# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 6 12 23 PM '97

USE PEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported: 1201 L. STREET, NW

CITY, STATE and ZIP CODE: WASHINGTON, DC 20005

2. FEC IDENTIFICATION NUMBER: C-006-6080

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 1-1-97 through 1-31-1997 | | |
| 6. (a) Cash on Hand January 1, 19____ | | $ 73,064.62 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 73,064.62 | |
| (c) Total Receipts (from Line 19) | $ 275.63 | $ 275.63 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 73,340.25 | $ 73,340.25 |
| 7. Total Disbursements (from Line 30) | $ 38,338.19 | $ 38,338.19 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 35,002.06 | $ 35,002.06 |
| 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 WILLGING

Signature of Treasurer: [signature]

Date: 5-05-1997

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)

FEBAN135

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

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 1-1-97 TO: 1-31-97

| | 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) | Ø | Ø | 11(a)(i) |
| ii. Unitemized | 100.00 | 100.00 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 100.00 | 100.00 | 11(a)(iii) |
| b. Political Party Committees | | | 11(b) |
| c. Other Political Committees (such as PACs) | | | 11(c) |
| d. Total Contributions (add a iii, b and c) ➤ | 100.00 | 100.00 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | | | 12 |
| 13. All Loans Received | | | 13 |
| 14. Loan Repayments Received | | | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 175.63 | 175.63 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 275.63 | 275.63 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 275.63 | 275.63 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | | | 21(a)(i) |
| ii. Non-Federal Share | | | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 338.19 | 338.19 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 338.19 | 338.19 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | | | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 38,000.00 | 38,000.00 | 23 |
| 24. Independent Expenditures (use Schedule E) | | | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | 25 |
| 26. Loan Repayments Made | | | 26 |
| 27. Loans Made | | | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | | | 28(a) |
| b. Political Party Committees | | | 28(b) |
| c. Other Political Committees (such as PACs) | | | 28(c) |
| d. Total Contribution Refunds (add a, b and c) ➤ | | | 28(d) |
| 29. Other Disbursements | | | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 38,338.19 | 38,338.19 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 38,338.19 | 38,338.19 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | | | 32 |
| 33. Total Contribution Refunds (from line 28d) | | | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | | | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | | | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | | | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | | | 37 |

FE9AN135

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

## SCHEDULE A

## ITEMIZED RECEIPTS

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) American Health Care Association - Political Action Committee

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | Date (month, day, year) | Amount of Each Receipt this Period |
| B. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | Date (month, day, year) | Amount of Each Receipt This Period |
| C. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | Date (month, day, year) | Amount of Each Receipt This Period |
| D. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | Date (month, day, year) | Amount of Each Receipt This Period |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | Date (month, day, year) | Amount of Each Receipt This Period |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | Date (month, day, year) | Amount of Each Receipt This Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date—$ | Date (month, day, year) | Amount of Each Receipt This Period |
| SUBTOTAL of Receipts This Page (optional) | | | .00 |
| TOTAL This Period (last page this line number only) | | | .00 |

SCHEDULE B

# ITEMIZED DISBURSEMENTS

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

Amended Report

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

Name of Committee (in Full)

American Health Care Association - Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| John Tanner<br>P.O. Box 1988<br>Union City, TN 38261 | D-0008-TN<br>96 General | 01/08/97 | 1,000.00 |
| **B. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify):** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Tom Harkin<br>3213 South West 9th St<br>Des Moines, IA 50315 | D-SEN-IA<br>96 General | 01/08/97 | 1,000.00 |
| **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** |
| Tim Johnson<br>102 No. Plum St<br>Vermillion, SD 57069 | D-0001-SD<br>96 General | 01/08/97 | 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** |
| Vic Fazio<br>722 B Main St<br>Woodland, CA 96595 | D-0003-CA<br>98P. Primary | 01/08/97 | 1,000.00 |
| **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** |
| DNC<br>WASHINGTON, DC 20036 | D-10001-DC | 01/16/97 | 15,000.00 |
| **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** |
| Gene Green<br>P.O. Box 16128<br>Houston, TX 77222 | D-29-TX<br>96 General | 01/08/97 | 500.00 |
| **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** |
| Ted Strickland<br>P.O. Box 580<br>Lucasville, OH 45648 | D-0006-OH<br>96 General | 01/08/97 | 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** |
| James Maloney<br>185 Main St.<br>Danbury, CT 06810 | D-0009-CT<br>96 General | 01/02/97 | 500.00 |
| **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** |
| Sam Brownback<br>P.O. Box 2008<br>Topeka, KS 66601 | D-96 General | 01/08/97 | 2,500.00 |
| **SUBTOTAL** of Disbursements This Page (optional) | | | 23,000.00 |
| **TOTAL** This Period (last page this line number only) | | | |

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

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Steve Largent<br>2424 East 21 Street<br>Tulsa, OK 74114 | Purpose of Disbursement<br>R-1 -OK<br>96 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>1,000.00 |
| B. Full Name, Mailing Address and ZIP Code<br>Gordon Smith<br>5285 SW Meadows Road No. 181<br>Lake Oswego, OR 97035 | Purpose of Disbursement<br>- -OR<br>96 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>2,000.00 |
| C. Full Name, Mailing Address and ZIP Code<br>Allen Boyd<br>PO Box 15703<br>Tallahassee, FL 32317 | Purpose of Disbursement<br>D- -FL<br>96 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>500.00 |
| D. Full Name, Mailing Address and ZIP Code<br>Jeff Sessions<br>4131 Carmichael Rd, Ste A<br>Montgomery, AL 36106 | Purpose of Disbursement<br>R- -AL<br>96 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>1,000.00 |
| E. Full Name, Mailing Address and ZIP Code<br>Max Cleland<br>PO Box 7843<br>Atlanta, GA 30357 | Purpose of Disbursement<br>D- -GA<br>96 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>1,000.00 |
| F. Full Name, Mailing Address and ZIP Code<br>Chip Pickering<br>661 Highway 51 North<br>Ridgeland, MS 39157 | Purpose of Disbursement<br>R- -MS<br>96 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>1,000.00 |
| G. Full Name, Mailing Address and ZIP Code<br>Mike McIntyre<br>PO Box 1<br>Lumberton, NC 28359 | Purpose of Disbursement<br>D- -NC<br>96 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>500.00 |
| H. Full Name, Mailing Address and ZIP Code<br>Jim Davis<br>3716 West Swann<br>Tampa, FL 33609 | Purpose of Disbursement<br>D- -FL<br>96 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>1,000.00 |
| I. Full Name, Mailing Address and ZIP Code<br>Chuck Hagel<br>PO Box 241497<br>Omaha, NE 68124 | Purpose of Disbursement<br>R- -NE<br>96 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>5,000.00 |
| **SUBTOTAL** of Disbursements This Page (optional) . . . . . | | | 13,000.00 |
| **TOTAL** This Period (last page this line number only) . . . . . | | | |

**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<br>Kenny Hulshof<br>1005 Cherry Street, Suite 203<br>Columbia, MO 65201 | Purpose of Disbursement<br>R- -MO<br>~~96 General~~ 98 p<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>1,000.00 |
| B. Full Name, Mailing Address and ZIP Code<br>Steve Rothman<br>PO Box 714<br>Hackensack, NJ 07602 | Purpose of Disbursement<br>D- -NJ<br>96 General<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>500.00 |
| C. Full Name, Mailing Address and ZIP Code<br>Diana Degette<br>770 Grant Street, #218<br>Denver, CO 80203 | Purpose of Disbursement<br>-CO<br>96 General<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify): | Date (month, day, year)<br>01/08/97 | Amount of Each Disbursement This Period<br>500.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
| SUBTOTAL of Disbursements This Page (optional) | | | 2,000.00 |
| TOTAL This Period (last page this line number only) | | | 38,000.00 |

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

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Crestar Bank<br>P.O. Box 85024<br>Richmond, Va 23285 | Purpose of Disbursement<br>BANK FEES<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | Date (month, day, year)<br>1/31/97 | Amount of Each Disbursement This Period<br>338.19 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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) | | | |

**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

| | | | |
|---|---|---|---|
| **A. Full Name, Mailing Address and ZIP Code**<br>Crestar Bank<br>P. O. Box 85024<br>Richmond, Va 23285 | Name of Employer<br>INTEREST Receipt | Date (month, day, year)<br>1/31/97 | Amount of Each Receipt this Period<br>175.63 |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date—$ | | |
| **B. Full Name, Mailing Address and ZIP Code** | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date—$ | | |
| **C. Full Name, Mailing Address and ZIP Code** | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date—$ | | |
| **D. Full Name, Mailing Address and ZIP Code** | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date—$ | | |
| **E. Full Name, Mailing Address and ZIP Code** | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date—$ | | |
| **F. Full Name, Mailing Address and ZIP Code** | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date—$ | | |
| **G. Full Name, Mailing Address and ZIP Code** | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: ☐ Primary ☐ General<br>☐ Other (specify): | Occupation | | |
| | Aggregate Year-to-Date—$ | | |
| **SUBTOTAL** of Receipts 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 5-5-97 |
| ☐ | 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 |

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|---|---|
| JES | 5-6-97 |
| PREPARER | DATE PREPARED |

FEC FORM 70-2 (12/92)