REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

JUN 21 2 [illegible]

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, D.C. 20005-4014

2. FEC IDENTIFICATION NUMBER
C-0000-6060

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 5-1-93 through 5-31-93		
6. (a) Cash on Hand January 1, 19 93		$ 70,831.53
(b) Cash on Hand at Beginning of Reporting Period	$ 52,466.41	
(c) Total Receipts (from Line 19)	$ 18,129.39	$ 107,444.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 70,595.80	$ 178,275.94
7. Total Disbursements (from Line 30)	$ 26,445.01	$ 134,125.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 43,150.79	$ 43,150.79
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, N.W.
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 F. Willging, Ph.D.

Signature of Treasurer
[signature]

Date 6-18-93

93038432620

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 5, FEC FORM 3X

(Revised 10/91)

NAME OF COMMITTEE: American Health Care Assn.-Political Action Committee

REPORT COVERING PERIOD: FROM 5-1-93 TO: 5-31-93

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)	13,175.00	69,555.82
ii. Unitemized	4,284.00	31,466.40
iii. Total (add i and ii) ➤	17,459.00	101,022.22
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	17,459.00	106,022.22
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	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	170.39	922.19
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	18,129.39	107,444.41
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
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	245.01	725.15
c. Total Operating Expenditures (add a i, a ii, and b) ➤	245.01	725.15
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	26,200.00	133,700.00
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) ➤	26,445.01	134,125.15
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	26,445.01	134,125.15
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	17,459.00	106,022.22
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (line 32 from 33)	17,459.00	106,022.22
35. Total Federal Operating Expenditures (add 21 a ii and b) ➤	[illegible]	[illegible]
36. [illegible]		

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): Ohio 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
D E "Kit" Bamble PO Drawer 44226 Shreveport, LA 71106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bamble Guest Care Center President Aggregate Year-to-Date-$	05/24/93 250.00	250.00
Wanda Bennington 2125 Royce St Portsmouth, OH 45662 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Golden Years Convalescent Center Administrator Aggregate Year-to-Date-$	05/14/93 500.00	500.00
Rebecca Knapp 105 W Michigan St Milwaukee, WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health Inc Admin Aggregate Year-to-Date-$	05/28/93 300.00	300.00
Robert M Coury Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aristocrat Berea Administrator Aggregate Year-to-Date-$	05/07/93 250.00	125.00
Keith Holloway 1475 N Cole Rd Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Western Health Care Corp Administrator Aggregate Year-to-Date-$	05/14/93 500.00	250.00
Sandra Higgins PO Box 743 Madisonville, KY 42431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Senior Citizens Nrsg Home Owner/Administrator Aggregate Year-to-Date-$	05/24/93 250.00	250.00
William Burr 191 Executive Dr Newark, OH 43055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison Manor Nursing Home Admin Aggregate Year-to-Date-$	05/07/93 250.00	125.00

Total Receipts This Page (Line 5)

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. L. Bruce Levering 1076 Coshocton Rd Mt Vernon, OH 43050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Court Limited Admin Aggregate Year-to-Date—$	05/28/93 250.00	250.00
B. Howard Bennett 600 W Gregory St Pensacola, FL 32501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Magnolias Owner Aggregate Year-to-Date—$	05/28/93 300.00	50.00
C. Frank Brown P.O. Box 190 Cullman, AL 35056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Age, Inc. President Aggregate Year-to-Date—$	05/14/93 250.00	250.00
D. Steven Wolf 820 South 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare, Inc. President Aggregate Year-to-Date—$	05/07/93 250.00	125.00
E. Harvey Wertlieb 10231 Carroll Rd. Kensington, MD 20895 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Circle Manor Nursing Home Admin Aggregate Year-to-Date—$	05/28/93 375.00	250.00
F. 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—$	05/25/93 400.00	200.00
G. Steven Bandstra 950 Taylor Ave. Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group President Aggregate Year-to-Date—$	05/[illegible] [illegible]	250.00

SUBTOTAL of Receipts This Page (optional): 1,[illegible]

TOTAL [illegible] (Number only) [illegible]

93038432523

SCHEDULE A

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herman Conaway Moundsville, WV 26041	Mound View Health Care Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: President	05/07/93	125.00
	Aggregate Year-to-Date—$	250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary Marwitz P.O. Drawer 2239 Waco, TX 76703	Marwitz Brothers Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner	05/07/93	500.00
	Aggregate Year-to-Date—$	500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brick Nelson 313 Allen Memorial Dr, SW Milledgeville, GA 31061	Green Acres Inc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	05/14/93	300.00
	Aggregate Year-to-Date—$	300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jack Markovitz 11630 S. Grevillea Ave. Hawthorne, CA 90250	Hawthorne Care Ctr.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	05/14/93	250.00
	Aggregate Year-to-Date—$	500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Troy Athon P.O. Box 497 Conyers, GA 30207	Geriatric Health Services		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: President	05/14/93	500.00
	Aggregate Year-to-Date—$	600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R. Peter Madel [illegible] 8th Street, NW Waseca, MN 56093	Lake Shore Inn Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Admin	05/14/93	125.00
	Aggregate Year-to-Date—$	250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jack [illegible] [illegible] 14 Parrish Avenue [illegible], KY 42[illegible]	Hermitage Manor Nursing Home		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: President	05/20/93	250.00
	Aggregate Year-to-Date—$	[illegible]	

Subscription of Receipts This Page [illegible]

[illegible]

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
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Name of Committee (Specify): 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. Sam Sparks 6999 Stoder Court Las Vegas, NV 89117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horizon Health Care Consultant Aggregate Year-to-Date—$	05/24/93 500.00	500.00
B. Mike Burrie P.O. Box 7230 Victoria, TX 77905 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southwestern Medical Center Administrator Aggregate Year-to-Date—$	05/14/93 250.00	250.00
C. Larry Conaway PO Box F Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care Administrator Aggregate Year-to-Date—$	05/07/93 250.00	125.00
D. Tom Davis P.O. Box 1148 Hickory, NC 28603 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brian Center Management Comp. Exec. VP Aggregate Year-to-Date—$	05/07/93 250.00	250.00
E. Joseph Warner P.O. Box 3188 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprises President Aggregate Year-to-Date—$	05/07/93 250.00	125.00
F. Michael Riley 926 S 57th Street Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Professional Therapy Services President Aggregate Year-to-Date—$	05/07/93 250.00	125.00
G. [illegible] Miller Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millers Merry Manor Inc President Aggregate Year-to-Date—$	05/14/93 [illegible]	250.00

[illegible]

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Dandridge Walton Frankfort, KY 40602	Attorney At Law Occupation: Attorney	05/24/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Earl Carlson 236 Metro Drive Jefferson City, MO 65109	Missouri Health Care Assn. Occupation: Exec Dir	05/14/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Lawrence Garatoni 215 W. Jefferson Blvd South Bend, IN 46601	Health Quest Corporation Occupation: Exec Off	05/14/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Kenneth Moyle 55425 Santa Fe Trail Yucca Valley, CA 92284	Moyle's Health Care Inc. Occupation: President	05/14/93	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
Robert Witham 15415 Katy Freeway Suite 800 Houston, TX 77094	Living Centers of America Occupation: President	05/14/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
F. Leonard Herberth 7927 Dublin Blvd Dublin, CA 94568	Herberth & Nettleton Occupation:	05/14/93	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
Tommy Ferguson P.O. Box 192 Springfield, LA 70462	Nursing Home Management Occupation: [illegible]	05/07/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		

[illegible]

SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Delta Holloway 1475 N Cole Rd Boise, ID 83704	Holly Hills Care Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner/Nurse Consult	05/14/93	125.00
	Aggregate Year-to-Date—$	250.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Coux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448	Gulf South Medical Ent		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	05/14/93	250.00
	Aggregate Year-to-Date—$	500.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas B Rau 130 S 1st St Ann Arbor, MI 48104	Intn'l Health Care Mgmt		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP/Operations	05/07/93	125.00
	Aggregate Year-to-Date—$	250.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Louis E Cottrell Jr PO Box 189 Killen, AL 35645	Lauderdale Christian NH		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator	05/24/93	500.00
	Aggregate Year-to-Date—$	500.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Cook 1025 Thomas Jefferson St NW , AH	Katten Muchin Zavis & Dembroff		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Partner/LTC Consult	05/24/93	300.00
	Aggregate Year-to-Date—$	300.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R James Miller 922 S Buffalo St Warsaw, IN 46580	MMM Invest		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Partner	05/07/93	125.00
	Aggregate Year-to-Date—$	250.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brigitte Braswell 401 E Johnston Hemet, CA	Meadowbrook Conv		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin/Owner	05/24/93	250.00
	Aggregate Year-to-Date—$	500.00	

SUBTOTAL OF ITEMS [illegible]

[illegible]

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. James Branscum 37700 Harper Clinton Township, MI 48036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Point Villa Administrator Aggregate Year-to-Date-$ 250.00	05/14/93	250.00
B. Douglas Wright 110 S Broadway PO Box 3667 Tupelo, MS 38802 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Right Care Inc President Aggregate Year-to-Date-$ 1,050.00	05/14/93	1,000.00
C. Patricia Cornett 932 Ward Ave #430 Honolulu, HI 96814 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Healthcare Assn of Hawaii VP Long Term Care Aggregate Year-to-Date-$ 200.00	05/07/93	100.00
D. Aubrey Preston 5023 Carters Creek P. e Franklin, TN 37064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date-$ 500.00	05/07/93	500.00
E. National HealthCorp 100 Vine St Murfreesboro, TN 37130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National HealthCorp PAC Occupation Aggregate Year-to-Date-$ 1,000.00	05/14/93	1,000.00
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

Total Amount of Receipts This Period $ ____

SCHEDULE A ITEMIZED RECEIPTS

Refunds of Contributions

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

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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 Tim Roemer/House P.O. Box 4400 South Bend, IN 46634 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 12/18/90	Amount of Each Receipt this Period Check Refunded ($500.00)
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

9 5 0 3 8 4 3 2 5 2 9

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

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

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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):	Interest Earned Occupation Aggregate Year-to-Date > $ 922.19	5/1/93-5/31/93	170.39
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	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

93038432330

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedule 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 Helen Delich Bentley 408 CHAPELWOOD LANE Lutherville, MD 21093	Purpose of Disbursement R-0002-MD 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/05/93	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Ralph Hall Post Office Box 711 Rockwall, TX 75087	Purpose of Disbursement D-0004-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/05/93	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Harris Wofford P.O. Box 11555 Harrisburg, PA 17108	Purpose of Disbursement D-SEN-PA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/21/93	Amount of Each Disbursement This Period 2,000.00
E. Full Name, Mailing Address and ZIP Code Barbara Kennelly 95 Scarborough St Hartford, CT 06105	Purpose of Disbursement D-0001-CT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 05/05/93	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Edolphus Towns 321 Stuyvesant Ave. Brooklyn, NY 11233	Purpose of Disbursement D-0011-NY 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 05/05/93	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Bill Brewster P.O. Box 10 Medil, OK 73446	Purpose of Disbursement D-0003-OK 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 05/05/93	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Scott Klug , WI	Purpose of Disbursement D-0002-WI 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 05/21/93	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Fortney Stark P.O. Box 121 Hayward, CA 94543	Purpose of Disbursement D-0007-CA 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 05/14/93	Amount of Each Disbursement This Period 5,000.00
SUBTOTAL of Disbursements This Page (optional)			9,000.00
TOTAL This Page (if only this for number of)			

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 / Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
A. Fortney Stark P.O. Box 121 Hayward, CA 94543	D-0009-CA 94 General	05/14/93	5,000.00
B. Carlos Moorhead 420 North Grand Blvd Room 304 Glendale, CA 91203	R-0022-CA 94 Primary	05/05/93	500.00
C. John Lewis 1520 Pinehurst Drive SW Atlanta, GA 30311	D-0005-GA 94 Primary	05/05/93	1,000.00
D. Daniel Akaka 3125 Kaohinani Drive Honolulu, HI 96817	D-SEN-HI 94 Primary	05/05/93	1,000.00
E. Fred Grandy P.O. Box 1775 Sioux City, IA 51102	R-0006-IA 94 Primary	05/05/93	500.00
F. Berry Studds 16 Black Horse Lane Cohasset, MA 02025	D-0010-MA 94 Primary	05/05/93	500.00
G. David Bonior 237 S. Gratiot Mount Clemens, MI 48043	D-0012-MI 94 Primary	05/14/93	1,000.00
H. John Dingell P.O. Box 15522 Washington, DC, MI	D-0016-MI 94 Primary	05/05/93	1,000.00
I. Kent Conrad P.O. Box 812 Bismarck, ND 58[illegible]	[illegible] 94 General	05/05/93	5,000.00
SUBTOTAL of Disbursements This Page (Continued)			15,[illegible]
TOTAL This Period (Last page of this section)			

1 3 1 3 8 4 3 2 6 3 2

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 / Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Robert Matsui PO BOX 13190 Sacramento, CA 95813	D-0003-CA 94 Primary	05/21/93	1,000.00
B. William Thomas P O Box 395 Bakersfield, CA 93309	R-0020-CA 94 Primary	05/05/93	500.00
C. Jim Bacchus P.O. Box 231 Orlando, FL 32802	D-0015-FL 94 Primary	05/21/93	500.00
D. Cliff Stearns , FL	R-0006-FL 94 Primary	05/05/93	500.00
E. Lewis F. Payne P.O. Box 235 Nellysford, VA 22958	D-0005-VA 94 Primary	05/21/93	500.00
F. Blanche Lambert 44 Waverly Wood Helena, AR 72917	D-0001-AR 94 Primary	05/05/93	500.00
G. Sam Farr P.O. Box 2493 Salinas, CA 93902	D-017 -CA 94 Primary	05/14/93	500.00
H.			
I.			

Total Amount of Disbursements for Page [illegible] 4,000.00

[illegible]

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)

A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1217 Washington, D.C. 20004	Purpose of Disbursement Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/1/93-5/31/93	Amount of Each Disbursement This Period 245.01
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 Page (optional) .....

SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE OF

FOR LINE NUMBER

Contribution to Federal Candidates

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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 Thomas Foley 704 W. 6th Ave., #608 Spokane, WA 99204	WA-0005 92-General Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/91	Check Returned ($1,000.00)
B. Full Name, Mailing Address and ZIP Code Alex McMillan 3801 Bonwood Drive Charlotte, NC 28211	NC-0009 92-General Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/18/91	Check Returned ($800.00)
C. Full Name, Mailing Address and ZIP Code Ed Royce P.O. Box 6765 Fullerton, CA 92634	CA-0039 92-General Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/27/91	Check Returned ($500.00)
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 Disbursements This Page (optional)

15 3 8 4 3 2 6 5 5

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 6-21-93
☐	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

SEG
PREPARER

6-21-93
DATE PREPARED

FEC FORM 70 2/12/95

1 5 3 3 8 4 3 2 6 3 6