REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEB 19 4 54 PM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
1201 L Street NW
Washington D.C. 20005-4014

CITY, STATE and ZIP CODE

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due On:

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

☐ Twelfth day report preceding _____ (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 1/1/93 through 1/31/93		
6. (a) Cash on Hand January 1, 1993		$ 70,831.53
(b) Cash on Hand at Beginning of Reporting Period	$70,831.53	
(c) Total Receipts (from Line 19)	$24,593.14	$24,593.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$95,424.67	$95,424.67
7. Total Disbursements (from Line 30)	$23,589.58	$23,589.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$71,835.09	$71,835.09
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 K. Willging Assistant Treasurer

Signature of Treasurer

Date 2-19-93

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 3

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

(revised 1/1/91)

NAME OF COMMITTEE: American Health Care Assoc-Political Action Committee

REPORT COVERING PERIOD: FROM 1/1/93 to 3/31/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	13,850.00	13,850.00
ii. Unitemized	10,555.00	10,555.00
iii. Total (add i and ii) ▶	24,405.00	24,405.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ▶	24,405.00	24,405.00
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.)	188.14	188.14
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	24,593.14	24,593.14
20. Total Federal Receipts (subtract line 18 from line 19) ▶	24,593.14	24,593.14
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	89.58	89.58
c. Total Operating Expenditures (add a i, a ii, and b) ▶	89.58	89.58
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	23,500.00	23,500.00
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		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ▶		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	23,589.58	23,589.58
31. Total Federal Disbursements (subtract line 21a ii from line 30) ▶		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11e)	24,405.00	24,405.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	24,405.00	24,405.00
35. Total Federal Operating Expenditures (add 21a i and 21b) ▶	89.58	89.58
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full): [illegible] 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. Alice Kim Lew 1E-170 Kam Hwy. Haleiwa, HI 96712 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Employer: Crawford's Convalescent Occupation: Administrator Aggregate Year-to-Date-$ [illegible]	01/28/93	300.00
B. Dennis Kanestra 1995 E. Rum River Dr., South Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Employer: Health Dimensions Occupation: Nursing Home Admin. Aggregate Year-to-Date-$ [illegible]	01/28/93	500.00
C. Eugene Bishop P. O. Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Employer: Health Services Centers Occupation: President Aggregate Year-to-Date-$ 250.00	01/28/93	250.00
D. David E. Pulliter PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Employer: Pleasant Manor Inc Occupation: President Aggregate Year-to-Date-$ 250.00	01/28/93	250.00
E. Tom Angell P.O. Box 1471 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Employer: Angell Group Inc Occupation: Owner Aggregate Year-to-Date-$ [illegible]	01/29/93	250.00
F. Fulton Bertel [illegible] Lakeville, MN [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Employer: Tri-Cities Health Care Occupation: [illegible] Aggregate Year-to-Date-$ [illegible]	[illegible]	250.00
G. Full Name, Mailing Address and ZIP Code [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Employer: [illegible] Occupation: [illegible] Aggregate Year-to-Date-$ [illegible]	[illegible]	[illegible]
SUBTOTAL of Receipts This Page (optional)			[illegible]
TOTAL This Period (last page this line number only)			[illegible]

3 3 3 8 9 1 5 7 1

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): [illegible] 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
Carolyn Burns 1615 W. Abram Arlington, TX 76013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Ent-AR/TX Regional Off VP/Operations Aggregate Year-to-Date—$	01/28/93 300.00	300.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Esther Houston 1491 S. Grant Avenue Crawfordsville, IN 47933 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Ben Hur Nursing Home Chairman of Board Aggregate Year-to-Date—$	01/28/93 1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Charles Harmon P.O. Box 80050 Lansing, MI 48908 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Hlth Care Assn of Michigan Exec Dir Aggregate Year-to-Date—$	01/28/93 200.00	200.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Don Bedell P.O. Box 1210 Sikeston, MO 63801 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Mgmt Corp. President Aggregate Year-to-Date—$	01/28/93 250.00	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Glenn Adrian 1369 Stewartstown Rd. Morgantown, WV 26505 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Glenmark Associates, Inc. President Aggregate Year-to-Date—$	01/29/93 300.00	300.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible] [illegible] S. Walnut [illegible], Ste. [illegible] Ft. S[illegible], A[illegible] Receipt For ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation Aggregate Year-to-Date—$	[illegible] [illegible]	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible] [illegible] Lynwood, [illegible] Receipt For ☐ Primary ☐ General ☐ Other (specify):	[illegible] Occupation Aggregate Year-to-Date—$	[illegible] [illegible]	250.00

SUBTOTAL of Receipts This Page (optional) 2,500.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Barnett Rainey 802 W. Bannock, Ste. 204 Boise, ID 83701 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Idaho Health Care Association Occupation: Executive Vice Pres.	01/28/93	300.00
	Aggregate Year-to-Date-$	300.00	
B. Gerry Baker 192 W. Vienna Rd. Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Beecher Manor, Inc. Occupation: Admin	01/28/93	1,100.00
	Aggregate Year-to-Date-$	1,100.00	
C. Ronald Rayne 1800 38th St., Ste. 200 Boulder, CO 80303 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Pharm Corp of America/Forvan Ly Occupation: President	01/28/93	250.00
	Aggregate Year-to-Date-$	250.00	
D. Gilbo Garrett 1417 W. Pettigrew Street Durham, NC 27705 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Hillcrest Convalescent Center Occupation: Admin	01/28/93	250.00
	Aggregate Year-to-Date-$	250.00	
E. Wally Miller 104 E Central Ave. LaGrange, IN 46761 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: MHM - Invest, Inc. Occupation: CFO - Operations	01/28/93	250.00
	Aggregate Year-to-Date-$	[illegible]	
F. Mary Barrett 1653 Cypress Lane [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Cypress Acres Corp Occupation: [illegible]	01/28/93	250.00
	Aggregate Year-to-Date-$	[illegible]	
G. [illegible] [illegible] [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation: Admin	[illegible]	200.00
	Aggregate Year-to-Date-$	[illegible]	
SUBTOTAL of Receipts This Page (optional)			2,700.00
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): [illegible] Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A. Ruth Braswell 3674 Pacific Avenue Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Braswell Enterprises Occupation: Owner/Administrator Aggregate Year-to-Date—$	01/28/93 250.00	250.00
B. James Rozzi P.O. Box 859 Cicero, IN 46034 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Healthcare Management Group Occupation: President Aggregate Year-to-Date—$	01/28/93 250.00	250.00
C. Joseph Martin 105 Dunning Road Middletown, NY 10940 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Middletown Park Manor Occupation: Administrator Aggregate Year-to-Date—$	01/28/93 300.00	300.00
D. Joseph Nichols 526 Altamont Avenue Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Hallmark N.H. Occupation: V.P. Aggregate Year-to-Date—$	01/28/93 250.00	250.00
E. Dick Stebbins [illegible] E. Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Stebbins Five Companies Occupation: Managing Partner Aggregate Year-to-Date—$	01/28/93 500.00	500.00
F. [illegible] [illegible] [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Hale Halna Occupation: Aggregate Year-to-Date—$	01/28/9[illegible] [illegible]	[illegible].00
G. [illegible] [illegible] [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify)	[illegible] Occupation: Owner Aggregate Year-to-Date—$	[illegible] [illegible]	300.00

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible].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 (Political) 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. Edward Kurty 154 S Katy Freeway Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of Am Occupation: Chairman & CEO Aggregate Year-to-Date—$	01/28/93 250.00	250.00
B. Jerry Neal 4235 War Memorial Dr., Ste 302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Servic Occupation: President Aggregate Year-to-Date—$	01/28/93 250.00	250.00
C. Bruce Yarwood 200 P Street, Ste. F-31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associate Occupation: Gov. Rel. Consultan Aggregate Year-to-Date—$	01/28/93 250.00	250.00
D. Barton Weisman 5310 N.W. 33 Avenue Ft. Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBO Corporation Occupation: Administrator Aggregate Year-to-Date—$	01/28/93 250.00	250.00
E. Ann Vogel Smith 1[illegible] W. Broadway Shelbyville, IN 46176 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Havan Center Occupation: Owner Aggregate Year-to-Date—$	01/28/93 300.00	300.00
F. [illegible] [illegible] [illegible], TX 7[illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Not Employed Occupation: Nursing Home Consult Aggregate Year-to-Date—$	01/28/93 [illegible]	500.00
G. [illegible] [illegible] [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Occupation: [illegible] Aggregate Year-to-Date—$	01/28/93 [illegible]	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,800.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Name of Committee (in Full): American Health Care Association - Political Act on Committee

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Full Name, Mailing Address and ZIP Code Millard Cursey 531 Stevenson Lane Towson, MD 21204 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Holly Hill Manor Occupation: Administrator Aggregate Year-to-Date—$	01/28/93 500.00	500.00
B. Full Name, Mailing Address and ZIP Code Richard Miller Klein Unit Burlington, IA 52601 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Burlington Medical Center Occupation: Aggregate Year-to-Date—$	01/28/93 250.00	250.00
C. Full Name, Mailing Address and ZIP Code Cheryl Koff 121 M. Morris Modesto, CA Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Oak Valley Care Center Occupation: Administrator Aggregate Year-to-Date—$	01/28/93 200.00	200.00
D. Full Name, Mailing Address and ZIP Code Barbra McClung 2910 W. Main St., Ste. B Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Moyle's Central Valley, M.C. Occupation: Vice President Aggregate Year-to-Date—$	01/28/93 500.00	500.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Occupation: Aggregate Year-to-Date—$		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Occupation: Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Occupation: Aggregate Year-to-Date—$		

SUBTOTAL of Receipts This Page (optional)	1,450.00
TOTAL This Period (last page this line number only)	13,850.00

93 33 29 1576

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER

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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 P.O. Box 1217 Washington D.C. 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Interest Earned Occupation Aggregate Year-to-Date > $188.14	Date (month, day, year) 1/1/93-1/31/93	Amount of Each Receipt this Period 188.14
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) >

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

93 3 3 2 9 1 5 7 7

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	Purpose of Disbursement R-0006-CT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 01/04/93	Amount of Each Disbursement This Period 200.00
B. Full Name, Mailing Address and ZIP Code Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	Purpose of Disbursement R-0006-CT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 01/05/93	Amount of Each Disbursement This Period 300.00
C. Full Name, Mailing Address and ZIP Code DSCC 450 South Capitol St., SE Washington, DC 20003	Purpose of Disbursement -SCN-DC Party cmte. contributions Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 01/04/93	Amount of Each Disbursement This Period 15,000.00
D. Full Name, Mailing Address and ZIP Code President's Forum NRCC 320 First St., S.E. Washington, DC 20003	Purpose of Disbursement R- -DC Party cmte. contributions Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 01/04/93	Amount of Each Disbursement This Period 10,000.00
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)			25,500.00
TOTAL This Period (last page this line number only)			25,500.00

73-38291578

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detail; J Summary Page

PAGE OF

FOR LINE NUMBER

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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 Michael Andrews 1001 Fannin #2500 Houston TX 77002	Purpose of Disbursement TX-0025 92-General Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/19/92	Amount of Each Disbursement This Period Check Returned (500.00)
B. Full Name, Mailing Address and ZIP Code Bill Hefner 245 Country Club Dr. #3 Concord NC 28025	Purpose of Disbursement NC-0008 92-General Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/2/92	Amount of Each Disbursement This Period Check Returned (500.00)
C. Full Name, Mailing Address and ZIP Code Christopher Bond 1243 W. 59th St. Kansas City MO 64113	Purpose of Disbursement Senator-MO 92-General Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 12/11/92	Amount of Each Disbursement This Period Check Returned (1,000.00)
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) ..... (2,000.00)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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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 P.O. Box 1217 Washington D.C. 20004	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/1/93-1/31/93	152.32
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED
☐	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

TMH
PREPARER

2-22-93
DATE PREPARED

FEC FORM 70-2 (12/92)