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 (Print)
GERALD L BAKER
AMERICAN HEALTH CARE ASSOCIATI
CN POLITICAL ACTION COMMITTEE
1201 L STREET NW
WASHINGTON DC 20005

SEP 23 2 03 PM '94

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	[X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 8/1/94 through 8/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 89,913.07
(b) Cash on Hand at Beginning of Reporting Period	$ 90,569.35	
(c) Total Receipts (from Line 19)	$ 41,816.07	$ 242,688.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 132,385.42	$ 332,601.62
7. Total Disbursements (from Line 30)	$ 18,346.65	$ 218,562.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 114,038.77	$ 114,038.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

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

Signature of Treasurer: Paul Willging

Date: 9/20/94

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

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 8/1/94 TO: 8/31/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	27,715.75	169,677.18
ii. Unitemized	13,833.40	66,231.91
iii. Total (add i and ii) ➤	41,549.15	235,909.01
b. Political Party Committees		
c. Other Political Committees (such as PACs)	--	5,000.00
d. Total Contributions (add a iii, b and c) ➤	41,549.15	240,909.01
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.)	266.92	1,779.54
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	41,816.09	242,688.55
20. Total Federal Receipts (subtract line 18 from line 19) ➤	41,816.07	242,688.55
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	366.65	1,857.85
c. Total Operating Expenditures (add a i, a ii, and b) ➤	366.65	1,857.85
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,980.00	216,480.00
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) ➤	18,346.65	218,562.85
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	18,346.65	218,562.85
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	41,549.15	240,909.01
33. Total Contribution Refunds (from line 28e)	- 0 -	225.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	41,549.15	240,684.01
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	366.65	1,857.85
36. Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -
	366.65	1,857.85

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Paul Romans 950 12th St Des Moines, IA 50309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Iowa Health Care Association Executive Vice Pres Aggregate Year-to-Date $	08/31/94 250.00	125.00
B. Timothy J Boyle P.O. Box 5467 Sioux City, IA 51102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Center Mgmt Co Chief Operating Off Aggregate Year-to-Date—$	08/16/94 1,350.00	1,350.00
C. David L Guillot 7921 Picardy Ave. Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	David L Guillot Inc President Aggregate Year-to-Date—$	08/31/94 850.00	250.00
D. David L Guillot 7921 Picardy Ave. Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	David L Guillot Inc President Aggregate Year-to-Date—$	08/31/94 850.00	100.00
E. Eugene Bishop PO Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Services Center President Aggregate Year-to-Date—$	08/31/94 750.00	250.00
F. Gary Kreidt 100 Elm Ave New Salem, ND 58563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elm Crest Manor Administrator Aggregate Year-to-Date—$	08/31/94 350.00	100.00
G. John Snyder 135 S Morgan St Rushville, IL 62681 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Snyders Vaughn Haven Inc Administrator Aggregate Year-to-Date $	08/03/94 375.00	125.00

SUBTOTAL of Receipts This Page (optional) 2,300.00

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

9 4 0 3 9 4 2 3 5 5 3

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A. David E Meillier PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Pleasant Manor Inc President Aggregate Year-to-Date—$ 1,000.00	08/31/94	250.00
B. John Jarrett PO Box 909 New Paltz, NY 12561 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Paltz Nursing Home Admin Aggregate Year-to-Date—$ 450.00	08/16/94	150.00
C. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Home Inc Admin Aggregate Year-to-Date—$ 900.00	08/31/94	250.00
D. Carolyn Burns 600 Six Flags Dr #226 Arlington, TX 76011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Ent-AR/TX Regional Off VP/Operations Aggregate Year-to-Date—$ 275.00	08/31/94	50.00
E. Frank Brown PO Box 190 Cullman, AL 35056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Age Inc President Aggregate Year-to-Date—$ 675.00	08/31/94	300.00
F. Steven Wolf 820 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare Inc President Aggregate Year-to-Date—$ 375.00	08/03/94	125.00
G. Esther Houston 1481 S Grant Ave PO Box 661 Crawfordsville, IN 47933 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ben Hur Nursing Home Chairman of Board Aggregate Year-to-Date—$ 2,100.00	08/03/94	100.00

SUBTOTAL of Receipts This Page (optional) 1,225.00

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

9 4 0 3 9 2 3 5 5 4

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Wertlieb 6500 Rock Spring Dr., Ste. 200 Bethesda, MD 20817 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Global Health Management Admin Aggregate Year-to-Date—$ 475.00	08/12/94	100.00
Daniel Saimon 85 Beaumont Dr Northbridge, MA 01534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beaumont Nursing Home Admin Aggregate Year-to-Date—$ 975.00	08/31/94	600.00
Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Community Centre Group President Aggregate Year-to-Date—$ 850.00	08/10/94	100.00
Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Community Centre Group President Aggregate Year-to-Date—$ 850.00	08/31/94	250.00
Daniel Mosca 150 Fayetteville St Mall #2700 Raleigh, NC 27601 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	AdvoCare of North Carolina Vice President Aggregate Year-to-Date—$ 2,000.00	08/31/94	1,000.00
Robert Killett 7309 2nd Ave Sykesville, MD 21784 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sykesville Eldercare Center Administrator/Pres Aggregate Year-to-Date—$ 475.00	08/12/94	100.00
Cecil Barcelo 411 Alabama League City, TX 77573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baywind Village Admin Aggregate Year-to-Date—$ 325.00	08/31/94	75.00

SUBTOTAL of Receipts This Page (optional) 2,225.00

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. Cecil Barcelo 411 Alabama League City, TX 77573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baywind Village Admin Aggregate Year-to-Date—$	08/31/94 325.00	100.00
B. Herman Conaway PO Box F Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care President Aggregate Year-to-Date—$	08/12/94 375.00	125.00
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—$	08/12/94 375.00	125.00
D. Donald Beaver PO Box 1148 Hickory, NC 28601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brian Center Management Corp President/CEO Aggregate Year-to-Date—$	08/31/94 900.00	150.00
E. James Judy 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kentucky Assn of Hlth Care Fac Exec VP Aggregate Year-to-Date—$	08/03/94 750.00	250.00
F. Bruce Baldwin 2151 NE Coachman Rd Clearwater, FL 34625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baldwin Thomas & Associates President Aggregate Year-to-Date—$	08/10/94 1,050.00	100.00
G. Bruce Baldwin 2151 NE Coachman Rd Clearwater, FL 34625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baldwin Thomas & Associates President Aggregate Year-to-Date—$	08/31/94 1,050.00	500.00

SUBTOTAL of Receipts This Page (optional) 1,350.00

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. William Biggs 4605 Belton Highway Anderson, SC 29621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richard Campbell Veterans Home Occupation: Administrator Aggregate Year-to-Date—$ 550.00	08/16/94	450.00
B. George Cannata 65 N Sussex St Dover, NJ 07807 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dover Christian Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 750.00	08/10/94	600.00
C. Jerry Franks 124 S Elm Pl Broken Arrow, OK 74102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Blvd Inc Occupation: Owner Aggregate Year-to-Date—$ 1,150.00	08/10/94	150.00
D. Gail Clarkson 223 S Main St Romeo, MI 48065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Occupation: Chief Operating Off Aggregate Year-to-Date—$ 850.00	08/10/94	100.00
E. Michael Hamm 1501 42nd St. West Des Moines, IA 50266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hawkeye Care Centers Occupation: President Aggregate Year-to-Date—$ 653.00	08/16/94	150.00
F. John Vivenzio RR 4 Box 1B E River Rd Oswego, NY 13126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pontiac Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 375.00	08/03/94	125.00
G. Gerry Baker 192 W Vienna Rd Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beecher Manor Inc Occupation: Admin Aggregate Year-to-Date—$ 2,250.00	08/16/94	150.00

SUBTOTAL of Receipts This Page (optional) 1,725.00

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

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A. J Robert Wilson 947 Worthington Circle Ft Collins, CO 80526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbine Care Center President	08/31/94	100.00
	Aggregate Year-to-Date-$	850.00	
B. John K Smith 124 Royal Commerce, TX 75428 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Smith Investments Owner	08/03/94	153.75
	Aggregate Year-to-Date-$	793.75	
C. John K Smith 124 Royal Commerce, TX 75428 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Smith Investments Owner	08/31/94	400.00
	Aggregate Year-to-Date-$	793.75	
D. Brick Nelson 313 Allen Memorial Dr SW Milledgeville, GA 31061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Green Acres Inc Admin	08/10/94	75.00
	Aggregate Year-to-Date-$	225.00	
E. Sharon Flippen 5301 Duval Rd., Ste. 100 Austin, TX 78727 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Dir., Government R	08/31/94	50.00
	Aggregate Year-to-Date-$	300.00	
F. Joy May 2000 Domanik Dr Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln Lutheran Of Admin	08/10/94	125.00
	Aggregate Year-to-Date-$	375.00	
G. Richard Feingold 861 S Harbour Blvd Anaheim, CA 92805 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Casa Pacifica Conv Admin	06/31/94	250.00
	Aggregate Year-to-Date-$	500.00	

SUBTOTAL of Receipts This Page (optional) 1,153.75

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
Martin Sbriglio 7003 Main St Stratford, CT 06497	Lord Chamberlain Nsg Facility Occupation: Administrator	08/31/94	100.00
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**
Gary Bowers 9311 San Pedro #1105 San Antonio, TX 78216	Health Care Administrators Occupation: Vice President	08/12/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,400.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gary Bowers 9311 San Pedro #1105 San Antonio, TX 78216	Health Care Administrators Occupation: Vice President	08/31/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date $ 1,400.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Peach PO Box 12957 Alexandria, LA 71315	The Management Co Inc Occupation: VP/Administration	08/31/94	100.00
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**
R Peter Madel 108 8th St NW Waseca, MN 56093	Lake Shore Inn Nursing Home Occupation: Admin	08/10/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date $ 375.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304	White Oak Manor Occupation: Executive VP/CFO	08/16/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 2,150.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Douglas Cecil PO Box 3347 Spartanburg, SC 29304	White Oak Manor Occupation: Dir/Human Resources	08/31/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date $ 550.00		

SUBTOTAL of Receipts This Page (optional) 1,075.00

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A. Neil Pruitt PO Box 1210 Toccoa, GA 30577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pruitt & Associates Admin Aggregate Year-to-Date—$	08/10/94 750.00	250.00
B. Paul Goss 1251 Beacon Blvd West Sacramento, CA 95691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAMF Staff Aggregate Year-to-Date—$	08/16/94 500.00	100.00
C. Sam Gunnerson 8620 Key Harbour Dr Indianapolis, IN 46236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gunnerson Associates Treasurer Aggregate Year-to-Date—$	08/10/94 225.00	75.00
D. Doris Moore PO Box 338 Cushing, TX 75760 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cushing Care Center Chief Exec Officer Aggregate Year-to-Date—$	08/31/94 275.00	50.00
E. 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—$	08/12/94 225.00	225.00
F. Larry Conaway PO Box F Hancock Park Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care Administrator Aggregate Year-to-Date—$	08/12/94 375.00	125.00
G. Dennis Callies 804 N Western Ave Sioux Falls, SD 57104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	South Dakota Hlth Care Assn Exec Dir Aggregate Year-to-Date—$	08/10/94 225.00	75.00

SUBTOTAL of Receipts This Page (optional) 900.00

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

9 4 0 3 9 1 2 3 5 6 0

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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. John Wallace 611 W Market St Athens, AL 35611	Athens Nursing Home Inc Owner/Administrator	08/12/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 375.00		
B. Berry Crow 9628 Campo Rd #T Spring Valley, CA 91977	Brighton Health Alliance Inc Admin	08/10/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
C. Janice Harshman 35680 Wish-I-Ah Rd Auberry, CA 93602	Wish-I-Ah Lodge Inc Admin	08/03/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
D. Jane Hibbard-Flemmill Bulfordi St PO Box 159 Dover-Foxcroft, ME 04426	Hibbard Nsg Hm Admin	08/31/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
E. Dick Stebbins 600 E Whaley Longview, TX 75601	Stebbins Five Companies Managing Partner	09/31/94	550.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year to Date $ 1,050.00		
F. John K. Gresham 431 S Washington Ave Greenville, MS 38701	Mississippi Ext Care Ctr Admin	08/12/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 600.00		
G. Terry Mundy 2633 W Rumble Rd Modesto, CA 95350	English Oaks Convalescent Hos Administrator/Owner	08/10/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
SUBTOTAL of Receipts This Page (optional)			1,650.00
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. William McReynolds 1430 Larimer St, #300 Denver, CO 80202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LTC Health Care Services Inc President Aggregate Year-to-Date—$ 400.00	08/31/94	100.00
B. Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rapp Health Facilities Occupation: Admin Aggregate Year-to-Date $ 750.00	Date (month, day, year): 08/03/94	Amount of Each Receipt This Period: 250.00
C. Joseph Donchess 7921 Picardy Ave Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Louisiana Health Care Assoc Occupation: Executive Director Aggregate Year-to-Date $ 475.00	Date (month, day, year): 08/31/94	Amount of Each Receipt This Period: 100.00
D. Lawrence Gamatoni 315 W Jefferson Blvd South Bend, IN 46601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Quest Corporation Occupation: Exec Off Aggregate Year-to-Date $ 375.00	Date (month, day, year): 08/03/94	Amount of Each Receipt This Period: 125.00
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	Date (month, day, year): 08/03/94	Amount of Each Receipt This Period: 100.00
F. Kenseth Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Moyle's Health Care Inc Occupation: President Aggregate Year-to-Date $ 1,500.00	Date (month, day, year): 08/12/94	Amount of Each Receipt This Period: 500.00
G. Dirk Anjewierden 4035 S 500 E Salt Lake City, UT 84107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Alta Care Center Occupation: Admin Aggregate Year-to-Date—$ 550.00	Date (month, day, year): 08/16/94	Amount of Each Receipt This Period: 300.00

SUBTOTAL of Receipts This Page (optional) 1,475.00

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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. JoAnn Dubois 8825 Lamplighter Ln Port Arthur, TX 77642 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Golden Triangle Conv Ctr Aggregate Year-to-Date—$	08/31/94 225.00	125.00
B. Sandy Klein PO Box 571317 Houston, TX 77257 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Ctrs of America Occupation: Regional Manager Aggregate Year-to-Date—$	08/31/94 400.00	100.00
C. Sandy Klein PO Box 571317 Houston, TX 77257 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Ctrs of America Occupation: Regional Manager Aggregate Year-to-Date—$	08/31/94 400.00	150.00
D. Floyd A. Schlossberg 4200 Peterson #140 Chicago, IL 60646 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alden Management Inc Occupation: President Aggregate Year-to-Date—$	08/03/94 750.00	100.00
E. Floyd A. Schlossberg 4200 Peterson #140 Chicago, IL 60646 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alden Management Inc Occupation: President Aggregate Year-to-Date—$	08/16/94 750.00	150.00
F. John F Underwood 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KAHCF Occupation: Vice President Aggregate Year-to-Date—$	08/03/94 225.00	75.00
G. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date—$	08/31/94 385.00	100.00

SUBTOTAL of Receipts This Page (optional) 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
Ava Vogel Smith 133 W Broadway Shelbyville, IN 46176	The Haven Center Owner	08/03/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	400.00	
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 Nursing Home Consul	08/10/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,900.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ana Raley 4601 Martin Luther King Ave SW Washington, DC 20032	Hadley Hospital Skilled Unit Administrator	08/12/94	100.00
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**
Michael Baredy 15301 Roosevelt Blvd., #302 Clearwater, FL 34620	Medical Care Services Admin	08/10/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,665.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Shelly Warner 120 W Thayer Ave Bismarck, ND 58501	North Dakota LTC Association Executive Director	08/31/94	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**
Joe Kearby PO Box 405 Mineral Wells, TX 76067	Resort Lodge Admin	08/31/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	230.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Larry Mankoff 19234 Inkwood Court Boca Raton, FL 33498	Enterprise Health Management Vice President	08/31/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	

SUBTOTAL of Receipts This Page (optional) 1,150.00

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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. Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Pointe Woods Occupation: General Manager Aggregate Year-to-Date—$ 340.00	08/12/94	100.00
B. Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Pointe Woods Occupation: General Manager Aggregate Year-to-Date—$ 340.00	08/16/94	150.00
C. Melody Chatelle 4315 Guadalupe #300 Austin, TX 78751 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Occupation: Dir/Gov Relations Aggregate Year-to-Date—$ 300.00	08/31/94	100.00
D. Melody Chatelle 4315 Guadalupe #300 Austin, TX 78751 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Occupation: Dir/Gov Relations Aggregate Year-to-Date—$ 300.00	08/31/94	100.00
E. Don King 150 Westpark Way #310 Euless, TX 76040 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sensitive Care Inc Occupation: President Aggregate Year-to-Date—$ 200.00	08/31/94	200.00
F. Dennis Sherman 760 Northlawn Dr Columbus, OH 43214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Laurel Health Care Company Occupation: President Aggregate Year-to-Date—$ 450.00	08/16/94	300.00
G. Dennis Sherman 760 Northlawn Dr Columbus, OH 43214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Laurel Health Care Company Occupation: President Aggregate Year-to-Date—$ 450.00	08/31/94	150.00
SUBTOTAL of Receipts This Page (optional)			1,100.00
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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. Jen Thayer 404 Woodland Dr Grand Island, NE 68801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverside Lodge Owner/Admin Aggregate Year-to-Date-$	08/31/94 375.00	125.00
B. Freddie Franklin 1329 Abraham St Tallahassee, FL 32304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Miracle Hill Nursing Home Administrator Aggregate Year-to-Date-$	08/31/94 200.00	100.00
C. Al Robbins PO Box 1110 Quincy, FL 32353 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverchase Care Center Administrator Aggregate Year-to-Date-$	08/31/94 265.00	100.00
D. Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Administrator Aggregate Year-to-Date-$	08/31/94 375.00	125.00
E. Terry Beyl One N Capitol #1115 Indianapolis, IN 46204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Indiana Health Care Assoc Executive Vice Pres Aggregate Year-to-Date-$	08/03/94 550.00	100.00
F. Terry Beyl One N Capitol #1115 Indianapolis, IN 46204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Indiana Health Care Assoc Executive Vice Pres Aggregate Year-to-Date-$	08/31/94 550.00	150.00
G. Carl Lyons 6202 E 61st St Tulsa, OK 74136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Skyline Terrace Nursing Ctr Admin Aggregate Year-to-Date-$	08/10/94 225.00	75.00

SUBTOTAL of Receipts This Page (optional) 775.00

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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. Marvin L Piersma 2815 Michigan St Grand Rapids, MI 49506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MIKO Enterprises Inc Occupation: President Aggregate Year-to-Date—$ 475.00	08/10/94	100.00
B. Daniel Houston Box 661 Crawfordsville, IN 47933 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ben Hur Home Occupation: President Aggregate Year-to-Date—$ 200.00	08/03/94	100.00
C. Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gulf South Medical Ent Occupation: President Aggregate Year-to-Date—$ 1,700.00	08/10/94	500.00
D. Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gulf South Medical Ent Occupation: President Aggregate Year-to-Date—$ 1,700.00	08/31/94	100.00
E. Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gulf South Medical Ent Occupation: President Aggregate Year-to-Date—$ 1,700.00	08/31/94	100.00
F. Jim Truchan 4410 W 49th Ave Hobart, IN 46342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sebo's Heritage Manor Occupation: Owner Aggregate Year-to-Date—$ 250.00	08/16/94	150.00
G. Robert Lohr P.O. Box 10805 Pittsburgh, PA 15236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jefferson Hills Manor Occupation: Aggregate Year-to-Date—$ 250.00	08/31/94	150.00
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. Bruce Bonsel 15950 Bay Vista Dr., Ste. 170 Clearwater, FL 34620	Prism Health Group V.P., Business Dev.	08/31/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	315.00	
B. Michael Cook 1025 Thomas Jefferson St NW , AH	Keller Machin Zavis Partner/LTC Consul.	08/31/94	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	300.00	
C. Melvin Harris 413 N Wash Marksville, LA 71351	Colonial Manor Owner	08/31/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	225.00	
D. R James Miller 922 S Buffalo St Warsaw, IN 46580	MNM Invest Partner	08/31/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	375.00	
E. Bobbie Nichols P.O. Box 32 Dublin, TX 76446	K.B.N. Enterprises Owner	08/31/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
F. Ronald Knak 105 W Michigan St 9th Fl Milwaukee, WI 53202	United Health Sr V/P Operations	08/31/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
G. David Duncan 507 State St Box 208 Round City, MO 64470	Tiffany Care Centers President	08/12/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	250.00	
SUBTOTAL of Receipts This Page (optional)			975.00
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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
Wayne Ekren 36338 US 19 N Palm Harbor, FL 34684	Functional Abilities Inc President	08/16/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 450.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry McGuffey HC31 Box 6-A Brownwood, TX 76801	CARE Inc Owner	08/31/94	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**
Aubrey Preston PO Box 1869 Brentwood, TN 37024	Denver Health Group President	08/12/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 525.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Murtha 27 E Russell St #200 Columbus, OH 43215	The MacIntosh Company President	08/12/94	250.00
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**
Nancy Hall 2021 SW 1st Ave Ocala, FL 32671	Stonegate Rehabilitation Administrator	08/31/94	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**
Harris Schwartzberg 152 W 57th St 7th Fl New York, NY 10019	Schwartzberg Associates Associate	08/16/94	300.00
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**
Michael Weber 101 SE 1st St Evansville, IN 47713	McCurdy Healthcare Centers Chairman	08/03/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		

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. Gerald M Bodine 111 SW Columbia #725 Portland, OR 97201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cascade Care Centers CEO Aggregate Year-to-Date—$	08/10/94 2,600.00	600.00
B. Hugh Franklin 865 North St. Jackson, MS 39212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franklin Nursing & Convalescent Home Owner Aggregate Year-to-Date $	08/03/94 400.00	100.00
C. Hugh Franklin 865 North St. Jackson, MS 39212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franklin Nursing & Convalescent Home Owner Aggregate Year-to-Date $	08/31/94 400.00	300.00
D. Dave Rogge 5129 Hilltop Rd Everett, WA 98203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Forest View Transitional HC President Aggregate Year-to-Date—$	08/31/94 200.00	200.00
E. Darlene Evans 29035 Elm Grove San Antonio, TX 78261 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Autumn Winds Nursing Home Nursing Home Admin. Aggregate Year-to-Date—$	08/31/94 201.00	130.00
F. Wallace Roberts 2811 Colonial Circle McKinney, TX 75070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wallace Nursing Home Nursing home owner Aggregate Year-to-Date—$	08/31/94 915.00	300.00
G. Steve Brown 34004 S. 16th Ave., Ste. 200 Federal Way, WA 98003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Village Concepts President Aggregate Year-to-Date—$	08/31/94 300.00	300.00
SUBTOTAL of Receipts This Page (optional)			1,930.00
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 / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
Ruth Phillips 2730 Curlew Rd. Clearwater, FL 34621	Curlew Care Home II Occupation: Administrator Aggregate Year-to-Date—$ 200.00	08/10/94	100.00
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**
John Overton 1871 Cottonwood Trail Sarasota, FL 34232	Waverly Management Occupation: Vice President Aggregate Year-to-Date—$ 200.00	08/31/94	100.00
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**
Helene Stokes Rt. 3, Box 148 Clyde, TX 79510	Clyde Nursing Center Occupation Aggregate Year-to-Date—$ 225.00	08/31/94	125.00
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**
Susan Farris 901 Pennsylvania Ft. Worth, TX 76104	The Gardens Care Center Occupation: Administrator Aggregate Year-to-Date—$ 200.00	08/31/94	100.00
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**
Susan Farris 901 Pennsylvania Ft. Worth, TX 76104	The Gardens Care Center Occupation: Administrator Aggregate Year-to-Date—$ 200.00	08/31/94	50.00
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**
Jim Vaughn 401 N. Elm Denton, TX 76201	Texas Health Enterprises Occupation Aggregate Year-to-Date—$ 200.00	08/31/94	100.00
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**
Douglas M. Wright P.O. Box 3667 Tupelo, MS 38803	Right Care, Inc. Occupation: President/CEO Aggregate Year-to-Date—$ 1,625.00	08/31/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 725.00

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

94034257

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Charles Greive 80 Red River, #214 Austin, TX 78701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DLC Dir. Operations Aggregate Year-to-Date—$	08/31/94 200.00	200.00
B. Ronald Head 501 N. Sycamore Ft. Stockton, TX 79735 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ft. Stockton Nursing Center Owner Aggregate Year-to-Date—$	08/31/94 200.00	200.00
C. Duane Drake 2181219N. King St. Alice, TX 78332 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hospitality House Owner Aggregate Year-to-Date—$	08/31/94 200.00	200.00
D. Bill Lowe 721 Airport Dr. Weslaco, TX 78596 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America N.H. Administrator Aggregate Year-to-Date—$	08/31/94 450.00	450.00
E. David Smith 5506 Fourth St. Katy, TX 77493 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Katyville Health Care Owner Aggregate Year-to-Date—$	08/31/94 200.00	200.00
F. David Lake PO Box 6776 Tyler, TX 75711 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Services Owner Aggregate Year-to-Date—$	08/31/94 225.00	225.00
G. Richard Valentine 2019 N. Fraisier Conroe, TX 77301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Autumn Hills Nursing Home Administrtor Aggregate Year-to-Date—$	08/31/94 307.00	307.00

SUBTOTAL of Receipts This Page (optional) 1,782.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Guy Veskal 870 N. Dorothy Dr., Ste. 700 Richardson, TX 75081	Chase Med-State Owner	08/31/94	600.00
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
James Roberts 300 W. Crockett Wolfe City, TX 75496	Pinnacle Care Ctrs. Owner	08/31/94	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
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) 800.00

TOTAL This Period (last page this line number only) 27,715.75

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SCHEDULE A **ITEMIZED RECEIPTS**

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Name of Committee (in Full)

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	Interest earned for period	8/1/94-8/31/94	265.17
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,777.56		
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	Interest earned for period	8/1/94-8/31/94	1.75
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1.98		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

9 4 0 3 9 2 2 5 7 4

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Jolene Unsoeld P O Box 10231 Olympia, WA 98502	D-0003-WA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/16/94	250.00
B. Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/12/94	2,000.00
C. Dave McCurdy 611 Red Bird Lane Norman, OK 73071	D-0014-OK 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/12/94	1,000.00
D. Harris Wofford P.O. Box 11555 Harrisburg, PA 17108	D-SEN-PA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/05/94	1,000.00
E. Alan Wheat 8612 E. 63rd St. Kansas City, MO 64133	D-0005-MO 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/12/94	1,000.00
F. George Darden 228 Chinquapin Drive Marietta, GA 30064	D-0007-GA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/05/94	500.00
G. George Darden 228 Chinquapin Drive Marietta, GA 30064	D-0007-GA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/23/94	500.00
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. Cass Ballenger P.O. Box 2552 Hickory, NC 28603	R-0010-NC 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/12/94	1,000.00

SUBTOTAL of Disbursements This Page (optional) 7,250.00

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Thomas J. Manton 46-12 Queens Blvd., #210A Sunnyside, NY 11104	D-0007-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/05/94	500.00
B. Mike Kreidler P.O. Box 4839 Federal Way, WA 98063	D-0009-WA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/05/94	100.00
C. Dianne Feinstein 909 Montgomery St., Ste. 404 San Francisco, CA 94133	D-SEN-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/12/94	1,000.00
D. Joe Hogsett 445 N. Pennsylvania, Ste. 908 Indianapolis, IN 46204	D-Sen -IN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/16/94	1,000.00
E. Henry Bonilla 315 E. Commerce, Ste. 302 San Antonio, TX 78205	R-0023-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/24/94	500.00
F. Sam Coppersmith , AZ	D-SEN -AZ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/12/94	1,000.00
G. Ted Strickland P.O. Box 580 Lucasville, OH 45648	D-0006-OH 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	IN KIND CONTRIBUTION 08/15/94	130.00
H. Sheila McGuire P.O. Box 710 Boone, IA 50036	D-0005-IA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/12/94	500.00
I. Greg Ganske 5907 Grand Ave. Des Moines, IA 50312	R-0004-IA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/12/94	500.00
SUBTOTAL of Disbursements This Page (optional)			5,230.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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(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 Richard Burr P.O. Box 4169 Winston-Salem, NC 27115	Purpose of Disbursement -0005-NC 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 08/12/94	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Hottinger 103 North Broadway Rochester, MN 55906	Purpose of Disbursement -MN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 08/24/94	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Ann Wynia 1916 University St. Paul, MN 55104	Purpose of Disbursement -SEN -MN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 08/24/94	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Luther 1399 Geneva Ave., N., #103 Oakdale, MN 56201	Purpose of Disbursement -MN 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 08/24/94	Amount of Each Disbursement This Period 2,000.00
E. Full Name, Mailing Address and ZIP Code Charles Bass , VT	Purpose of Disbursement -0002-VT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 08/16/94	Amount of Each Disbursement This Period 1,000.00
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)			5,500.00
TOTAL This Period (last page this line number only)			17,980.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

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

A. Full Name, Mailing Address and ZIP Code Riggs National Bank PO Box 1912 Washington, DC 20074	Purpose of Disbursement Bank fees for period Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 8/1/94- 8/31/94	Amount of Each Disbursement This Period 365.15
B. Full Name, Mailing Address and ZIP Code Crestar Bank PO Box 26150 Richmond, VA 23260	Purpose of Disbursement Bank fees for period Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 8/1/94- 8/31/94	Amount of Each Disbursement This Period 10.50
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)			
TOTAL This Period (last page this line number only)			

9 4 0 3 9 4 2 3 5 7 8

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 9-20-94
☐	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

MMR
PREPARER

9-20-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 2 2 3 5 7 9