REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

OCT 27 4 11 1 '94

1. NAME OF COMMITTEE (in full)
American Health Care Association
Political Action Committee (AHCA-PAC)

ADDRESS (number and street) ☐ Check if different than previously reported
1201 L St., N.W.

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

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

Monthly Report Due On:

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

☒ Twelfth day report preceding General (Type of Election) election on 11/8/94 in the State of All

☐ 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 10/1/94 through 10/19/94		
6. (a) Cash on Hand January 1, 19____		$ 89,913.07
(b) Cash on Hand at Beginning of Reporting Period	$ 93,431.26	
(c) Total Receipts (from Line 19)	$ 51,124.75	$ 331,152.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$144,556.01	$421,065.53
7. Total Disbursements (from Line 30)	$ 27,150.00	$303,659.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$117,406.01	$117,406.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

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

Signature of Treasurer [signature]

Date 10/27/94

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

FEC FORM 3X
(revised 1/1/91)

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

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM 10/1/94 TO 10/19/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11 Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	40,000	237,022.29
ii. Unitemized	11,124.75	87,040.49
iii. Total (add i and ii) ➤	51,124.75	324,062.78
b. Political Party Committees	--	
c. Other Political Committees (such as PACs)	--	5,000.00
d. Total Contributions (add a iii, b and c) ➤	51,124.75	329,062.78
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, interest, etc.)		2,089.68
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	51,124.75	331,152.46
20. Total Federal Receipts (subtract line 16 from line 19) ➤	51,124.75	331,152.46
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	2,500.00	4,654.52
c. Total Operating Expenditures (add a ii, a i, and b) ➤	2,500.00	4,654.52
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	24,500.00	298,630.00
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	150.00	375.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	150.00	375.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 28, 27, 28d, and 29) ➤	27,150.00	303,659.52
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	27,150.00	303,659.52
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	51,124.75	329,062.78
33. Total Contribution Refunds (from line 28d)	150.00	375.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	50,974.75	328,687.78
35. Total Federal Operating Expenditures (add 21 a ii and 21 b) ➤	2,500.00	4,654.52
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	2,500.00	4,654.52

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

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. Wayde Rankin 179 Lisbon St Lewiston, ME 04240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: North Country Associates Occupation: Administrator Aggregate Year-to-Date—$ 525.00	10/12/94	75.00
B. Wayde Rankin 179 Lisbon St Lewiston, ME 04240 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: North Country Associates Occupation: Administrator Aggregate Year-to-Date—$ 525.00	10/14/94	300.00
C. Linda DeRuyp Keegan 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: American Health Care Assn Occupation: VP FR & Prof Svcs Aggregate Year-to-Date—$ 1,000.00	10/17/94	500.00
D. Sandra Higgins PO Box 743 Madisonville, KY 42431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Senior Citizens Nrsg Home Occupation: Owner/Administrator Aggregate Year-to-Date—$ 475.00	10/14/94	100.00
E. Dale Thompson 1995 E Rum River Dr S Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Dimensions Occupation: Admin Aggregate Year-to-Date—$ 2,100.00	10/12/94	2,000.00
F. Dale Thompson 1995 E Rum River Dr S Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Dimensions Occupation: Admin Aggregate Year-to-Date—$ 2,100.00	10/14/94	100.00
G. Jerry Sanboy 2319 W 7th St St Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Highland Chateau Occupation: President Aggregate Year-to-Date—$ 500.00	10/12/94	125.00
SUBTOTAL of Receipts This Page (optional)			3,200.00
TOTAL This Period (last page this line number only)			

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A. 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—$	10/14/94 600.00	100.00
B. 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—$	10/17/94 600.00	125.00
C. Jenean Erickson 16051 Northwood Rd., N.W. Prior Lake, MN 55372 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jade Enterprises Admin Aggregate Year-to-Date—$	10/14/94 600.00	100.00
D. Jenean Erickson 16051 Northwood Rd., N.W. Prior Lake, MN 55372 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jade Enterprises Admin Aggregate Year-to-Date—$	10/14/94 600.00	125.00
E. Rick Carter 2850 Metro Dr #200 Bloomington, MN 55425 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Providers of Minnesota Exec Dir Aggregate Year-to-Date—$	10/14/94 200.00	100.00
F. James Durante 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark Nursing Centre Admin Aggregate Year-to-Date—$	10/14/94 1,100.00	100.00
G. John Jarrett PO Box 909 New Paltz, NY 12561 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Paltz Nursing Home Admin Aggregate Year-to-Date—$	10/14/94 525.00	75.00
SUBTOTAL of Receipts This Page (optional)			725.00
TOTAL This Period (last page this line number only)			

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A. Paul Maggio 25 Schoenfeld Blvd Patchogue, NY 11772 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Patchogue Nursing Center Occupation: Admin Aggregate Year-to-Date—$	10/14/94 350.00	62.50
B. Paul Maggio 25 Schoenfeld Blvd Patchogue, NY 11772 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Patchogue Nursing Center Occupation: Admin Aggregate Year-to-Date—$	10/14/94 350.00	100.00
C. Don Angell PO Box 1670 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Angell Group Inc Occupation: Owner Aggregate Year-to-Date—$	10/12/94 750.00	250.00
D. Don Angell PO Box 1670 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Angell Group Inc Occupation: Owner Aggregate Year-to-Date—$	10/12/94 750.00	250.00
E. William Levering 4 New Market Dr Delaware, OH 43015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delaware Court Health Care Ctr Occupation: Administrator Aggregate Year-to-Date—$	10/12/94 400.00	150.00
F. Jerry Hill 2034 Cochran Rd Maryville, TN 37801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Hills Occupation: Owner Aggregate Year-to-Date—$	10/14/94 600.00	100.00
G. Jerry Hill 2034 Cochran Rd Maryville, TN 37801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Hills Occupation: Owner Aggregate Year-to-Date—$	10/14/94 600.00	250.00
SUBTOTAL of Receipts This Page (optional)			1,162.50
TOTAL This Period (last page this line number only)			

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A. Mel Lynn 2560 Lawrence Ave Park Falls, WI 54552 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Manor Occupation: Admin Aggregate Year-to-Date—$ 550.00	10/14/94	300.00
B. Roger C. Lipitz 515 Fairmount Ave #800 Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures Occupation: Owner Aggregate Year-to-Date—$ 2,100.00	10/12/94	525.00
C. Michael W Massey PO Box 1149 Greer, SC 29652 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Roger Huntington Nursing Ctr Occupation: Administrator Aggregate Year-to-Date—$ 1,100.00	10/14/94	100.00
D. Lee Marchant 1100 S Curry Pike Bloomington, IN 47403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LJM Enterprises Occupation: Chief Exec Officer Aggregate Year-to-Date—$ 1,000.00	10/14/94	250.00
E. James Shipley 4080 1st Ave NE #103 Cedar Rapids, IA 52406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare of Iowa Inc Occupation: President Aggregate Year-to-Date—$ 500.00	10/12/94	125.00
F. Scott Sandford 33 Elk St., Ste. 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NYSHFA Occupation: Dir. Aggregate Year-to-Date—$ 500.00	10/17/94	125.00
G. 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—$ 2,200.00	10/17/94	200.00
SUBTOTAL of Receipts This Page (optional)			1,625.00
TOTAL This Period (last page this line number only)			

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A. Don Wessell 417 S. Main St. Oberlin, OH 44074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Welcome Nursing Home President Aggregate Year-to-Date—$ 325.00	10/14/94	100.00
B. Herman Conaway PO Box F Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care Inc President Aggregate Year-to-Date—$ 475.00	10/14/94	100.00
C. John Austin 7774 Warner Rd PO Box 429 Madison, OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stewart Lodge Nursing Home Admin Aggregate Year-to-Date—$ 475.00	10/14/94	100.00
D. William Biggs 4605 Belton Highway Anderson, SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richard Campbell Veterans Home Administrator Aggregate Year-to-Date—$ 650.00	10/14/94	100.00
E. Ron Thurston 303 State St Augusta, ME 04330 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maine Health Care Assn Exec VP Aggregate Year-to-Date—$ 350.00	10/14/94	100.00
F. H Wes Handy 1005 Hill Rd Las Cruces, NM 88005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mountain Shadows Nrsg Ctr Owner Aggregate Year-to-Date—$ 2,100.00	10/14/94	100.00
G. Finley Matthews 2421 E Texas Ave Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Owner/Administrator Aggregate Year-to-Date—$ 3,350.00	10/17/94	1,350.00
SUBTOTAL of Receipts This Page (optional)			1,950.00
TOTAL This Period (last page this line number only)			

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A. L M "Cotton" Cadenhead PO Box 813 Spring Hill, LA 71075	Fountain View Nursing Home Owner/Administrator	10/14/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 400.00		
B. Jerry Franks 124 S Elm Pl Broken Arrow, OK 74102	Park Blvd Inc Owner	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,350.00		
C. Jerry Franks 124 S Elm Pl Broken Arrow, OK 74102	Park Blvd Inc Owner	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,350.00		
D. Edward Brody 4712 Chester Ave Box 19990 Philadelphia, PA 19143	Park Pleasant Nursing Home Administrator	10/12/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 400.00		
E. John Vivenzio RR 4 Box 1B E River Rd Oswego, NY 13126	Pontiac Nursing Home Administrator	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 675.00		
F. John Vivenzio RR 4 Box 1B E River Rd Oswego, NY 13126	Pontiac Nursing Home Administrator	10/14/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 675.00		
G. Robert Decker 3474 Liberty Rd S Salem, OR 97302	Westcare Management President	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		

SUBTOTAL of Receipts This Page (optional) 875.00

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. Mary Baker 812 W Main St PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$ 2,250.00	10/17/94	150.00
B. Gail Horrigan 1016 E Couley Dr #G Colton, CA 92324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horrigan Enterprises Occupation: Owner Aggregate Year-to-Date—$ 750.00	10/12/94	250.00
C. 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—$ 2,000.00	10/12/94	500.00
D. Edmond Fortune 101 Glover Lane Milton, FL 32571 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sandy Ridge Care Center Occupation: Owner Aggregate Year-to-Date—$ 200.00	10/17/94	200.00
E. John Peach PO Box 12957 Alexandria, LA 71315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Management Co Inc Occupation: VP/Administration Aggregate Year-to-Date—$ 300.00	10/14/94	100.00
F. R Peter Madel 108 8th St NW Waseca, MN 56093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Shore Inn Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 500.00	10/12/94	125.00
G. Robert Chur 7 Limestone Drive Williamsville, NY 14221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elderwood Affiliates Inc Occupation: President Aggregate Year-to-Date—$ 2,000.00	10/17/94	1,000.00
SUBTOTAL of Receipts This Page (optional)			2,325.00
TOTAL This Period (last page this line number only)			

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A. Mery Berndt 1653 Cypress Ln Paradise, CA 95969 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cypress Acres Conv Hosp Occupation: Asst Adm Aggregate Year-to-Date—$ 1,000.00	10/12/94	500.00
B. Douglas Cecil PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	White Oak Manor Occupation: Dir/Human Resources Aggregate Year-to-Date—$ 650.00	10/14/94	100.00
C. Edwin Foss #8 Capitol St #800 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Virginia Health Care Assn Occupation: Exec Dir Aggregate Year-to-Date—$ 200.00	10/17/94	100.00
D. Debra Finneran 2529 Six Mile Ln Louisville, KY 40220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadows East Occupation: Administrator Aggregate Year-to-Date—$ 850.00	10/14/94	100.00
E. Peter Gordon 35 Coffey St Dorchester, MA 02122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Neponset Hall Inc Occupation: President Aggregate Year-to-Date—$ 1,100.00	10/14/94	100.00
F. Peter Gordon 35 Coffey St Dorchester, MA 02122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Neponset Hall Inc Occupation: President Aggregate Year-to-Date—$ 1,100.00	10/17/94	1,000.00
G. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Braswell Enterprises Inc Occupation: Owner/Administrator Aggregate Year-to-Date—$ 2,000.00	10/12/94	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,900.00

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

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A. Janet Eisenbeis 801 K St., 23rd Floor Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hunter, McCray, Rickey & Brewe Asst VP Aggregate Year-to-Date—$ 225.00	10/12/94	75.00
B. Dawn Martin 442 E Hampton Stockton, CA 95204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crestwood Rehab & Convalesc Admin Aggregate Year-to-Date—$ 300.00	10/12/94	225.00
C. James Rozzi PO Box 859 Cicero, IN 46034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Management Group President Aggregate Year-to-Date—$ 750.00	10/12/94	250.00
D. Sam Gunnerson 8620 Key Harbour Dr Indianapolis, IN 46236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gunnerson Associates Treasurer Aggregate Year-to-Date—$ 300.00	10/14/94	75.00
E. Jerry Cutler 514 E Broadway Montesano, WA 98563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Edgewood Manor President Aggregate Year-to-Date—$ 400.00	10/14/94	100.00
F. Coy Williamson 2645 Whiting St NW Atlanta, GA 30318 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Imperial Health Care Center President/Owner Aggregate Year-to-Date—$ 400.00	10/14/94	100.00
G. Thomas Boling 4900 Eagle St Anchorange, AK 99503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Our Lady of Compassion Admin Aggregate Year-to-Date—$ 200.00	10/14/94	100.00
SUBTOTAL of Receipts This Page (optional)			925.00
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. Lloyd Johnson 3400 Morgan Rd Ann Arbor, MI 48104 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Whitehall Convalescent Home Occupation: Admin.	10/12/94	75.00
	Aggregate Year-to-Date—$	300.00	
B. Edward Stafford 33 Elk St., Ste. 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	NYS Health Facilities Assoc. Occupation: Director	10/12/94	225.00
	Aggregate Year-to-Date—$	400.00	
C. Edward Stafford 33 Elk St., Ste. 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	NYS Health Facilities Assoc. Occupation: Director	10/14/94	100.00
	Aggregate Year-to-Date—$	400.00	
D. Edward Stafford 33 Elk St., Ste. 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	NYS Health Facilities Assoc. Occupation: Director	10/14/94	75.00
	Aggregate Year-to-Date—$	400.00	
E. G. Michael Leader 1070 W. Areba Ave. Hershey, PA 17033 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Country Meadows Occupation: President	10/14/94	75.00
	Aggregate Year-to-Date—$	300.00	
F. James Chambery 100 Daniel Dr Webster, NY 14580 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Maplewood Nursing Home Occupation: Admin	10/14/94	75.00
	Aggregate Year-to-Date—$	300.00	
G. Linda Sechovec 6400 Uptown Blvd NE #520W Albuquerque, NM 87110 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	New Mexico Health Care Assn Occupation: Executive Director	10/14/94	500.00
	Aggregate Year-to-Date—$	800.00	
SUBTOTAL of Receipts This Page (optional)			1,125.00
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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. Joseph Nichols 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark N H Occupation: VP Aggregate Year-to-Date-$ 925.00	10/14/94	100.00
B. Joseph Nichols 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark N H Occupation: VP Aggregate Year-to-Date-$ 925.00	10/14/94	75.00
C. Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Occupation: Proprietor Aggregate Year-to-Date-$ 1,000.00	10/14/94	250.00
D. Sherwin Welch 515 S Warley St Florence, SC 29501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Homes of Florence Occupation: Aggregate Year-to-Date-$ 200.00	10/14/94	100.00
E. Sherwin Welch 515 S Warley St Florence, SC 29501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Homes of Florence Occupation: Aggregate Year-to-Date-$ 200.00	10/14/94	100.00
F. Tom Davis PO Box 1148 Hickory, NC 28603 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brian Center Management Corp Occupation: Exec VP Aggregate Year-to-Date-$ 500.00	10/12/94	125.00
G. Frank Wronski 223 S Main Romeo, MI 48065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Occupation: Admin Aggregate Year-to-Date-$ 1,100.00	10/14/94	100.00
SUBTOTAL of Receipts This Page (optional)			850.00
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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)
Stuart Goldberg 134 Great East Neck Rd. West Babylon, NY 11704	East Neck Nursing Center President	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Chester Erickson 3901 E 4th St Long Beach, CA 90814	Alamitos-Belmont Conv Hosp Owner	10/12/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
Berry Crow 9628 Campo Rd #T Spring Valley, CA 91977	Brighton Health Alliance Inc Admin	10/14/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
Donald Griggs 55 Grand St New Britain, CT 06052	Walnut Hill Conv Home Administrator	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	475.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Timothy Chies 9899 Avocet St Coon Rapids, MN 55433	Park River Estates Care Ctr Office Manager	10/14/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433	HBA Management VP	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	475.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Drema Thompson 5323 Sunrise Ln Cross Lanes, WV 25313	HCR Corp Sr Reg Mgr	10/14/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	450.00	
SUBTOTAL of Receipts This Page (optional)			1,000.00
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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
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—$ 300.00	10/14/94	75.00
Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Occupation: Exec Dir Aggregate Year-to-Date—$ 1,575.00	10/17/94	975.00
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—$ 625.00	10/14/94	75.00
Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Occupation: President Aggregate Year-to-Date—$ 750.00	10/12/94	250.00
Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services Occupation: President Aggregate Year-to-Date—$ 950.00	10/14/94	100.00
James Clark PO Box 271 3142 County Line Rd Geneva, OH 44041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lakeland Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 225.00	10/12/94	75.00
Phil Chase 1500 North View Dr Westlake Village, CA 91362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Occupation: Nursing Home Consul Aggregate Year-to-Date—$ 250.00	10/14/94	100.00
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
A. 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—$ 2,000.00	10/12/94	500.00
B. Donna Caubarreaux PO Box 535 Marksville,LA 71351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Valley View Health Care Facil Administrator/Owene Aggregate Year-to-Date—$ 400.00	10/14/94	300.00
C. Donna Caubarreaux PO Box 535 Marksville,LA 71351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Valley View Health Care Facil Administrator/Owene Aggregate Year-to-Date—$ 400.00	10/14/94	100.00
D. Patti Turenne 407 S McDonough St Montgomery,AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Turenne & Associates Inc Administrator Aggregate Year-to-Date—$ 1,000.00	10/12/94	250.00
E. John F Underwood 9403 Mill Brook Rd Louisville,KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KAHCF Vice President Aggregate Year-to-Date—$ 300.00	10/14/94	75.00
F. Edward Hannan 1440 E Missouri #215 Phoenix,AZ 85014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ariz Health Care Assn State Exec Aggregate Year-to-Date—$ 350.00	10/14/94	100.00
G. Ava Vogel Smith 133 W Broadway Shelbyville,IN 46176 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Havan Center Owner Aggregate Year-to-Date—$ 500.00	10/14/94	100.00

SUBTOTAL of Receipts This Page (optional) 1,425.00

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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. Sue Damrell 2840 W Clay St Charles, MO 63301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Claywest House Admin Aggregate Year-to-Date—$	10/14/94 700.00	400.00
B. LaDonna Ross 124 S Elm Pl Broken Arrow, OK 74012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Nursing Home Consul Aggregate Year-to-Date—$	10/14/94 1,200.00	100.00
C. LaDonna Ross 124 S Elm Pl Broken Arrow, OK 74012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Nursing Home Consul Aggregate Year-to-Date—$	10/14/94 1,200.00	100.00
D. Robert Van Dyk 304 South Van Dien Ave. Ridgewood, NJ 07450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Van Dyk Manor President/CEO Aggregate Year-to-Date—$	10/14/94 500.00	500.00
E. John Chapple Corp Caller Box 1103 Burlington, VT 05402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlin Management Services Corp President Aggregate Year-to-Date—$	10/14/94 1,100.00	100.00
F. John Larson 1148 Broadway Plaza CS 2264 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillhaven Corporation Vice President Aggregate Year-to-Date—$	10/14/94 400.00	100.00
G. Alex Schweitzer 501 19th St NE Jamestown, ND 58401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Dakota Village Administrator Aggregate Year-to-Date—$	10/17/94 200.00	100.00

SUBTOTAL of Receipts This Page (optional) 1,400.00

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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. Walter Ledig PO Box 892 Minden, LA 71058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Towne & Country Nrsg Hm Occupation: Administrator Aggregate Year-to-Date—$ 275.00	10/14/94	100.00
B. Wilma Willard 9117 Cincinnati-Columbus Rd West Chester, OH 45069 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Chester Health Care Occupation: Owner Aggregate Year-to-Date—$ 200.00	10/14/94	100.00
C. Steven Wade 8 Capitol St #700 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Virginia Health Care Assn Occupation: Assoc Director Aggregate Year-to-Date—$ 200.00	10/12/94	100.00
D. Steven Wade 8 Capitol St #700 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Virginia Health Care Assn Occupation: Assoc Director Aggregate Year-to-Date—$ 200.00	10/14/94	100.00
E. 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	10/17/94	300.00
F. Hollis Helgeson 520 1st St NE Sartell, MN 56377 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Manor Occupation: Chief Executive Off Aggregate Year-to-Date—$ 425.00	10/14/94	100.00
G. Hollis Helgeson 520 1st St NE Sartell, MN 56377 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Manor Occupation: Chief Executive Off Aggregate Year-to-Date—$ 425.00	10/14/94	100.00
SUBTOTAL of Receipts This Page (optional)			900.00
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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. 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	10/14/94	125.00
B. Pearl Barnes 7900 Willows Rd., N.E. Redmond, WA 98052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Cascade Vista Conv Ctr Occupation: Administrator Aggregate Year-to-Date—$ 2,000.00	10/12/94	500.00
C. Al Braswell 3674 Pacific Riverside, CA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bridges Inc Occupation: President Aggregate Year-to-Date—$ 275.00	10/14/94	200.00
D. Richard Matros 2742 Dow Ave Tustin, CA 92680 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Care Enterprises Occupation: President Aggregate Year-to-Date—$ 375.00	10/12/94	125.00
E. Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wausau Manor Occupation: Administrator Aggregate Year-to-Date—$ 600.00	10/14/94	100.00
F. John Elliot 901 Quarrier St #306 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AMFM Inc Occupation: CEO Aggregate Year-to-Date—$ 200.00	10/14/94	200.00
G. Terry Beyl One N Capitol #1115 Indianapolis, IN 46204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Indiana Health Care Assoc Occupation: Executive Vice Pres Aggregate Year-to-Date—$ 650.00	10/14/94	100.00

SUBTOTAL of Receipts This Page (optional) 1,350.00

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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. Joseph Sousa 54 Barker Ave Warren, RI 02885 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Grace Barker Nursing Home Admin Aggregate Year-to-Date—$	10/14/94 1,850.00	1,700.00
B. William C Shirley PO Box 430 Orono, ME Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Orono Nursing Home Inc Administrator Aggregate Year-to-Date—$	10/17/94 300.00	200.00
C. Angelo S Rotella 303 Rhodes Ave Woonsocket, RI 02895 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Friendly Home Inc President/Admin Aggregate Year-to-Date—$	10/12/94 575.00	150.00
D. David E Houston 1481 S Grant Ave Crawfordsville, IN 47933 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Houston Health Care Inc Aggregate Year-to-Date—$	10/14/94 200.00	100.00
E. William J Pascocello 1760 3rd Ave New York, NY 10029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Florence Nightingale Aggregate Year-to-Date—$	10/14/94 200.00	100.00
F. Michael T Jalacki 2815 Michigan St Grand Rapids, MI 49506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MIKO Enterprises Inc VP/Finance Aggregate Year-to-Date—$	10/17/94 750.00	450.00
G. Ron Floyd 505 Robert Rd Slidell, LA 70458 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenbriar Nursing Home Administrator Aggregate Year-to-Date—$	10/14/94 250.00	100.00
SUBTOTAL of Receipts This Page (optional)			2,800.00
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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
Ron Floyd 505 Robert Rd Slidell,LA 70458	Greenbriar Nursing Home Administrator	10/17/94	150.00
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**
Cathy Williams 416 S Dobson Rd Chandler,AZ 85224	Chandler Health Care Administrator	10/14/94	100.00
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**
Cathy Williams 416 S Dobson Rd Chandler,AZ 85224	Chandler Health Care Administrator	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Harold Moffie 1401 Farmington Ave. West Hartford,CT 06110	Connecticut Health Facilities President	10/12/94	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	450.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Terry Cash PO Box 4888 Spartanburg,SC 29305	Magnolia Group Inc VP/Operations	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Greer P.O. Box 30100 Shreveport,LA 71130	Health Care Capital Inc President	10/14/94	200.00
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**
Guy Sarver 408 SE Evangeline Thwy Lafayette,LA 70501	Acadiana Nursing Home Administrator	10/14/94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	

SUBTOTAL of Receipts This Page (optional) 1,200.00

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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. Melvin Harris 413 N Wash Marksville,LA 71351	Colonial Manor Owner	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	325.00	
B. George Mitchell 1301 Harrison St Bogalusa,LA 70423	Rest Haven Nursing Home Owner	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	275.00	
C. George Mitchell 1301 Harrison St Bogalusa,LA 70423	Rest Haven Nursing Home Owner	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	275.00	
D. Evelyn Tripodi 1501 E Orangewood Ave Phoenix,AZ 85020	Capri Nursing Home Administrator	10/12/94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	225.00	
E. Riley Clapp PO Box 249 Pleasant Garden,NC 27313	Clapp's Nursing Center Inc President	10/12/94	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	200.00	
F. Chet Bradeen 3240 W. Henderson Rd., Ste. B Columbus,OH 43220	Health Care Associates Inc President	10/17/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	300.00	
G. Juanita Broaddrick 1404 N 28th St Van Buren,AR 72956	Brownwood Manor Inc Administrator	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$	600.00	
SUBTOTAL of Receipts This Page (optional)			750.00
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. John Sims 3800 Schatulga Rd. Columbus, GA 31907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Muscogee Manor Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 1,100.00	10/14/94	100.00
B. Gerald Romano 7 Creek Ln Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Silver Creek Manor Occupation: Administrator Aggregate Year-to-Date—$ 385.00	10/12/94	150.00
C. Gerald Romano 7 Creek Ln Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Silver Creek Manor Occupation: Administrator Aggregate Year-to-Date—$ 385.00	10/14/94	100.00
D. Bobby Messina 5627 Superior Dr., Ste. B Baton Rouge, LA 70816 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care and Rehab Occupation: Vice President Aggregate Year-to-Date—$ 200.00	10/14/94	100.00
E. Barbra McClung 2910 W Main St #B Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Central Valley Occupation: Vice President Aggregate Year-to-Date—$ 2,200.00	10/14/94	200.00
F. Paul Granger 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 250.00	10/14/94	100.00
G. Ronald Knox 105 W Michigan St 9th Fl Milwaukee, WI 53202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health Occupation: Sr V/P Operations Aggregate Year-to-Date—$ 275.00	10/14/94	75.00
SUBTOTAL of Receipts This Page (optional)			825.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. David Duncan 507 State St Box 208 Mound City, MO 64470 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Tiffany Care Centers President Aggregate Year-to-Date-$ 350.00	10/14/94	100.00
B. Forest McKerley One Fisher Avenue Penacook, NH 03303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	McKerley Management Company President Aggregate Year-to-Date-$ 1,000.00	10/17/94	1,000.00
C. Kathryn Rimpela 6384 Saxon Blvd. W. Palm Beach, FL 33417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Administrator Aggregate Year-to-Date-$ 200.00	10/14/94	100.00
D. Deborah Lanni 9225 82nd Ave N Seminole, FL 34647 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Villas of Casa Colonia Administrator Aggregate Year-to-Date-$ 200.00	10/14/94	100.00
E. Janet Givens 100 Stalling Ln Erwin, TN 37650 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Erwin Health Care Center Administrator Aggregate Year-to-Date-$ 500.00	10/14/94	500.00
F. Kenneth Kuhnle 148 W State St Kennett Square, PA 19348 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures VP/Treasurer Aggregate Year-to-Date-$ 225.00	10/14/94	75.00
G. Oliver Hamister 651 Delaware Ave Buffalo, NY 14202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Health Care Affiliates Sr Vice President Aggregate Year-to-Date-$ 500.00	10/17/94	125.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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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. Aubrey Preston PO Box 1869 Brentwood, TN 37024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Denver Health Group President Aggregate Year-to-Date—$	10/17/94 1,075.00	550.00
B. Robert Murtha 27 E Russell St #200 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The MacIntosh Company President Aggregate Year-to-Date—$	10/12/94 750.00	250.00
C. Kensett Moyle IV 55425 Santa Fe Tr Yucca Valley, CA 92234 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyles Health Care Vice President Aggregate Year-to-Date—$	10/12/94 225.00	75.00
D. Faroop Khan 163 Quinnipine Ave North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Montower Health Care President Aggregate Year-to-Date—$	10/12/94 600.00	200.00
E. Faroop Khan 163 Quinnipine Ave North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Montower Health Care President Aggregate Year-to-Date—$	10/14/94 600.00	100.00
F. Jesse Samples 8 Capitol St #700 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Virginia Health Care Ass Dir Gov't Rel Aggregate Year-to-Date—$	10/14/94 200.00	100.00
G. James Moniz 47 Barker Ave Warren, RI 02885 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Supplies Manager Aggregate Year-to-Date—$	10/14/94 450.00	200.00

SUBTOTAL of Receipts This Page (optional) 1,475.00

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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. James Moniz 47 Barker Ave Warren, RI 02885 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Supplies Manager Aggregate Year-to-Date—$ 450.00	10/17/94	100.00
B. Jim Scadlock 12301 W Explorer Dr #220 Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillhaven Corp Dir of Operations Aggregate Year-to-Date—$ 400.00	10/17/94	250.00
C. Arnold Richman 515 Fairmount Ave Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Meridian Healthcare Executive VP Aggregate Year-to-Date—$ 1,000.00	10/17/94	250.00
D. Earl Linehan 515 Fairmount Ave #800 Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Woodbrook Capital Inc President Aggregate Year-to-Date—$ 1,000.00	10/12/94	250.00
E. Paul Bach 515 Fairmount Ave Towson, MD 21204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meridian Healthcare VP Operations Aggregate Year-to-Date—$ 250.00	10/17/94	62.50
F. Lester & Betty Krueger 14241 Highway 106 Belfair, WA 98528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Claremont & Alpine Way Rehome Owners Aggregate Year-to-Date—$ 600.00	10/14/94	100.00
G. Renee Matthews 2421 E. Texas Ave. Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Ass't. Adminstrator Aggregate Year-to-Date—$ 2,100.00	10/14/94	100.00

SUBTOTAL of Receipts This Page (optional) 1,112.50

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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. Bill Parrish 252 Lake Cheateau Dr. Hermitage, TN 37076	Health Properties, Inc. President	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,250.00	
B. Lynne Fagan 1031 S. Beach St. Daytona Beach, FL 32114	Holiday Care Center Owner	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
C. Zaiga Moriarty 5010 S. 118th St., Ste. 250 Omaha, NE 68137	Vetter Health Services Operations Super.	10/12/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$	300.00	
D. Bobby Rotolo 1148 Sundance Baton Rouge, LA 70815		10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
E. Jerry Lanza 311 Springfield Ave. Berkeley Heights, NJ 07932	Berkeley Hall Nursing Home President/Admin.	10/17/94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
F. Anne White 1108 Longview Dr. Hendersonville, TN 37075		10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
G. Paul Diaz 4041 Powder Mill Rd., Ste. 410 Calverton, MD	Global Health Mgmt. Sr. V/P./CFO	10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
SUBTOTAL of Receipts This Page (optional)			850.00
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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
Paul Diaz 4041 Powder Mill Rd., Ste. 410 Calverton, MD	Global Health Mgmt. Sr. V/P./CFO	10/17/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
B. 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 Little Rock, AR	Frost & Company Partner	10/12/94	1,000.00
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**
Michael Bronfin Seven E. Lee St. Baltimore, MD 21232	NeighborCare President	10/17/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
Kris Baldock 8028 Ritchie Hwy., Ste. 210B Pasadena, MD 21122	Future Care Health Mgmt. President	10/14/94	100.00
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**
Kris Baldock 8028 Ritchie Hwy., Ste. 210B Pasadena, MD 21122	Future Care Health Mgmt. President	10/14/94	100.00
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**
Kris Baldock 8028 Ritchie Hwy., Ste. 210B Pasadena, MD 21122	Future Care Health Mgmt. President	10/17/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Eileen Khan 163 Quinnipiac Ave. North Haven, CT 06473	Montower Health Care VP/Nursing	10/12/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	

SUBTOTAL of Receipts This Page (optional) 2,600.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gena Tannoia 163 Quinniciac Ave. North Haven, CT 06473	Montowese Health Care Center Dir., Nursing Svcs.	10/12/94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Elizabeth Fago 2252 Flamingo Rd. Palm Beach Garde, FL 33410	FHCA Nursing Home Admin.	10/14/94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
George Mueller Palm Beach Garde, FL		10/14/94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Juanita Kelley 721 Hiawatha Circle Pineville, LA 71360		10/14/94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Don Lindig 4934 York St. Metairie, LA 70001		10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Don Lindig 4934 York St. Metairie, LA 70001		10/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		

SUBTOTAL of Receipts This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) 40,000.00

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
Howard Coble P.O. Box 177 Greensboro, NC 27402	R-0006-NC 94 General Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	10/13/94	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	R-0006-CT 94 General Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	10/13/94	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Steny Hover 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	D-0005-MD 94 General Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	10/13/94	5,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tom Harkin 3213 South West 9th St Des Moines, IA 50315	D-SEN-IA 94 General Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	10/13/94	5,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Daniel Akaka 3125 Kaohinani Drive Honolulu, HI 96817	D-SEN-HI 94 General Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	10/13/94	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Gerry Studds 12 Granite St. Quincy, MA 02169	D-0010-MA 94 General Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	10/03/94	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
David Bonior Suite 305, 59 No. Walnut Mount Clemens, MI 48043	D-0010-MI 94 General Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	10/13/94	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ike Skelton P.O. Box A Harrisonville, MO 64701	D-0004-MO 94 General Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	10/13/94	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Harold Volkmer 719 Country Club Dr. Hannibal, MO 63401	D-0009-MO 94 General Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	10/13/94	500.00
SUBTOTAL of Disbursements This Page (optional)			9,500.00
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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code David Price P O Box 1936 Raleigh, NC 27602	D-0004--NC 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/13/94	500.00
B. Full Name, Mailing Address and ZIP Code Thomas Foley 704 W 6Th Avenue #608 Spokane, WA 99204	D-0005--WA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	12/13/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Vic Fazio 722 B Main St Woodland, CA 95695	D-0003-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/13/94	1,000.00
D. Full Name, Mailing Address and ZIP Code Gerald Solomon 23 North Road Glenn Falls, NY 12801	D-0022-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/13/94	500.00
E. Full Name, Mailing Address and ZIP Code Eva Clayton P.O. Box 479 Warrenton, NC 27589	D-001 -NC 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/13/94	500.00
F. Full Name, Mailing Address and ZIP Code Ben Cardin Maryland Campaign94 P.O. Box 65056 Baltimore, MD 21209	D- -MD 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/13/94	1,000.00
G. Full Name, Mailing Address and ZIP Code Don Johnson P.O. Box 390 Royston, GA 30622	D-12 -GA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/13/94	500.00
H. Full Name, Mailing Address and ZIP Code Ted Strickland P.O. Box 580 Lucasville, OH 45648	D-0036-OH 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/13/94	500.00
I. Full Name, Mailing Address and ZIP Code Alexander Sands P.O. Box 1796 Reidsville, NC 27323	D-5 -NC 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/13/94	1,000.00
SUBTOTAL of Disbursements This Page (optional)			6,500.00
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 Greg Ganske 5[illegible]7 Grand Ave. Des Moines, IA 50312	Purpose of Disbursement R-0004-IA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/13/94	Amount of Each Disbursement This Period [illegible]
B. Full Name, Mailing Address and ZIP Code Charles Oberly 3409 Lancaster Pike Wilmington, DE	Purpose of Disbursement - -DE 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/03/94	Amount of Each Disbursement This Period 2,500.00
C. Full Name, Mailing Address and ZIP Code David Perryman P.O. Box 1835 Chickasha, OK 73080	Purpose of Disbursement D-0004-OK 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/03/94	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code. Harold Byrd P.O. Box 34937 Memphis, TN	Purpose of Disbursement D-0007-TN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/10/94	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Harold Byrd P.O. Box 34937 Memphis, TN	Purpose of Disbursement D-0007-TN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/13/94	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Lynn Rivers 1945 Pauline Blvd., Rm. 11 Ann Arbor, MI	Purpose of Disbursement D-0013-MI 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/13/94	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Karen McCarthy 4049 Pennsylvania, #100 Kansas City, MO	Purpose of Disbursement D-0005-MO 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/13/94	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code John Baldacci 9 Palm St. Bangor, ME 04401	Purpose of Disbursement D-0002-ME 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/13/94	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Dennis Dutremble P.O. Box 1133 Portland, ME 04104	Purpose of Disbursement D-0001-ME 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/13/94	Amount of Each Disbursement This Period 1,000.00
SUBTOTAL of Disbursements This Page (optional)			8,500.00
TOTAL This Period (last page this line number only)			24,500.00

7 4 3 3 9 3 9 4 1 6 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

Operating Expense

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 (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code Sister Alice Lau Oahu Care Facility Honolulu, Hawaii 96826	Purpose of Disbursement Winning of sweepstake ticket Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/12/94	Amount of Each Disbursement This Period 2,500.00
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)			2,500.00
TOTAL This Period (last page this line number only)			

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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 10-27-94
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

Sld — PREPARER

10-28-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

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