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) (AHCA PAC)
AMERICAN HEALTH CARE ASSOC POLITICAL ACTION CMTE

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

CITY, STATE and ZIP CODE
WASHINGTON, DC 20005

MAR 16 1 34 PM '95

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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 2/1/95 through 2/28/95		
6. (a) Cash on Hand January 1, 19____		$ 38,132.89
(b) Cash on Hand at Beginning of Reporting Period	$ 13,280.60	
(c) Total Receipts (from Line 19)	$ 35,357.04	$ 36,224.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 48,637.64	$ 74,357.43
7. Total Disbursements (from Line 30)	$ 19,036.02	$ 44,755.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 29,601.62	$ 29,601.62
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
DAVE LONG, VICE PRESIDENT, ADMIN.

Signature of Treasurer [signature]

Date 3/16/95

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 9/93)

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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 CMTE

REPORT COVERING PERIOD FROM 2/1/95 TO 2/28/95

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	23,840.00	24,340.00	11(a)(i)
ii. Unitemized	11,420.00	11,695.00	11(a)(ii)
iii. Total (add i and ii) ➤	35,260.00	36,035.00	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) ➤	35,260.00	36,035.00	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.)	97.04	189.54	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	35,357.04	36,224.54	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	35,357.04	36,224.54	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	36.02	80.81	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	36.02	80.81	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	19,000.00	44,675.00	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) ➤	19,036.02	44,755.81	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	19,036.02	44,755.81	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

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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)

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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. Alice Kim Lew 58-130 Kamehameha Hwy Haleiwa, HI 96712 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crawford's Convalescent Home Occupation: Administrator Aggregate Year-to-Date—$ 500.00	02/01/95	500.00
B. Timothy J Boyle P.O. Box 5467 Sioux City, IA 51102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Center Mgmt Co Occupation: Chief Operating Off Aggregate Year-to-Date—$ 250.00	02/07/95	250.00
C. David L Guillot 7921 Picardy Ave. Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	David L Guillot Inc Occupation: President Aggregate Year-to-Date—$ 250.00	02/23/95	250.00
D. Eugene Bishop PO Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Services Centers Occupation: President Aggregate Year-to-Date—$ 250.00	02/17/95	250.00
E. Keith Holloway 1475 N Cole Rd Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Western Health Care Occupation: Administrator Aggregate Year-to-Date—$ 250.00	02/15/95	250.00
F. James Durante 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark Nursing Centers Occupation: Admin Aggregate Year-to-Date $ 250.00	02/17/95	250.00
G. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Ho Inc Occupation: Admin Aggregate Year-to-Date—$ 270.00	02/17/95	250.00
SUBTOTAL of Receipts This Page (optional)			2,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Admin Aggregate Year-to-Date—$	02/17/95 270.00	20.00
B. L Bruce Levering 1076 Coshocton Rd Mt Vernon, OH 43050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Court Limited Admin Aggregate Year-to-Date—$	02/09/95 250.00	250.00
C. Roger C. Lipitz 515 Fairmount Ave #800 Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures Owner Aggregate Year-to-Date—$	02/07/95 500.00	500.00
D. Alan Anderson 3901 E 4th St Long Beach, CA 90803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Nurse Inc Admin Aggregate Year-to-Date—$	02/07/95 500.00	500.00
E. Fred Watson 3735 Memorial Dr Decatur, GA 30032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Georgia Health Care Assoc Executive VP Aggregate Year-to-Date—$	02/23/95 1,000.00	1,000.00
F. Lee Marchant PO Box 427 Bloomington, IN 47402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LJM Enterprises Chief Exec Officer Aggregate Year-to-Date—$	02/14/95 250.00	250.00
G. Larry Juhl 104 GlenOaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GlenOaks Care Center Administrator Aggregate Year-to-Date—$	02/07/95 250.00	250.00
SUBTOTAL of Receipts This Page (optional)			2,770.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A — **ITEMIZED RECEIPTS**

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Don Bedell PO Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Mgmt Corp President Aggregate Year-to-Date—$ 250.00	02/07/95	250.00
B. Gary Toth PO Box 640 246 N Broadway Geneva, OH 44041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Manor Home Mgmt Admin Aggregate Year-to-Date—$ 300.00	02/07/95	300.00
C. Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Owner/Adm Aggregate Year-to-Date—$ 250.00	02/07/95	250.00
D. W. Haywood Fralin PO Box 20069 Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Virginia Health Care Assoc Nsg. Home Admin. Aggregate Year-to-Date—$ 500.00	02/14/95	500.00
E. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Admin Aggregate Year-to-Date—$ 600.00	02/07/95	500.00
F. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Admin Aggregate Year-to-Date—$ 600.00	02/17/95	20.00
G. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Admin Aggregate Year-to-Date—$ 600.00	02/17/95	20.00
SUBTOTAL of Receipts This Page (optional)			1,840.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Admin Aggregate Year-to-Date—$ 600.00	02/17/95	20.00
B. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Admin Aggregate Year-to-Date—$ 600.00	02/17/95	20.00
C. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Admin Aggregate Year-to-Date—$ 600.00	02/17/95	20.00
D. Harlan Knudson 319 Seward St Juneau, AK 99801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Assn of Alaska Occupation: Executive Director Aggregate Year-to-Date—$ 300.00	02/01/95	300.00
E. Gail Clarkson 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Occupation: Chief Operating Off Aggregate Year-to-Date—$ 250.00	02/17/95	250.00
F. J Robert Wilson 947 Worthington Circle Ft Collins, CO 80526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbine Care Center Occupation: President Aggregate Year-to-Date—$ 250.00	02/17/95	250.00
G. Jerry Tretwold Box 829 200 River Plaza Brewster, WA 98812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harmony House Occupation: Owner Aggregate Year-to-Date—$ 500.00	02/07/95	500.00
SUBTOTAL of Receipts This Page (optional)			1,360.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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A. Herbert Heflich 857 Vasseller Ave Martinsville, NJ 08836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bey Lea Village Occupation: Owner Aggregate Year-to-Date—$	02/08/95 600.00	500.00
B. Herbert Heflich 857 Vasseller Ave Martinsville, NJ 08836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bey Lea Village Occupation: Owner Aggregate Year-to-Date—$	02/17/95 600.00	20.00
C. Herbert Heflich 857 Vasseller Ave Martinsville, NJ 08836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bey Lea Village Occupation: Owner Aggregate Year-to-Date—$	02/17/95 600.00	20.00
D. Herbert Heflich 857 Vasseller Ave Martinsville, NJ 08836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bey Lea Village Occupation: Owner Aggregate Year-to-Date—$	02/17/95 600.00	20.00
E. Herbert Heflich 857 Vasseller Ave Martinsville, NJ 08836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bey Lea Village Occupation: Owner Aggregate Year-to-Date—$	02/17/95 600.00	20.00
F. Herbert Heflich 857 Vasseller Ave Martinsville, NJ 08836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bey Lea Village Occupation: Owner Aggregate Year-to-Date—$	02/17/95 600.00	20.00
G. Frances Cady 462 El Camino El Paso, TX 79912 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Texas Health Enterprises Occupation: Administrator Aggregate Year-to-Date—$	02/17/95 220.00	200.00
SUBTOTAL of Receipts This Page (optional)			800.00
TOTAL This Period (last page this line number only)			

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Frances Cady 462 El Camino El Paso, TX 79912	Texas Health Enterprises Occupation: Administrator	02/17/95	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	220.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Reissman 11266 Washington Pl Culver City, CA 90232	Country Villa Service Corp Occupation: Admin	02/08/95	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**
Simon Pelman 140 St Edwards St Brooklyn, NY 11201	Greenpark Care Center Inc Occupation: Administrator	02/08/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jack Markovitz 11630 S Grevillea Ave Hawthorne, CA 90250	Hawthorne Care Ctr Occupation: President	02/15/95	500.00
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**
V Richard Miller PO Box 498 Plymouth, IN 46563	Millers Merry Manor Inc Occupation: CEO	02/14/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Wally Miller 104 E Central Ave LaGrange, IN 46761	MMM Invest Inc Occupation: CEO Operations	02/17/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David Banks PO Box 3324 Ft Smith, AR 72913	Beverly Enterprises Occupation: Chairman/President	02/23/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
SUBTOTAL of Receipts This Page (optional)			2,570.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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A. John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	White Oak Manor Executive VP/CFO Aggregate Year-to-Date—$	02/23/95 1,000.00	1,000.00
B. Donel Sprenger PO Box 343 Amherst, OH 44001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lorain Manor Partners General Partner Aggregate Year-to-Date—$	02/15/95 250.00	250.00
C. Jack Wells 725 Harvard Dr. Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wells Health Systems President Aggregate Year-to-Date—$	02/23/95 500.00	500.00
D. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Braswell Enterprises Inc Owner/Administrator Aggregate Year-to-Date—$	02/15/95 1,000.00	1,000.00
E. Dennis Christiano 525 Beahan Rd Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Proprietor Aggregate Year-to-Date—$	02/17/95 250.00	250.00
F. Timothy Chies 9899 Avocet St Coon Rapids, MN 55433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park River Estates Care Cntr Office Manager Aggregate Year-to-Date—$	02/08/95 250.00	250.00
G. Michael Morton 100-B Garrison Ave Ft Smith, AR 72901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Arkansas Nursing Ctrs Owner Aggregate Year-to-Date—$	02/08/95 500.00	500.00
SUBTOTAL of Receipts This Page (optional)			3,750.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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A. Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Occupation: Admin Aggregate Year-to-Date—$	02/15/95 250.00	250.00
B. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services of Ill Occupation: President Aggregate Year-to-Date—$	02/15/95 250.00	250.00
C. Kensett Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Health Care Inc Occupation: President Aggregate Year-to-Date—$	02/17/95 500.00	500.00
D. Patti Turenne 407 S McDonough St Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Turenne & Associates Inc Occupation: Administrator Aggregate Year-to-Date—$	02/23/95 250.00	250.00
E. Floyd A. Schlossberg 4200 Peterson #140 Chicago, IL 60646 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alden Management Inc Occupation: President Aggregate Year-to-Date—$	02/17/95 500.00	500.00
F. Ava Vogel Smith 133 W Broadway Shelbyville, IN 46176 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Havan Center Occupation: Owner Aggregate Year-to-Date—$	02/15/95 300.00	300.00
G. Bobby Stephens PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation: Vice President Aggregate Year-to-Date—$	02/08/95 250.00	250.00
SUBTOTAL of Receipts This Page (optional)			2,300.00
TOTAL This Period (last page this line number only)			

9 5 0 3 9 6 9 0 6 1 5

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231	Lake Pointe Woods General Manager	02/23/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Marwitz PO Drawer 2239 Waco, TX 76703	Marwitz Brothers Vice President	02/07/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Eugene Clarke 5111 Rogers Ave., Ste. 40-A Ft Smith, AR 72919	Beverly Enterprises VP/Quality Assuranc	02/17/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ronald Boux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448	Gulf South Medical Ent President	02/17/95	500.00
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**
Patrick T Kriner 3231 Manley Road Maumee, OH 43537	Ridgewood Manor	02/17/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
LaVersa Holder PO Box 949 Poteau, OK 74953	Oaks Health Care Center Owner	02/17/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Brad Stebbins 500 E Whaley Longview, TX 75601	Stebbins Five Companies Owner	02/23/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		

SUBTOTAL of Receipts This Page (optional) 4,400.00

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joe Stephens PO Drawer 1130 Magee, MS 39111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millcreek Management Inc CEO Aggregate Year-to-Date—$	02/14/95 500.00	500.00
B. Robert Murtha 27 E Russell St #200 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The MacIntosh Company President Aggregate Year-to-Date—$	02/07/95 250.00	250.00
C. G. Edward Haywood 6928 Cherry Valley, S.E. Caledonia, MI 49316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare & Retirement Corp. Sr. Regional Mgr. Aggregate Year-to-Date—$	02/02/95 1,000.00	100.00
D. G. Edward Haywood 6928 Cherry Valley, S.E. Caledonia, MI 49316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare & Retirement Corp. Sr. Regional Mgr. Aggregate Year-to-Date—$	02/02/95 1,000.00	900.00
E. Bernard Dana 5010 S. 118th St., Ste. 250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vetter Health Services Executive V.P. Aggregate Year-to-Date—$	02/23/95 300.00	300.00
F. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		

SUBTOTAL of Receipts This Page (optional)	2,050.00
TOTAL This Period (last page this line number only)	23,840.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

AMERICAN HEALTHCARE ASSOC. POLITICAL ACTION COMMITTEE

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, VA PO BOX 26150 RICHMOND, VA 23260 Receipt For: ☐ Primary ☐ General ☒ Other (specify): INTEREST	Name of Employer Occupation Aggregate Year-to-Date > $ 189.54	2/28/95	97.04
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)	97.04

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bob Dole , KS	R-SEN-KS	02/02/95	5,000.00
B. Frank Riggs , CA	R-0001-CA 96 General	02/07/95	500.00
C. John Bryant 8035 E. RL Thurton Fwy,#310 Dallas, TX 75228	D-0005-TX 96 General	02/07/95	1,000.00
D. John Dingell P.O. Box 15522 Washington, DC, MI	D-0016-MI 96 General	02/07/95	1,000.00
E. Richard Gephardt 7435 Watson Rd., #107 St Louis, MO 63119	D-0003-MO 96 General	02/07/95	5,000.00
F. Mark Hatfield PO Box 40868 Portland, OR 97240	R-SEN-OR 96 General	02/07/95	1,000.00
G. DSCC 450 South Capitol St., SE Washington, DC 20003	-SEN-DC	02/23/95	5,000.00
H. Jennifer Dunn P.O. Box 40110 Bellevue, WA 98004	R-0008-WA 96 General	02/07/95	500.00
I. Lamar Alexander 1808 West End #928 Nashville, TN 37203	- -TN 96 General	02/23/95	5,000.00
SUBTOTAL of Disbursements This Page (optional)			24,000.00
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	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
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)			.00
TOTAL This Period (last page this line number only)			24,000.00

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Page 1 of 1 for
LINE NUMBER 23
(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 ASSOC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code BOB DOLE	Purpose of Disbursement R-SEN-KS 98 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify): VOID CK.	Date (month, day, year) 2/28/95	Amount of Each Disbursement This Period <5000.00>
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
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			<5000.00>

95039090671

Page 1 of 1 for
LINE NUMBER 216
(Use separate schedule(s) for each category of the Detailed Summary Page)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 ASSOC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, NA PO BOX 26150 RICHMOND, VA 23260	Purpose of Disbursement BANK FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 2/28/95	Amount of Each Disbursement This Period 36.02
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			36.02

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 3-16-95
☐	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

PREPARER

3-16-95
DATE PREPARED

FEC FORM 70-2 (12/92)

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