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)

May 9 11 35 AM '96

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 3/1 through 3/31/96		
6. (a) Cash on Hand January 1, 19 96		$ 86,176.07
(b) Cash on Hand at Beginning of Reporting Period	$ 39,099.99	
(c) Total Receipts (from Line 19)	$ 70,548.26	$ 89,471.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 109,648.25	$ 175,647.60
7. Total Disbursements (from Line 30)	$ 51,335.93	$ 117,326.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 58,312.32	$ 58,312.32
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)	$	

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

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

Type or Print Name of Treasurer PAUL WILLGING, Ph.D

Signature of Treasurer [signature] Date 5/6/96

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)

9 5 0 3 0 4 9 3 5 1 4

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

REPORT COVERING PERIOD FROM 3/1 TO: 3/31/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	53,511.81	68,499.31
ii. Unitemized	11,448.19	14,959.69
iii. Total (add i and ii) ➤	64,960.00	82,959.00
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	5500.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	88.26	512.53
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	70,548.26	89,471.53
20. Total Federal Receipts (subtract line 18 from line 19) ➤	70,548.26	89,471.53
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	585.93	1304.00
c. Total Operating Expenditures (add a i, a ii, and b) ➤	585.93	1304.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	50,750.00	116,022.28
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) ➤	51,335.93	117,326.28
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	51,335.93	117,326.28
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. Alyce Kim Lew 58-130 Kamehameha Hwy Haleiwa, HI 96712	Crawford's Convalescent Home Occupation: Administrator	03/01/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
B. Eugene Bishop PO Box 397 Roswell, GA 30077	Health Services Centers Occupation: President	03/20/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
C. James Westbury 922 McDonough Rd Jackson, GA 30233	Westbury Medical Care Home In Occupation: President	03/05/96	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
D. Keith Holloway 1475 N Cole Rd Boise, ID 83704	Western Health Care Occupation: Administrator	03/05/96	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
E. Sandra Higgins PO Box 743 Madisonville, KY 42431	Senior Citizens Nrsg Home Occupation: Owner/Administrator	03/11/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
F. Bennd W Salewski 501 Woodlane Dr #300 Little Rock, AR 72201	Arkansas Health Care Assn Occupation: Executive Director	03/19/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
G. Jack Vetter 5010 S 118th St #250 Omaha, NE 68137	Vetter Health Services Occupation: Admin	03/20/96	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		

SUBTOTAL of Receipts This Page (optional) 5,550.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James Cunningham 2131 Rt 33 Trenton,NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N J Assn of Hlth Care President Aggregate Year-to-Date—$ 500.00	03/07/96	500.00
B. William Dunn 195 Executive Dr Marion,OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Home Admin Aggregate Year-to-Date—$ 250.00	03/05/96	250.00
C. Jerry Hill 3211 SW John Sevier Parkway Knoxville,TN 37920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Williamsburg Development Owner Aggregate Year-to-Date—$ 250.00	03/08/96	250.00
D. Mel Lynn 2560 Lawrence Ave Park Falls,WI 54552 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Manor Admin Aggregate Year-to-Date—$ 250.00	03/05/96	250.00
E. Bill Phelan PO Box 1459 Tallahassee,FL 32302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Florida Health Care Assoc Exec Dir Aggregate Year-to-Date—$ 1,000.00	03/08/96	1,000.00
F. Steven Wolf 820 S 59th St Belleville,IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare Inc President Aggregate Year-to-Date—$ 500.00	03/05/96	500.00
G. Lee Marchant PO Box 427 Bloomington,IN 47402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LJM Enterprises Chief Exec Officer Aggregate Year-to-Date—$ 250.00	03/19/96	250.00

SUBTOTAL of Receipts This Page (optional) 3,000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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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. Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beaumont Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 500.00	03/11/96	500.00
B. 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	03/20/96	250.00
C. Daniel Mosca 150 Fayetteville St Mall #2700 Raleigh, NC 27601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AdvoCare of North Carolina Occupation: Vice President Aggregate Year-to-Date—$ 2,000.00	03/05/96	2,000.00
D. Don Wessell 417 S. Main St. Oberlin, OH 44074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Welcome Nursing Home Inc Occupation: President Aggregate Year-to-Date—$ 500.00	03/05/96	500.00
E. 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	03/05/96	500.00
F. 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	03/08/96	500.00
G. Martha Lang 3615 Imperial Lynwood, CA 90262 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Merlinda Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$ 250.00	03/20/96	250.00
SUBTOTAL of Receipts This Page (optional)			4,500.00
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
A. Jerry Franks 124 S Elm Pl Broken Arrow, OK 74102	Park Blvd Inc Occupation: Owner	03/19/96	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
B. Gail Clarkson 64500 Van Dyke Washington, MI 48095	Medilodge Occupation: Chief Operating Off	03/20/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
C. Alan Solomont 300 Brickstone Square Andover, MA 01810	ADS Management Inc Occupation: President	03/05/96	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
D. Herbert Heflich 857 Vasseller Ave Martinsville, NJ 08836	Bey Lea Village Occupation: Owner	03/01/96	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
E. Elton Beebe PO Box 6015 Ridgeland, MS 39158	Magnolia Management Corp Occupation: President	03/07/96	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
F. Gail Horrigan 1016 E Couley Dr #G Colton, CA 92324	Horrigan Enterprises Occupation: Owner	03/20/96	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
G. Steven Reissman 11266 Washington Pl Culver City, CA 90232	Country Villa Services Corp Occupation: Admin	03/05/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
SUBTOTAL of Receipts This Page (optional)			9,750.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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A. Richard Feingold 861 S Harbour Blvd Anaheim, CA 92805 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Casa Pacifica Conv Hospital Occupation: Admin Aggregate Year-to-Date—$ 350.00	03/07/96	350.00
B. Jack Markovitz 11630 S Grevillea Ave Hawthorne, CA 90250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hawthorne Care Ctr Occupation: President Aggregate Year-to-Date—$ 500.00	03/20/96	500.00
C. V Richard Miller PO Box 498 Plymouth, IN 46563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millers Merry Manor Inc Occupation: CEO Aggregate Year-to-Date—$ 2,000.00	03/07/96	2,000.00
D. Wally Miller 104 E Central Ave LaGrange, IN 46761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Inc Occupation: CEO Operations Aggregate Year-to-Date—$ 500.00	03/08/96	500.00
E. Ronald Squillace 301 Union St Hackensack, NJ 07601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellington Hall Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 300.00	03/20/96	300.00
F. Troy Athon PO Box 497 Conyers, GA 30207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Geriatric Health Services Occupation: President Aggregate Year-to-Date—$ 1,000.00	03/08/96	1,000.00
G. Robert Chur 7 Limestone Drive Williamsville, NY 14221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elderwood Affiliates Inc Occupation: President Aggregate Year-to-Date—$ 500.00	03/19/96	500.00

SUBTOTAL of Receipts This Page (optional) 5,150.00

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. Warren Wolfson 3601 S Green Rd #102 Beachwood,OH 44122	Care Services Association Admin	03/08/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
B. Daniel Veloric 5601 Chestnut St Philadelphia,PA 19139	Geriatric & Medical Centers President	03/05/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
C. Kennon S Shea 75 Court St PO Box U Quincy,CA 95971	California Convalescent Hosp Admin	03/05/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
D. A D Buffington 2506 Lakeland Dr PO Box 7575 Jackson,MS 39204	Hillcrest Health Center Owner	03/20/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
E. Robert Keon 243 Atlantic Ave PO Box 537 Lynbrook,NY 11563	East Rockaway Nursing Home Admin	03/07/96	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
F. Arlene Miles 225 E 16th Ave #1100 Denver,CO 80203	Colorado Health Care Assn Exec Dir	03/01/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
G. Judith Dicker 182-15 Hillside Ave Jamaica Estates,NY 11432	Hillside Manor Exec Dir	03/01/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
SUBTOTAL of Receipts This Page (optional)			3,400.00
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. Sherwin Welch 515 S Warley St Florence, SC 29501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Homes of Florence Occupation Aggregate Year-to-Date—$ 1,000.00	03/08/96	1,000.00
B. Stuart Goldberg 134 Great East Neck Rd. West Babylon, NY 11704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Neck Nursing Center Occupation: President Aggregate Year-to-Date—$ 1,000.00	03/01/96	1,000.00
C. Chester Erickson 3901 E 4th St Long Beach, CA 90814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alamitos-Belmont Convalescent Hospital Occupation: Owner Aggregate Year-to-Date—$ 500.00	03/08/96	500.00
D. Terry Mundy 2633 W Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	English Oaks Convalescent Home Occupation: Administrator/Owner Aggregate Year-to-Date—$ 250.00	03/19/96	250.00
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—$ 1,250.00	03/20/96	1,000.00
F. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Occupation: President Aggregate Year-to-Date—$ 250.00	03/08/96	250.00
G. Dandridge Walton PO Box 79 Frankfort, KY 40602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Attorney At Law Occupation: Attorney Aggregate Year-to-Date—$ 1,000.00	03/11/96	1,000.00

SUBTOTAL of Receipts This Page (optional) 5,000.00

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

96030495352

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. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services III President Aggregate Year-to-Date—$ 250.00	03/14/96	250.00
B. J Randal Lee 170 Laurelhurst Dr Columbia, SC 29210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	South Carolina Hlth Care Assn VP Aggregate Year-to-Date—$ 1,000.00	03/08/96	1,000.00
C. Kensett Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Health Care Inc President Aggregate Year-to-Date—$ 500.00	03/19/96	500.00
D. Patti Turenne 407 B McDonough St Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Turenne & Associates Inc Administrator Aggregate Year-to-Date—$ 500.00	03/19/96	500.00
E. Floyd A. Schlossberg 4200 Peterson #140 Chicago, IL 60646 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alden Management Inc President Aggregate Year-to-Date—$ 1,000.00	03/11/96	1,000.00
F. John Chapple PO Box 1072 Burlington, VT 05402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlin Management Services Corp President Aggregate Year-to-Date—$ 2,000.00	03/08/96	2,000.00
G. Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Pointe Woods General Manager Aggregate Year-to-Date—$ 1,297.27	03/05/96	1,250.00

SUBTOTAL of Receipts This Page (optional) 6,500.00

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

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SCHEDULE A **ITEM12ED 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. 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—$ 1,297.27	03/19/96	47.27
B. David Lebenbom 801 W Big Beaver #650 Troy,MI 48084 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	David Lebenbom PC Occupation: Attorney Aggregate Year-to-Date—$ 300.00	03/01/96	300.00
C. Al Robbins PO Box 1110 Quincy,FL 32353 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverchase Care Center Occupation: Administrator Aggregate Year-to-Date—$ 217.27	03/19/96	100.00
D. Al Robbins PO Box 1110 Quincy,FL 32353 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverchase Care Center Occupation: Administrator Aggregate Year-to-Date—$ 217.27	03/19/96	70.00
E. Al Robbins PO Box 1110 Quincy,FL 32353 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverchase Care Center Occupation: Administrator Aggregate Year-to-Date—$ 217.27	03/19/96	47.27
F. Richard Matros 2742 Dow Ave Tustin,CA 92680 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Enterprises Occupation: President Aggregate Year-to-Date—$ 250.00	03/08/96	250.00
G. Robert Marwitz PO Drawer 2239 Waco,TX 76703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marwitz Brothers Occupation: Vice President Aggregate Year-to-Date—$ 1,000.00	03/27/96	1,000.00
SUBTOTAL of Receipts This Page (optional)			1,814.54
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. Jerry Halley 50 Crestwood Exec Ctr #202 Crestwood, MO 63126	Beverly Enterprises VP/Operations	03/19/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
B. Millard Cursey 531 Stevenson Ln Towson, MD 21286	Holly Hill Manor Administrator	03/05/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
C. Delta Holloway 1475 N Cole Rd Boise, ID 83704	Holly Hills Care Center Owner/Nurse Consult	03/08/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
D. Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448	Gulf South Medical Enty President	03/19/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
E. Patrick T Kriner 3231 Manley Road Maumee, OH 43537	Ridgewood Manor Owner	03/20/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
F. Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701	Health Facilities Assn. of MD Executive Director	03/20/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
G. Michael Cook 1025 Thomas Jefferson St NW Washington, DC 20007	Katten Muchin Zavis & Dombroff Partner/LTC Consult	03/19/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		

SUBTOTAL of Receipts This Page (optional) 3,100.00

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
A. Barbra McClung 3710 W Mineral King Avenue Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Central Valley MC Vice President Aggregate Year-to-Date-$	03/01/96 500.00	500.00
B. Joe Stephens PO Drawer 1130 Magee, MS 39111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millcreek Management Inc CEO Aggregate Year-to-Date-$	03/19/96 500.00	500.00
C. Kyle Lockeby 100 E. International Speedway Daytona Beach, FL 32115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Huntington Square Condo. Inc Administrator Aggregate Year-to-Date-$	03/19/96 200.00	100.00
D. Harold & Debra Stewart PO Box 974 Apalachicola, FL 32329 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Senior Care Properties President Aggregate Year-to-Date-$	03/20/96 1,000.00	500.00
E. Reynaldo Lapid 1931 Lakewood Rd. Toms River, NJ 08755 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Green Acres Manor Owner Aggregate Year-to-Date-$	03/05/96 500.00	500.00
F. Paul Diaz 4041 Powder Mill Rd., Ste. 410 Calverton, MD Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Global Health Mgmt. Sr. V/P./CFO Aggregate Year-to-Date-$	03/11/96 500.00	500.00
G. Paul Guitreau PO Box 167 Ponchatoula, LA 70454 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Belle Maison Administrator Aggregate Year-to-Date-$	03/05/96 200.00	100.00
SUBTOTAL of Receipts This Page (optional)			2,700.00
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. Paul Guitreau PO Box 167 Ponchatoula, LA 70454 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Belle Maison Occupation: Administrator Aggregate Year-to-Date—$ 200.00	03/20/96	100.00
B. Robert Gay 1080 W. Sam Houston N #110 Houston, TX 77043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Autumn Hills Conv Ctr Occupation: President Aggregate Year-to-Date—$ 1,000.00	03/19/96	1,000.00
C. Philip Witker 2720 Albon Road Maumee, OH 43537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Elizabeth Scott Memorial Occupation: Administrator Aggregate Year-to-Date—$ 200.00	03/11/96	200.00
D. Robert Smith PO Box 476 Morristown, IN 46161 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Morristown Manor Occupation: Aggregate Year-to-Date—$ 500.00	03/11/96	500.00
E. Stephen Morrisette 2112 W. Laburnum Ave, Ste 206 Richmond, VA 23227 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Virginia Health Care Assn Occupation: President Aggregate Year-to-Date—$ 1,000.00	03/19/96	1,000.00
F. Gerard Bodalski 13920 58th St N Clearwater, FL 34620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Unicare Health Facility Occupation: Assistant Vice Pres Aggregate Year-to-Date—$ 247.27	03/19/96	200.00
G. Gerard Bodalski 13920 58th St N Clearwater, FL 34620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Unicare Health Facility Occupation: Assistant Vice Pres Aggregate Year-to-Date—$ 247.27	03/19/96	47.27
SUBTOTAL of Receipts This Page (optional)			3,047.27
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

A. 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—$		
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)			.00
TOTAL This Period (last page this line number only)			53,511.81

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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 Democratic Party of Oregon 711 SW Alder Street Ste. 305 Portland, OR 97205-3416 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REFUND	Name of Employer Occupation Aggregate Year-to-Date—$ 5,000.00	Date (month, day, year) 04/20/96	Amount of Each Receipt this Period 5,000.00
B. Full Name, Mailing Address and ZIP Code Toby Roth for Congress PO Box 2873 Appleton, WI 54913 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REFUND	Name of Employer Occupation Aggregate Year-to-Date—$ 500.00	Date (month, day, year) 03/22/96	Amount of Each Receipt This Period 500.00
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)			5,500.00

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Name of Committee (in Full)
AMERICAN HEALTH CARE ASSOC. POLITICAL ACTION CMTE.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
A. CRESTAR BANK PO BOX 85024 RICHMOND, VA 23285 Receipt For: ☐ Primary ☐ General ☑ Other (specify): INTEREST		3/31/96	88.26 ~~45.44~~
B.			
C.			
D.			
E.			
F.			
G.			
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			88.26 ~~45.44~~

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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	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):	03/25/96	500.00
B. Clay Shaw, Jr. 2929 E. Commercial Blvd. Fort Lauderdale, FL 33308	R-0022-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
C. William Coyne , PA	D-0014-PA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/28/96	500.00
D. Ralph Hall Post Office Box 711 Rockwall, TX 75087	D-0004-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/28/96	500.00
E. Bill Paxon P.O. Box 1995 Williamsville, NY 14231	R-0027-NY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	1,000.00
F. Gary A. Condit 920 12 Street Modesto, CA 95354	D-0018-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
G. Gary A. Condit 920 12 Street Modesto, CA 95354	D-0018-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
H. Gary Franks , CT	R-0005-CT 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
I. Barbara Kennelly 95 Scarborough St Bradford, CT 06105	D-0001-CT 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	1,000.00
SUBTOTAL of Disbursements This Page (optional)			5,500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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
Connie Mack P.O. Box 1835 Tampa, FL 33601	R-SEN-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/96	500.00
B. Full Name, Mailing Address and ZIP Code Dan Burton 12141 E 79TH ST Indianapolis, IN 46236	Purpose of Disbursement R-0006-IN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
C. Full Name, Mailing Address and ZIP Code John Olver 181 Main St. Northampton, MA 01060	Purpose of Disbursement D-I -MA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	2,000.00
D. Full Name, Mailing Address and ZIP Code Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	Purpose of Disbursement D-0005-MD 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/25/96	500.00
E. Full Name, Mailing Address and ZIP Code Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	Purpose of Disbursement D-0012-MI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
F. Full Name, Mailing Address and ZIP Code Scott Klug P.O. Box 5619 Madison, WI 53705	Purpose of Disbursement R-0002-WI 96 Primary Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/25/96	500.00
G. Full Name, Mailing Address and ZIP Code Tom Harkin 3213 South West 9th St Des Moines, IA 50315	Purpose of Disbursement D-SEN-IA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	1,000.00
H. Full Name, Mailing Address and ZIP Code Bart Gordon PO Box 2008 Murfreesboro, TN 37133	Purpose of Disbursement D-0005-TN 96 Primary Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	03/25/96	500.00
I. Full Name, Mailing Address and ZIP Code Joe Barton 1312 Sundale Ennis, TX 75119	Purpose of Disbursement R-0006-TX 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/25/96	1,000.00
SUBTOTAL of Disbursements This Page (optional)			7,000.00
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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Greg Laughlin , TX	D-0014-TX 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/04/96	250.00
B. Full Name, Mailing Address and ZIP Code Tom DeLay PO Box 101 Sugar Land, TX 77487	Purpose of Disbursement R-0022-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/28/96	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code David Price P O Box 1986 Raleigh, NC 27602	Purpose of Disbursement D-0004-NC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/25/96	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Charles Rangel 74 West 132nd St New York, NY 10037	Purpose of Disbursement D-0015-NY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/25/96	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code David Obey 932 Ross Avenue Wausau, WI 54401	Purpose of Disbursement D-0007-WI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 03/25/96	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Chet Edwards 5006 Lakeland Circle Waco, TX 76710	Purpose of Disbursement D-11 -TX 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/25/96	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Robert Matsui 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	Purpose of Disbursement D-0005-CA 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/25/96	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code , MA	Purpose of Disbursement D-0002-MA 96 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/28/96	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Max Baucus PO Box 216 Helena, MT 59624	Purpose of Disbursement D-SEN-MT 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/25/96	Amount of Each Disbursement This Period 1,000.00
SUBTOTAL of Disbursements This Page (optional)			5,750.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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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. Jesse Helms 1233 Pond Street Cary, NC 00000	R-SEN-NC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/96	2,000.00
B. Wayne Allard PO Box 32 Loveland, CO 80539	-CO 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	2,500.00
C. Collin Peterson 928 Lake Ave. Detroit Lakes, MN 56501	D-0007-MN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/28/96	1,000.00
D. John Boehner 790B Cincinnati-Dayton Rd. West Chester, OH 45069	-0008-OH 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	1,000.00
E. DSCC 450 South Capitol St., SE Washington, DC 20003	-SEN-DC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/28/96	10,000.00
F. Earl Pomeroy P.O. Box 746 Bismarck, ND 58502	D-0001-ND 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/28/96	500.00
G. Peter Deutsch P.O. Box 26778 Tamarac, FL 33320	D-0029-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	1,000.00
H. Fred Chapin 1177 W. State St. Boise, ID 83402	R-0002-ID 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
I. [illegible] , FL	[illegible] 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
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**

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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
Bill Luther 1399 Geneva Ave., N., #103 Oakdale, MN 56201	D-5 -MN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
B. Full Name, Mailing Address and ZIP Code John Baldacci 9 Palm St. Bangor, ME 04401	Purpose of Disbursement D-0002-ME 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/07/96	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Tom Coburn P.O. Box 504 Muskogee, OK 74402	Purpose of Disbursement R-2 -OK 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/25/96	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Tom Coburn P.O. Box 504 Muskogee, OK 74402	Purpose of Disbursement R-2 -OK 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/25/96	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Charles Norwood 3643 Walton Way Ext. Augusta, GA 30909	Purpose of Disbursement R-10 -GA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/28/96	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Robert (Jr.) Ehrlich , MD	Purpose of Disbursement R-2 -MD 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/20/96	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Randy Tate , WA	Purpose of Disbursement R-9 -WA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/18/96	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code , KY	Purpose of Disbursement 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/25/96	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code 839 W Higgins Road Schaumburg, IL 60195	Purpose of Disbursement -IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/04/96	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			5,000.00
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	Date (month, day, year)	Amount of Each Disbursement This Period
A. Pat Sullivan 2411 19th Avenue Greeley, CO 80631	- -CO 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
B. Ramsey Morris P.O. Box 4056 Frankfort, KY 40604	- -KY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/04/96	500.00
C. Jeff Sessions , AL	- -AL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/07/96	1,000.00
D. Max Cleland PO Box 7843 Atlanta, GA 30357	D- -GA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	2,500.00
E. Billy Tauzin PO Box 1407 Thibodaux, LA 70302	D- -LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
F. Bill Richardson , NM	D- -NM 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	500.00
G. Francis Thompson , LA	D- -LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	1,000.00
H. John Peterson , PA	D- -PA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	1,000.00
I. Philip Johnston , MA	D- -MA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	03/25/96	1,000.00
SUBTOTAL of Disbursements This Page (optional)			8,500.00
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 Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
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)			.00
TOTAL This Period (last page this line number only)			50,750.00

9 6 0 3 0 4 9 3 5 3 7

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 ASSOC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK PO BOX 85024 RICHMOND, VA 23285	Purpose of Disbursement BANKING Disbursement for: ☐ Primary ☐ General ☒ Other (specify): BANK FEES	Date (month, day, year) 3/31/96	Amount of Each Disbursement This Period 585.93
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)			585.93

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 5-7-96
☐	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

5-9-96
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 0 4 9 3 5 3 9