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)
C00006080 030494 p 209
GERALD L BAKER
AMERICAN HEALTH CARE ASSOCIATI
ON POLITICAL ACTION COMMITTEE
1201 L STREET NW
WASHINGTON DC 20005

Aug 11 4 01 PM '94

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

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

Monthly Report Due On:

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-94 through 7-31-94		
6. (a) Cash on Hand January 1, 1994		$ 89,913.07
(b) Cash on Hand at Beginning of Reporting Period	$ 56,451.21	
(c) Total Receipts (from Line 19)	$ 40,768.80	$ 200,872.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 97,220.01	$ 290,785.55
7. Total Disbursements (from Line 30)	$ 6,650.66	$ 200,216.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	$ 90,569.35	$ 90,569.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

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

Signature of Treasurer
Paul Willging

Date
8-10-94

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 9/93)

FE4AN10

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

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM 7-1-94 TO: 7-31-94

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)	33,126.00	141,961.43
ii. Unitemized	7,462.75	52,398.43
iii. Total (add i and ii) ➤	40,588.75	194,359.86
b. Political Party Committees		
c. Other Political Committees (such as PACs)		5,000.00
d. Total Contributions (add a iii, b and c) ➤	40,588.75	199,359.86
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.)	180.05	1,512.62
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	40,768.80	200,872.48
20. Total Federal Receipts (subtract line 18 from line 19) ➤	40,768.80	200,872.48
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	250.66	1,491.20
c. Total Operating Expenditures (add a i, a ii, and b) ➤	250.66	1,491.20
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,400.00	198,500.00
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		225.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		225.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,650.66	200,216.20
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,650.66	200,216.20
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	40,588.75	199,359.86
33. Total Contribution Refunds (from line 28d)		225.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	40,588.75	199,134.86
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	250.66	1,491.20
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	250.66	1,491.20

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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: American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date—$	Amount of Each Receipt this Period
A. Robert M Coury Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aristocrat Berea Occupation: Administrator	07/29/94 375.00	125.00
B. Sandra Higgins PO Box 743 Madisonville, KY 42431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Senior Citizens Nrsg Home Occupation: Owner/Administrator	07/29/94 375.00	125.00
C. Jerry Sansby 2319 W 7th St St Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highland Chateau Occupation: President	07/20/94 375.00	250.00
D. Steven Chies 9899 Avocet St Coon Rapids, MN 55433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park River Estates Care Ctr Occupation: President	07/28/94 375.00	125.00
E. Jenean Erickson 16051 Northwood Rd., N.W. Prior Lake, MN 55372 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jade Enterprises Occupation: Admin	07/25/94 375.00	125.00
F. Jack Vetter 5010 S 118th St #250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vetter Health Services Occupation: Admin	07/20/94 750.00	500.00
G. Richard Gonval 130 Terhune Dr Wayne, NJ 07470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gonval Center Occupation: President	07/28/94 300.00	150.00
SUBTOTAL of Receipts This Page (optional)			1,400.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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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. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Hm Inc Occupation: Admin Aggregate Year-to-Date—$ 650.00	07/20/94	150.00
B. L Bruce Levering 1076 Coshocton Rd Mt Vernon, OH 43050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Court Limited Occupation: Admin Aggregate Year-to-Date—$ 250.00	07/15/94	250.00
C. Kenneth Morris 401 Snyder Ave Barberton, OH 44203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant View Health Care Occupation: Admin Aggregate Year-to-Date—$ 225.00	07/20/94	75.00
D. Richard Sadler PO Box 100129 Nashville, TN 37224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tennessee Health Care Assn Occupation: Exec Dir Aggregate Year-to-Date—$ 500.00	07/15/94	250.00
E. Roy McDonald 907 S Mill St PO Box 551 Colfax, WA 99111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Palouse Rest Haven Inc Occupation: Owner/Administrator Aggregate Year-to-Date—$ 1,000.00	07/20/94	1,000.00
F. 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—$ 1,575.00	07/20/94	975.00
G. Del Callaway 510 Mill St Folsom, CA 95630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Folsom Convalescent Hosp Occupation: President Aggregate Year-to-Date—$ 550.00	07/20/94	500.00
SUBTOTAL of Receipts This Page (optional)			3,200.00
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. Frank Brown PO Box 190 Cullman, AL 35056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Age Inc Occupation: President Aggregate Year-to-Date—$	07/29/94 375.00	125.00
B. 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—$	07/15/94 750.00	250.00
C. 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—$	07/25/94 750.00	250.00
D. 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—$	07/20/94 375.00	125.00
E. Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beaumont Nursing Home Occupation: Admin Aggregate Year-to-Date—$	07/20/94 375.00	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—$	07/28/94 375.00	125.00
G. 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—$	07/29/94 225.00	75.00
SUBTOTAL of Receipts This Page (optional)			1,075.00
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. Robert Killett 7309 2nd Ave Sykesville, MD 21784 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sykesville Eldercare Center Occupation: Administrator/Pres Aggregate Year-to-Date—$ 375.00	07/20/94	125.00
B. Michael Maiatros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Occupation: Admin Aggregate Year-to-Date—$ 450.00	07/15/94	50.00
C. Louis Senna 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Occupation: Owner/Adm Aggregate Year-to-Date—$ 750.00	07/20/94	250.00
D. Donald Beaver PO Box 1148 Hickory, NC 28601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brian Center Management Corp Occupation: President/CEO Aggregate Year-to-Date—$ 750.00	07/29/94	250.00
E. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Admin Aggregate Year-to-Date—$ 1,500.00	07/15/94	500.00
F. H Wes Handy 1005 Hill Rd Las Cruces, NM 88005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mountain Shadows Nrsg Ctr Occupation: Owner Aggregate Year-to-Date—$ 1,500.00	07/25/94	500.00
G. Martha Lang 3615 Imperial Lynwood, CA 90262 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Martinda Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$ 750.00	07/29/94	250.00
SUBTOTAL of Receipts This Page (optional)			1,925.00
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. William Chunyk PO Box 2295 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quad "C" Health Care Centers President	07/15/94 Aggregate Year-to-Date—$ 550.00	125.00
B. William Chunyk PO Box 2295 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quad "C" Health Care Centers President	07/29/94 Aggregate Year-to-Date—$ 350.00	100.00
C. Michael Meillier 27 Brand Ave PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Social Services Dir	07/29/94 Aggregate Year-to-Date—$ 225.00	75.00
D. Gail Clarkson 223 S Main St Romeo, MI 48065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Chief Operating Off	07/28/94 Aggregate Year-to-Date—$ 750.00	375.00
E. Edward Brody 4712 Chester Ave Box 19990 Philadelphia, PA 19143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Pleasant Nursing Home Administrator	07/15/94 Aggregate Year-to-Date—$ 300.00	100.00
F. Michael Hamm 1501 42nd St. West Des Moines, IA 50266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hawkeye Care Centers Inc President	07/29/94 Aggregate Year-to-Date—$ 500.00	500.00
G. Robert Watson 947 Worthington Circle Ft Collins, CO 80526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbine Care Center President	07/25/94 Aggregate Year-to-Date—$ 750.00	250.00
SUBTOTAL of Receipts This Page (optional)			1,525.00
TOTAL This Period (last page this line number only)			

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Tretwold Box 829 200 River Plaza Brewster, WA 98812	Harmony House Occupation: Owner	07/20/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Herbert Heflich 857 Vasseller Ave Martinsville, NJ 08836	Bay Lea Village Occupation: Owner	07/15/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 850.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Elton Raebe 3900 Lakeland Dr #400 Jackson, MS 39208	Magnolia Management Corp Occupation: President	07/25/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 750.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668	Sun Mar Management Services Occupation: President	07/20/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 600.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Sharon Flippen 5301 Duval Rd., Ste. 100 Austin, TX 78727	Beverly Enterprises Occupation: Dir., Government Re	07/29/94	100.00
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**
V Richard Miller PO Box 498 Plymouth, IN 46563	Millers Merry Manor Inc Occupation: CEO	07/29/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Wally Miller 104 E Central Ave LaGrange, IN 46761	MM Invest Inc Occupation: CEO Operations	07/15/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,500.00		
SUBTOTAL of Receipts This Page (optional)			2,850.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
A. Ronald Squillace 301 Union St Hackensack, NJ 07601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wellington Hall Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 225.00	07/25/94	75.00
B. Troy Athon PO Box 497 Conyers, GA 30207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Geriatric Health Services Occupation: President Aggregate Year-to-Date—$ 375.00	07/29/94	125.00
C. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Conv Home Inc Occupation: Admin Aggregate Year-to-Date—$ 375.00	07/20/94	125.00
D. Gary Bowers 9311 San Pedro #1103 San Antonio, TX 78216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Administration Occupation: Vice President Aggregate Year-to-Date—$ 1,100.00	07/29/94	100.00
E. David Banks PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation: Chairman/President Aggregate Year-to-Date—$ 750.00	07/29/94	250.00
F. 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—$ 250.00	07/15/94	150.00
G. Daniel Sprenger PO Box 343 Amherst, OH 44001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lorain Manor Partnership Occupation: General Partner Aggregate Year-to-Date—$ 750.00	07/20/94	250.00
SUBTOTAL of Receipts This Page (optional)			1,075.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Warren Wolfson 3601 S Green Rd #102 Beachwood, OH 44122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Services Associates Admin Aggregate Year-to-Date—$ 225.00	07/29/94	75.00
B. Daniel Velonic 5601 Chestnut St Philadelphia, PA 19139 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Geriatric & Medical Centers President Aggregate Year-to-Date—$ 375.00	07/29/94	125.00
C. Jack Wells 725 Harvard Dr. Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wells Health Systems President Aggregate Year-to-Date—$ 1,000.00	07/15/94	500.00
D. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Braswell Enterprises Inc Owner/Administrator Aggregate Year-to-Date—$ 1,000.00	07/15/94	500.00
E. Paul Doss 1251 Beacon Blvd West Sacramento, CA 95691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAHF Staff Aggregate Year-to-Date—$ 300.00	07/15/94	100.00
F. Doris Moore PO Box 336 Cushing, TX 75760 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cushing Care Center Inc Chief Exec Officer Aggregate Year-to-Date—$ 225.00	07/29/94	100.00
G. A D Buffington 2504 Lakeland Dr PO Box 7575 Jackson, MS 39204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillcrest Health Center Owner Aggregate Year-to-Date—$ 375.00	07/15/94	125.00
SUBTOTAL of Receipts This Page (optional)			1,525.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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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. G. Michael Leader 1070 W. Areba Ave. Hershey, PA 17033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Meadows Occupation: President Aggregate Year-to-Date—$	07/25/94 225.00	150.00
B. James Chambery 100 Daniel Dr Webster, NY 14580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maplewood Nursing Home Inc Occupation: Admin Aggregate Year-to-Date—$	07/29/94 225.00	75.00
C. Joseph Martin 105 Dunning Rd Middletown, NY 10940 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Middletown Park Manor Occupation: Administrator Aggregate Year-to-Date—$	07/29/94 300.00	225.00
D. Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Occupation: Proprietor Aggregate Year-to-Date—$	07/25/94 750.00	250.00
E. Paul Willging 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Exec VP Aggregate Year-to-Date—$	07/29/94 981.07	100.00
F. Joseph Warner PO Box 3188 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprises Occupation: President Aggregate Year-to-Date—$	07/25/94 1,500.00	1,000.00
G. Michael Riley 926 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Professional Therapy Services Occupation: President Aggregate Year-to-Date—$	07/15/94 375.00	125.00
SUBTOTAL of Receipts This Page (optional)			1,925.00
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. Donald Griggs 55 Grand St New Britain, CT 06052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Walnut Hill Conv Home Occupation: Administrator Aggregate Year-to-Date—$ 250.00	07/15/94	250.00
B. Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HCA Management Occupation: VP Aggregate Year-to-Date—$ 375.00	07/29/94	125.00
C. John K. Grasham 431 S Washington Ave Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Ext Care Ctr Grp Occupation: Admin Aggregate Year-to-Date—$ 350.00	07/15/94	100.00
D. Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Occupation: Chairman & CEO Aggregate Year-to-Date—$ 750.00	07/20/94	250.00
E. Joseph Donchess 7921 Picardy Ave Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Louisiana Health Care Assn Occupation: Executive Director Aggregate Year-to-Date—$ 375.00	07/29/94	125.00
F. Earl Carlson 236 Metro Dr Jefferson City, MO 65109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Missouri Health Care Assn Occupation: Exec Dir Aggregate Year-to-Date—$ 250.00	07/15/94	125.00
G. Gerald Reilly 2120 State St NE #102 Olympia, WA 98506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Health Care Assoc Occupation: Executive Director Aggregate Year-to-Date—$ 325.00	07/29/94	100.00
SUBTOTAL of Receipts This Page (optional)			1,075.00
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. Gerald Reilly 2120 State St NE #102 Olympia, WA 78506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Health Care Assoc Occupation: Executive Director Aggregate Year-to-Date—$ 525.00	07/29/94	75.00
B. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Developmental Services of Il Occupation: President Aggregate Year-to-Date—$ 850.00	07/29/94	250.00
C. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Developmental Services of Il Occupation: President Aggregate Year-to-Date—$ 850.00	07/29/94	100.00
D. Charles Shelton Jr 189 Alps Rd Branford, CT 06405 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Branford Hills Health Care Ctr Occupation: Admin Aggregate Year-to-Date—$ 270.00	07/15/94	100.00
E. Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Spaugh & Co Occupation: Aggregate Year-to-Date—$ 325.00	07/29/94	75.00
F. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Yarwood and Associates Occupation: Gov Rel Consultant Aggregate Year-to-Date—$ 1,350.00	07/20/94	500.00
G. Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Yarwood and Associates Occupation: Gov Rel Consultant Aggregate Year-to-Date—$ 1,350.00	07/29/94	100.00
SUBTOTAL of Receipts This Page (optional)			1,200.00
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. Burton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HBA Corporation Occupation: Administrator Aggregate Year-to-Date—$ 750.00	07/29/94	250.00
B. Patrick J Meillier 2007 Paulis Dr Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pleasant Manor Occupation: Aggregate Year-to-Date—$ 225.00	07/29/94	225.00
C. Patti Turenne 407 S McDonough St Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Turenne & Associates Inc Occupation: Administrator Aggregate Year-to-Date—$ 750.00	07/29/94	250.00
D. John F Underwood 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: KAHCF Occupation: Vice President Aggregate Year-to-Date—$ 225.00	07/15/94	150.00
E. Abraham Gosman 513 N Country Rd Palm Beach, FL 33480 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Meditrust Occupation: Chairman of Board Aggregate Year-to-Date—$ 750.00	07/25/94	500.00
F. William White Vauxhall St PO Box 308 New London, CT 06320 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HealthCare Visions Inc Occupation: Admin/Owner Aggregate Year-to-Date—$ 475.00	07/15/94	100.00
G. Bobby Stephens PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beverly Enterprises Occupation: Vice President Aggregate Year-to-Date—$ 750.00	07/15/94	750.00
SUBTOTAL of Receipts This Page (optional)			2,225.00
TOTAL This Period (last page this line number only)			

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Name of Committee (Filer) 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
Sue Damrell 2840 W Clay St Charles, MO 63301	Claywest House Occupation: Admin	07/29/94 Aggregate Year-to-Date—$ 225.00	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
LaDonna Ross 124 S Elm Pl Broken Arrow, OK 74012	Self-Employed Occupation: Nursing Home Consul	07/20/94 Aggregate Year-to-Date—$ 500.00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jeanne Sanders Rt 104 Box 51 RFD 3 Meredith, NH 03253	Golden View Health Care Ctr Occupation: Administrator	07/15/94 Aggregate Year-to-Date—$ 200.00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mark Hanister 651 Delaware Ave Buffalo, NY 14202	National Health Care Affiliate Occupation: President/CEO	07/20/94 Aggregate Year-to-Date—$ 750.00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Pearl Barnes 7900 Willows Rd., N.E. Redmond, WA 98052	Cascade Vista Conv Ctr Occupation: Administrator	07/15/94 Aggregate Year-to-Date—$ 1,500.00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Matros 2742 Dow Ave Tustin, CA 92680	Care Enterprises Occupation: President	07/29/94 Aggregate Year-to-Date—$ 250.00	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert L. Harris PO Drawer 2259 Waco, TX 76703	Harris Brothers Occupation: Vice President	07/15/94 Aggregate Year-to-Date—$ 1,000.00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			2,550.00
TOTAL This Period (last page this line number only)			

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin L Piersma 2815 Michigan St Grand Rapids, MI 49506	MIKO Enterprises Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	07/29/94	125.00
	Aggregate Year-to-Date—$	375.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Halley 50 Crestwood Exec Ctr #202 Crestwood, MO 63126	Beverly Enterprises		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP/Operations	07/29/94	250.00
	Aggregate Year-to-Date—$	375.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Daniel Houston Box 661 Crawfordsville, IN 47933	Ben Hur Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	07/25/94	50.00
	Aggregate Year-to-Date—$	200.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236	Nursing Care Management		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Exec Vice President	07/25/94	75.00
	Aggregate Year-to-Date—$	225.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Russ Peterson 650 W 21st St Fremont, NE 68025	Excel Management & Development		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	07/25/94	250.00
	Aggregate Year-to-Date—$	250.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Adele Wilzack 229 Hanover St Annapolis, MD 21401	Health Facilities Assn of MD		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Executive Director	07/15/94	100.00
	Aggregate Year-to-Date—$	475.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Francis Feltham 1200 Talisman Dr North Augusta, SC 29841	Fane Management Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	07/29/94	125.00
	Aggregate Year-to-Date—$	375.00	
SUBTOTAL of Receipts This Page (optional)			975.00
TOTAL This Period (last page this line number only)			

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Name of Committee (Owner): Ohio Medical 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. Juanita Broaddrick 1404 N 28th St Van Buren, AR 72956 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brownwood Manor Inc Occupation: Administrator Aggregate Year-to-Date—$	07/28/94 500.00	500.00
B. Jean Filer 1633 Cypress Ln Paradise, CA 95969 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CACH Inc Occupation: Administrator Aggregate Year-to-Date—$	07/28/94 1,500.00	500.00
C. Larry Overstreet 1300 Belk St Oxford, MS 38655 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Consultants Inc Occupation: Owner Aggregate Year-to-Date—$	07/15/94 300.00	150.00
D. Joe Stephens PO Drawer 1130 Magee, MS 39111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millcreek Management Inc Occupation: CEO Aggregate Year-to-Date—$	07/29/94 375.00	125.00
E. Oliver Hamister 651 Delaware Ave Buffalo, NY 14202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Health Care Affiliate Occupation: Sr Vice President Aggregate Year-to-Date—$	07/15/94 375.00	125.00
F. Aubrey Preston PO Box 1869 Brentwood, TN 37024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Denver Health Group Occupation: President Aggregate Year-to-Date—$	07/25/94 375.00	125.00
G. Arnold Richman 515 Fairmount Ave Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meridian Healthcare Occupation: Executive VP Aggregate Year-to-Date—$	07/15/94 750.00	500.00
SUBTOTAL of Receipts This Page (optional)			2,025.00
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. Earl Linehan 515 Fairmount Ave #800 Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Woodbrook Capital Inc President Aggregate Year-to-Date—$ 750.00	07/15/94	250.00
B. Michael Batza 515 Fairmount Ave Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meridian Healthcare Partner Aggregate Year-to-Date—$ 750.00	07/15/94	250.00
C. Sally Gearhart-Schnabel 3457 Nostrand Ave Brooklyn, NY 11229 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crown Nursing Home Administrator Aggregate Year-to-Date—$ 750.00	07/29/94	300.00
D. Sally Gearhart-Schnabel 3457 Nostrand Ave Brooklyn, NY 11229 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crown Nursing Home Administrator Aggregate Year-to-Date—$ 750.00	07/29/94	450.00
E. Yvonne Gilder 1225 13th St. N.W. Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Careco, Inc. President Aggregate Year-to-Date—$ 1,001.00	07/29/94	1,000.00
F. Yvonne Gilder 1225 13th St. N.W. Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Careco, Inc. President Aggregate Year-to-Date—$ 1,001.00	07/29/94	1.00
G. John Kirk 1031 130th St., S.W. Seattle, WA 98146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Burien Nursing Center Administrator Aggregate Year-to-Date—$ 400.00	07/29/94	100.00
SUBTOTAL of Receipts This Page (optional)			2,351.00
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. Robert Hartwell 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Dir Political Aff Aggregate Year-to-Date—$ 600.00	07/29/94	100.00
B. Eliezer Mendelsohn 103 Eisenhower Parkway Roseland,NJ 07068 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Long Term Care Management Occupation: Principle Aggregate Year-to-Date—$ 500.00	07/15/94	500.00
C. James Clay 970 Fifth Ave., N.W. Issaquah,WA 98027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Regency Care Center, Inc. Occupation: President Aggregate Year-to-Date—$ 2,000.00	07/20/94	2,000.00
D. Lynda Conaway Kirk P.O. Box 200 Harrisville,WV 26362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pine View continuous Care Occupation: Administrator Aggregate Year-to-Date—$ 250.00	07/20/94	125.00
E. Ben Sander 19 NH Rt. 104 Meredith,NH 03253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Golden View Health Care Occupation: Dir., Special Svcs. Aggregate Year-to-Date—$ 465.00	07/15/94	150.00
F. Ben Sander 19 NH Rt. 104 Meredith,NH 03253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Golden View Health Care Occupation: Dir., Special Svcs. Aggregate Year-to-Date—$ 465.00	07/15/94	150.00
G. Ken Beebe 3900 Lakeland Dr., Ste. 400 Jackson,MS 39201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Magnolia Management Occupation: CEO Aggregate Year-to-Date—$ 600.00	07/15/94	600.00
SUBTOTAL of Receipts This Page (optional)			3,625.00
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. Andrew Branch 2611 S. Dearborn St. Seattle, WA 98144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Branch Villa Health Care Ctr. Occupation: President Aggregate Year-to-Date—$ 300.00	07/15/94	300.00
B. Bill & Nancy Rowe P.O. Box 42279 Tacoma, WA 98442 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Healthwood Extended Care Occupation: Administrators Aggregate Year-to-Date—$ 300.00	07/29/94	300.00
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)			600.00
TOTAL This Period (last page this line number only)			33,126.00

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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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Riggs National Bank PO Box 1912 Washington, DC 20074-1912	Interest earned for period	7/1/94-7/31/94	179.82
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,512.39		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Crestar Bank PO Box 26150 Richmond, VA 23260-6150	Interest for period	7/1/94-7/31/94	.23
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ .23		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		

SUBTOTAL of Receipts This Page (optional) 180.05

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

9 4 0 3 9 1 6 2 5 5 5 5

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (In Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Peter Hoagland 8601 W. Dodge, Ste. 12 Omaha, NE 68114	D-0002-NE 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/21/94	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	D-0012-MI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/15/94	100.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dennis Hastert P.O. Box 625 Batavia, IL 60510	R-0014-IL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/21/94	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
James Quillen 1601 Fairidge Place Kingsport, TN 37664	R-0001-TN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/29/94	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Olympia Snowe 114 Nottingham Road Auburn, ME 04210	R-0002-ME 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/19/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Eliot Engel 115 D St., SE, Apt. 102 Washington, DC, NY	D-0017-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/21/94	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim McDermott PO Box 21786 Seattle, WA 98111	D-0007-WA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/15/94	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Kreidler P.O. Box 4839 Federal Way, WA 98063	D-0009-WA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/15/94	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Marjorie Mezvinsky Bala Cynwyd, PA	D-0013-PA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/15/94	500.00
SUBTOTAL of Disbursements This Page (optional)			4,600.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (in Full)

American Health Care Association -- Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Karen Thurman , FL	-0005-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/29/94	500.00
B. Full Name, Mailing Address and ZIP Code Victory PAC , CA	--CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	07/29/94	1,300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			1,800.00
TOTAL This Period (last page this line number only)			6,400.00

9 4 0 3 9 1 6 2 5 5 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 Association - Political Action Committee (AHCA-PAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Riggs National Bank PO Box 1912 Washington, DC 20074	Bank fees for period Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	7/1/94-7/31/94	249.16
B. Full Name, Mailing Address and ZIP Code Crestar Bank PO Box 26150 Richmond, VA 23260	Bank fees for period Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	7/1/94-7/31/94	1.50
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)			250.66
TOTAL This Period (last page this line number only)			

9403916258

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 8-12-94
☐	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

JMH
PREPARER

8-12-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 1 6 2 5 5 9