M. Wright P.O. Box 3667 Tupelo, MS 38803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Right Care, Inc. Occupation: President/CEO Aggregate Year-to-Date—$ 1,250.00	12/07/95	300.00-

SUBTOTAL of Receipts This Page (optional) 2,200.00

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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
Daniel Livy 54362 Pocahontas Shelby Twp.,MI 48315		12/07/95	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**
Reynaldo Lapid 1931 Lakewood Rd. Toms River,NJ 08755	Green Acres Manor Owner	12/31/95	500.00
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**
Paul Walczak 2401 PGA Blvd Suite 146 Palm Bch Gardens,FL 33410	Continuum Care Corporation Partner	12/07/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	450.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ty Morgan 12825 White Bluff Rd. Savannah,GA 31419	Southern Care Corp.	12/07/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Frank Butts 425 W. Capitol, Suite 3300 Little Rock,AR 72201	Frost & Company Partner	12/07/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,250.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Eileen Khan 163 Quinnipiac Ave. North Haven,CT 06473	Montower Health Care VP/Nursing	12/31/95	50.00
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**
David Lew 58-130 Kam Hwy Haleiwa,HI 96712		12/31/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	220.00	
SUBTOTAL of Receipts This Page (optional)			1,650.00
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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
Harvey Rickert PO Box 9003 Youngstown, OH 44513 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$	12/07/95 1,000.00	1,000.00
Russell Twigg 101 W Third Street Williamsport, PA 17701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CHG Occupation: CEO Aggregate Year-to-Date—$	12/07/95 750.00	100.00
Rick Smith 1016 West 9th Avenue King of Prussia, PA 19406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NovaCare Occupation Aggregate Year-to-Date—$	12/07/95 250.00	250.00
Robin Hillier 4780 Kirk Road Youngstown, OH 44515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AM-Care Occupation: Director of Reimb Aggregate Year-to-Date—$	12/07/95 800.00	100.00
Michael Defontes 1 Eastern Boulevard Baltimore, MD 21221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Riverview Nursing Center Occupation: President Aggregate Year-to-Date—$	12/07/95 300.00	300.00
Bob Decker 3401 E. Loretta Indianapolis, IN Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Good Samaritan of Oak Lawn City Occupation Aggregate Year-to-Date—$	12/07/95 250.00	125.00
Bob Decker 3401 E. Loretta Indianapolis, IN Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Good Samaritan of Oak Lawn City Occupation Aggregate Year-to-Date—$	12/31/95 250.00	125.00

SUBTOTAL of Receipts This Page (optional) 1,800.00

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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. Gregory Boyes 16910 N. Dallas Parkway, #200 Dallas, TX 75126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chartwell Healthcare Regional Controller Aggregate Year-to-Date—$	12/07/95 1,040.00	250.00
B. Gregory Boyes 16910 N. Dallas Parkway, #200 Dallas, TX 75126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chartwell Healthcare Regional Controller Aggregate Year-to-Date—$	12/07/95 1,040.00	250.00
C. Michael Lively 16910 Dallas Pkwy Dallas, TX 75248 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chartwell Healthcare Inc Administrator Aggregate Year-to-Date—$	12/31/95 250.00	250.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number only)			29,507.46

9 6 0 3 0 1 8 1 4 7 8

SCHEDULE A **ITEMIZED RECEIPTS**

Page 1 of 1 for
LINE NUMBER 16
(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
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 430 SOUTH CAPITOL ST. WASHINGTON, DC 20003 Receipt For: ☐ Primary ☐ General ☑ Other (specify): REFUND OF OVERPAYMENT	Aggregate Year-to-Date—$	12/4/95	2500.00
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)			2500.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Page 1 of 1 for
LINE NUMBER 17
(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
CRESTAR BANK, N.A. PO BOX 26150 RICHMOND, VA 23260		12/29/95	292.52
Receipt For: ☐ Primary ☐ General ☑ Other (specify): INTEREST	Aggregate Year-to-Date—$		
B. 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—$		
C. 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—$		
D. 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—$		
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) . . . . . .

TOTAL This Period (last page this line number only) 292.52

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Name of Committee (In Full)

American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/21/95	500.00
B. Christopher Dodd 18 Huntington Place Norwich, CT 06360	D-SEN-CT 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/21/95	1,000.00
C. Dan Coats PO Box 523, 112 South Cedar S Auburn, IN 46706	R-SEN-IN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/05/95	2,000.00
D. Rosa DeLauro 49 Huntington St. New Haven, CT 06511	D-3 -CT 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	500.00
E. Paul David Wellstone P.O. Box 65588 St. Paul, MN 55165	-SEN-MN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/14/95	500.00
F. Sam Johnson , TX	R-3 -TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/14/95	1,000.00
G. Richard Durbin PO BOX 1949 Springfield, IL 62704	D-0020-IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	500.00
H. Jim McCrery Suite 350, 6425 Youree Dr. Shreveport, LA 71105	R-0005-LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	500.00
I. Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	D-0012-MI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/14/95	500.00
SUBTOTAL of Disbursements This Page (optional)			7,000.00
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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. John Bryant 8035 E. RL Thurton Fwy,#310 Dallas, TX 75228	D-0005-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/04/95	1,000.00
B. Curt Weldon 49 Weathervane Road Aston, PA 19014	R-0007-PA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	500.00
C. Bob Graham 700 North Adams St Tallahassee, FL 32301	D-SEN-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	1,000.00
D. Robert Matsui 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	D-0005-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/14/95	500.00
E. Jesse Helms 1233 Pond Street Cary, NC 00000	R-SEN-NC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/29/95	1,000.00
F. Jack Reed 11 Bradford Rd. Cranston, RI 02910	-0002-RI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	1,000.00
G. Eagles RNC 310 First St., S.E. Washington, DC 20003	-SEN-DC Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	12/21/95	15,000.00
H. Peter Deutsch P.O. Box 26778 Tamarac, FL 33320	D-0020-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/14/95	1,000.00
I. President's Council NRSC 425 2nd St., N.E. Washington, DC 20002	-DC Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	12/14/95	4,000.00
SUBTOTAL of Disbursements This Page (optional)			25,000.00
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)

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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 Bill Baker 2411 Old Crow Canyon Rd. San Ramon, CA 94583	R-0010-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/14/95	500.00
B. Full Name, Mailing Address and ZIP Code Anna Eshoo 555 Bryant, Box 335 Palo Alto, CA 94301	D-14 -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/14/95	500.00
C. Full Name, Mailing Address and ZIP Code Sherrod Brown Elyria, OH	D-0013-OH 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/14/95	500.00
D. Full Name, Mailing Address and ZIP Code Ted Strickland P.O. Box 580 Lucasville, OH 45648	Purpose of Disbursement D-0006-OH 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/21/95	500.00
E. Full Name, Mailing Address and ZIP Code Philip English P.O. Box 1940 Erie, PA 16512	Purpose of Disbursement R-0021-PA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	1,000.00
F. Full Name, Mailing Address and ZIP Code Jon Christensen ,	Purpose of Disbursement - - 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	500.00
G. Full Name, Mailing Address and ZIP Code Fred Thompson 521 Dirksen Washington, DC	Purpose of Disbursement R-SEN-DC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	1,000.00
H. Full Name, Mailing Address and ZIP Code Richard (Doc) Hastings , WA	Purpose of Disbursement R-4 -WA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	500.00
I. Full Name, Mailing Address and ZIP Code Sue Myrick , NC	Purpose of Disbursement R-9 -NC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/01/95	1,000.00
SUBTOTAL of Disbursements This Page (optional)			6,000.00
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)

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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
Bob Dole , KS	-SEN-KS 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/29/95	5,000.00
B. Full Name, Mailing Address and ZIP Code Jay Hoffman PO Box 134 Collinsville, IL 62234	Purpose of Disbursement - -IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	500.00
C. Full Name, Mailing Address and ZIP Code Robert Weigand ,	Purpose of Disbursement - - 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	1,000.00
D. Full Name, Mailing Address and ZIP Code Kustra 839 W Higgins Road Schaumburg, IL 60195	Purpose of Disbursement - -IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	500.00
E. Full Name, Mailing Address and ZIP Code Nancy Kaszak PO Box 14548 Chicago, IL 60614	Purpose of Disbursement - -IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	500.00
F. Full Name, Mailing Address and ZIP Code Carl Oblinger 1405 Stevenson Drive, #8 Springfield, IL 62703	Purpose of Disbursement - -IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/10/95	500.00
G. Full Name, Mailing Address and ZIP Code Gordon Smith 5285 SW Meadows Road No. 181 Lake Oswego, OR 97035	Purpose of Disbursement - -OR 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	12/14/95	1,000.00
H. Full Name, Mailing Address and ZIP Code Dem Party of Oregon 430 S. Capitol Street Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	12/13/95	5,000.00
I. Full Name, Mailing Address and ZIP Code Dem Party of Oregon 430 S. Capitol Street Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	12/21/95	5,000.00
SUBTOTAL of Disbursements This Page (optional)			19,000.00
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)

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Victory USA PO Box 990 Washington, DC 20044	Purpose of Disbursement - -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 12/21/95	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
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)			1,000.00
TOTAL This Period (last page this line number only)			52,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page 1 of 1 for
LINE NUMBER 21b
(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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A. PO BOX 26150 RICHMOND, VA 23260	Disbursement for: ☐ Primary ☐ General ☑ Other (specify): BANK FEES	12/29/95	710.11
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)			710.11

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 1 of 1 for
LINE NUMBER 23
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (in Full)

AMERICAN HEALTHCARE 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 DOUGLAS "PETE" PETERSON 109 W. COLLEGE AVE #2 TALLAHASSEE, FL 32301	96 PRIMARY Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	12/29/95	(500.00)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			(500.00)

95030184C7

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	DATE OF RECEIPT 1-26-96
☐	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

1-26-96
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 5 3 0 1 8 1 4 7 8