REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) 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

JUL 14 3 31 PM 95

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 6/1/95 through 6/30/95		
6. (a) Cash on Hand January 1, 19 95		$ 38,132.89
(b) Cash on Hand at Beginning of Reporting Period	$ 79,575.04	
(c) Total Receipts (from Line 19)	$ 21,341.65	$ 190,171.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 100,916.69	$ 228,304.02
7. Total Disbursements (from Line 30)	$ 31,605.68	$ 158,993.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 69,311.01	$ 69,311.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

Type or Print Name of Treasurer: PAUL WILLGING, Ph.D.

Signature of Treasurer: Paul Willging

Date: 7/14/95

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

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

95039023604

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: 6/1/95 TO: 6/30/95

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	11,485.00	142,328.40
ii. Unitemized	9623.75	46,884.94
iii. Total (add i and ii) ➤	21,108.75	189,213.34
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	21,108.75	189,213.34
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.)	232.90	957.79
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	21,341.65	190,171.13
20. Total Federal Receipts (subtract line 16 from line 19) ➤	21,341.65	190,171.13
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	705.68	1868.01
c. Total Operating Expenditures (add a i, a ii, and b) ➤	705.68	1868.01
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	30,900.00	157,125.00
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) ➤	31,605.68	158,993.01
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	31,605.68	158,993.01
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald Franco 274 Hemingway Ave. East Haven, CT 06512	Paragon Group, Inc. President	06/07/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Linda DeRuvo Keegan 1201 L St NW , AH	American Health Care Assn. VP PR & Prof Svcs	06/07/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Sansby 2319 W 7th St St Paul, MN 55116	Highland Chateau President	06/15/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Sansby 2319 W 7th St St Paul, MN 55116	Highland Chateau President	06/15/95	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**
James Durante 526 Altamont Ave Schenectady, NY 12303	Hallmark Nursing Centers Admin	06/16/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 600.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mel Lynn 2560 Lawrence Ave Park Falls, WI 54552	Park Manor Admin	06/20/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 290.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mel Lynn 2560 Lawrence Ave Park Falls, WI 54552	Park Manor Admin	06/20/95	40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 290.00		
SUBTOTAL of Receipts This Page (optional)			1,365.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534	Beaumont Nursing Home Admin	06/20/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,350.00	
B. Don Wessell 417 S. Main St. Oberlin, OH 44074	Welcome Nursing Home President	06/20/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	650.00	
C. Michael Maistros 42350 National Rd Belmont, OH 43718	Bell Nursing Home Inc Admin	06/27/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
D. Michael Maistros 42350 National Rd Belmont, OH 43718	Bell Nursing Home Inc Admin	06/27/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
E. William Chunyk PO Box 2295 Tacoma, WA 98401	Quad "C" Health Care Centers President	06/05/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	270.00	
F. Gail Horrigan 1016 E Couley Dr #G Colton, CA 92324	Horrigan Enterprises Owner	06/07/95	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
G. Joy Moy 2000 Domanik Dr Racine, WI 53404	Lincoln Lutheran Of Racine Admin	06/16/95	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	270.00	
SUBTOTAL of Receipts This Page (optional)			1,545.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Neil Pruitt PO Box 1210 Toccoa, GA 30577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pruitt & Associates, Inc Occupation: Admin Aggregate Year-to-Date—$ 1,000.00	06/15/95	1,000.00
B. Phillip Fogg, Sr. 6623 NE 82nd Ave Portland, OR 97220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Prestige Care Inc Occupation: Administrator Aggregate Year-to-Date—$ 600.00	06/05/95	100.00
C. Edward Stafford 33 Elk St., Ste. 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NYS Health Facilities Assn Occupation: Director Aggregate Year-to-Date—$ 275.00	06/05/95	150.00
D. Edward Stafford 33 Elk St., Ste. 300 Albany, NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NYS Health Facilities Assn Occupation: Director Aggregate Year-to-Date—$ 275.00	06/15/95	125.00
E. Robert Keon 243 Atlantic Ave PO Box 537 Lynbrook, NY 11563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Rockaway Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 580.00	06/16/95	80.00
F. Michelle Schneider 4307 Bridgetown Rd Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillebrand Nursing Center Occupation: Administrator Aggregate Year-to-Date—$ 250.00	06/07/95	250.00
G. Stuart Goldberg 134 Great East Neck Rd. West Babylon, NY 11704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Neck Nursing Center Occupation: President Aggregate Year-to-Date—$ 1,100.00	06/19/95	100.00

SUBTOTAL of Receipts This Page (optional) 1,805.00

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. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services of Ill President Aggregate Year-to-Date—$ 270.00	06/16/95	20.00
B. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Administrator Aggregate Year-to-Date—$ 285.00	06/19/95	60.00
C. Sue Damrell 2840 W Clay St Charles, MO 63301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Claywest House Admin Aggregate Year-to-Date—$ 475.00	06/19/95	400.00
D. LaDonna Ross 124 S Elm Pl Broken Arrow, OK 74012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Home Consul Aggregate Year-to-Date—$ 1,000.00	06/20/95	1,000.00
E. Thomas E Kalkhof 5511 Baun Blvd Pittsburgh, PA 15232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Collins Nursing Home Owner Aggregate Year-to-Date—$ 270.00	06/20/95	200.00
F. Terry Friese P.O. Box 857 Rhinelander, WI 54501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Petersen Health Care CEO Aggregate Year-to-Date—$ 250.00	06/20/95	250.00
G. William Conley 401 E 27th PO Box 2295 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quad-C Owner Aggregate Year-to-Date—$ 250.00	06/05/95	125.00
SUBTOTAL of Receipts This Page (optional)			2,055.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stan Jones 3107 Westhill Dr Wausau, WI 54401	Wausau Manor Occupation: Administrator Aggregate Year-to-Date—$ 270.00	06/16/95	20.00
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**
Marvin L Piersma 2815 Michigan St Grand Rapids, MI 49506	MIKO Enterprises Inc Occupation: President Aggregate Year-to-Date—$ 600.00	06/20/95	455.00
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**
Michael T Jalacki 2815 Michigan St Grand Rapids, MI 49506	MIKO Enterprises Inc Occupation: VP/Finance Aggregate Year-to-Date—$ 270.00	06/07/95	250.00
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**
Theodore Lee 700 Hanover St Manchester, NH 03104	Hanover Hill Health Center Occupation: Owner/Administrator Aggregate Year-to-Date—$ 300.00	06/19/95	200.00
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**
John Sims 707 Center Street Columbus, GA 31901	Columbus Regional Healthcare Occupation: Senior Vice Pres Aggregate Year-to-Date—$ 1,270.00	06/16/95	20.00
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**
Gerald Romano 7 Creek Ln Bristol, RI 02809	Silver Creek Manor Occupation: Administrator Aggregate Year-to-Date—$ 400.00	06/02/95	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**
Gary Macomber 1251 Beacon Blvd West Sacramento, CA 95691	CAHF Occupation: Executive Director Aggregate Year-to-Date—$ 1,020.00	06/07/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 2,045.00

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 Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kim & Larry Simpson PO Box 3539 Luskin, TX 75903 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Twin Oaks Conv Center Occupation: Owners Aggregate Year-to-Date—$ 400.00	06/21/95	400.00
B. Deborah Petrine 2965 Colonnade Dr., Ste. 200 Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HCMF Corp Occupation: Aggregate Year-to-Date—$ 760.00	06/15/95	260.00
C. Deborah Petrine 2965 Colonnade Dr., Ste. 200 Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HCMF Corp Occupation: Aggregate Year-to-Date—$ 760.00	06/20/95	500.00
D. Douglas M. Wright P.O. Box 3667 Tupelo, MS 38803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Right Care, Inc. Occupation: President/CEO Aggregate Year-to-Date—$ 750.00	06/08/95	500.00
E. Alfred Dellavalle 43 Oakwood Dr. North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date—$ 210.00	06/08/95	140.00
F. Alfred Dellavalle 43 Oakwood Dr. North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date—$ 210.00	06/08/95	70.00
G. William Kinschner 4934 Valencia Dr. Toledo, OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date—$ 400.00	06/05/95	300.00
SUBTOTAL of Receipts This Page (optional)			2,170.00
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 Action Committee

A. Full Name, Mailing Address and ZIP Code Steven Garfinkle 40 Warren Street Newton Centre, MA 02159 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 06/05/95 1,100.00	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Marilyn Keon 30 Irving Place Lynbrook, NY 11563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 06/19/95 400.00	Amount of Each Receipt This Period 400.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			500.00
TOTAL This Period (last page this line number only)			11,485.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Page 1 of 1 for
LINE NUMBER 17
(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 CRESTAR BANK, NA PO BOX 26150 RICHMOND, VA 23260 Receipt For: ☐ Primary ☐ General ☒ Other (specify): INTEREST	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 6/30/95	Amount of Each Receipt this Period 232.90
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)			232.90

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page ___ of ____ for
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Name of Committee (in Full)
American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Phil Gramm P O Box 35946 Dallas, TX 75235	R-SEN-TX Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/14/95	5,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	D-0006-NJ Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/21/95	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Clay Shaw, Jr. 2929 E. Commercial Blvd. Fort Lauderdale, FL 33308	R-0022-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/28/95	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
W.J. Tauzin Rienzi Apartments #5B Thibodaux, LA 70301	D-0003-LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/14/95	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Alfonse D'Amato 14 Southard Drive Island Park, NY	R-SEN-NY 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/14/95	3,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ronald Wyden P O Box 12473 Portland, OR 97212	D-0003-OR 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/14/95	2,500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
William Coyne , PA	D-0014-PA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/28/95	1,500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ralph Hall Post Office Box 711 Rockwall, TX 75087	D-0004-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/28/95	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Zimmer 3131 Princeton Pike Lawrenceville, NJ 08648	D-0012-NJ 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/21/95	500.00
SUBTOTAL of Disbursements This Page (optional)			14,500.00
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	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Sam Johnson , TX	R-S -TX 96 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	06/14/95	500.00
B. Full Name, Mailing Address and ZIP Code Ted Stevens Box 879 Anchorage, AK 99501	Purpose of Disbursement R-SEN-AK 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	06/21/95	1,000.00
C. Full Name, Mailing Address and ZIP Code Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	Purpose of Disbursement R-0006-CT 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/14/95	500.00
D. Full Name, Mailing Address and ZIP Code. John Kasich 5910 Cleveland Avenue Columbus, OH 43229	Purpose of Disbursement R-0012-OH 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/28/95	500.00
E. Full Name, Mailing Address and ZIP Code Benjamin Cardin 2509 Shelleydale Road Baltimore, MD 21209	Purpose of Disbursement D-0003-MD 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/09/95	5,000.00
F. Full Name, Mailing Address and ZIP Code James Inhofe 3035 N.W. 63rd, Ste. 201N Oklahoma City, OK 73116	Purpose of Disbursement R-SEN-OK 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/14/95	1,000.00
G. Full Name, Mailing Address and ZIP Code Tim Johnson 102 No. Plum St Vermillion, SD 57069	Purpose of Disbursement D-0001-SD 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/28/95	500.00
H. Full Name, Mailing Address and ZIP Code Robert Matsui 8058 Fed Bldg, 650 Capitol Sacramento, CA 95814	Purpose of Disbursement D-0005-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/28/95	1,000.00
I. Full Name, Mailing Address and ZIP Code Vic Fazio 722 B Main St Woodland, CA 96595	Purpose of Disbursement D-0003-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/27/95	500.00

SUBTOTAL of Disbursements This Page (optional) 10,500.00

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

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jesse Helms 1233 Pond Street Cary, NC 00000	R-SEN-NC 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/14/95	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim McDermott PO Box 21786 Seattle, WA 98111	D-0007-WA 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/14/95	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Robert Andrews 16 Somerdale Somerdale, NJ 08083	-0001-NJ 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/21/95	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
President's Forum NRCC 320 First St., S.E. Washington, DC 20003	R- -DC Disbursement for: ☐Primary ☐General ☐ Other (specify):	06/21/95	400.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Peter Deutsch P.O. Box 26778 Tamarac, FL 33320	D-0020-FL 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/14/95	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Blanche Lambert Lincoln 44 Waverly Wood Helena, AR 72917	D-0001-AR 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/28/95	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sherrod Brown Elyria, OH	D-0013-OH 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/14/95	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Burr P.O. Box 4169 Winston-Salem, NC 27115	R-0005-NC 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/28/95	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
George Radanovich 2377 W. Shaw, Ste. 204 Fresno, CA 93711	R-19 -CA 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	06/22/95	1,000.00
SUBTOTAL of Disbursements This Page (optional)			5,400.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Philip English P.O. Box 1940 Erie, PA 16512	R-0021-PA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/14/95	500.00
B. Full Name, Mailing Address and ZIP Code Jon Christensen ,	96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/14/95	1,000.00
C. Full Name, Mailing Address and ZIP Code John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	R-1 -NV 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/14/95	500.00
D. Full Name, Mailing Address and ZIP Code. Brian Bilbray , CA	R-49 -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/28/95	1,000.00
E. Full Name, Mailing Address and ZIP Code David McIntosh , IN	R-2 -IN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	06/14/95	500.00
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)			3,500.00
TOTAL This Period (last page this line number only)			33,900.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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LINE NUMBER 23
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code THOMAS BLILEY JR. 408 HENRI RD. RICHMOND, VA 23226	94 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	6/30/95	(1000.00)
B. Full Name, Mailing Address and ZIP Code MICHAEL BILIRAKIS PO BOX 1077 TARPEN SPRINGS, FL 34688	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	6/30/95	(500.00)
C. Full Name, Mailing Address and ZIP Code JOHN BALDACCI 9 PALM ST. BANGOR, ME 04401	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	6/30/95	(1500.00)
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)			(3000.00)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. CRESTAR BANK, NA PO BOX 26150 RICHMOND, VA 23260	BANKING FEES Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	6/30/95	705.68
B.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
C.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
D.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
E.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
F.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
G.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
H.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
I.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			705.68

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 7/14/95
☐	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

Jm N
PREPARER

7/15/95
DATE PREPARED

FEC FORM 70-2 (12/92)

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