REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

Dec 20 12 04 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AMERICAN HEALTHCARE ASSOCITION POLITICAL ACTION COMMITTEE

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

CITY, STATE and ZIP CODE
WASHINGTON, DC 20005

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 11-26- through 11-30-96		
6. (a) Cash on Hand January 1, 1996		$ 86,167.07
(b) Cash on Hand at Beginning of Reporting Period	$ 65,575.98	
(c) Total Receipts (from Line 19)	$ 10,788.95	$ 378,945.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 76,364.93	$ 465,112.35
7. Total Disbursements (from Line 30)	$ 2227.52	$ 390,974.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 74,137.41	$ 74,137.41
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: 12-20-1996

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)

FE4ANI-71

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

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN HEALTH CARE ASSN POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 11-26-96 TO: 11-30-96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	10,214.76	302,487.97	11(a)(i)
ii. Unitemized	430.99	60,833.35	11(a)(ii)
iii. Total ... (add i and ii) ➤	10,645.75	363,321.32	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)		4770.00	11(c)
d. Total Contributions ... (add a iii, b and c) ➤	10,645.75	368,091.32	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		9500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	143.20	1352.96	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	10,788.95	378,945.28	19
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	10,788.95	378,945.28	20
II. Disbursements			
21. Operating Expenditures:			
a. Shares Federal/Non-Federal Activity (from Schedule H4)			21(a)(ii)
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	727.52	5673.53	21(c)
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤	727.52	5673.53	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	1500.00	384,301.41	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		1000.00	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) ➤		1000.00	28(d)
29. Other Disbursements			29
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2227.52	390,974.94	30
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤	2227.52	390,974.94	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

FE4AR101

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

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 Home Inc Occupation: Admin Aggregate Year-to-Date—$ 1,700.00	11/26/96	200.00
B. Robert Hill PO Box 6159 Kinston, NC 28501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Britthaven Inc Occupation: Sr. Vice President Aggregate Year-to-Date—$ 1,000.00	11/26/96	1,000.00
C. Jack Markovitz 11630 S Grevillea Ave Hawthorne, CA 90250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hawthorne Care Ctr Occupation: President Aggregate Year-to-Date—$ 2,000.00	11/26/96	500.00
D. Robert Chur 7 Limestone Drive Williamsville, NY 14221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Elderwood Affiliates Inc Occupation: President Aggregate Year-to-Date—$ 2,100.00	11/26/96	500.00
E. Dawn Martin 442 E Hampton Stockton, CA 95204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Crestwood Rehab & Long Hosp Occupation: Admin Aggregate Year-to-Date—$ 300.00	11/26/96	300.00
F. David Long 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Vice President Aggregate Year-to-Date—$ 730.93	11/26/96	230.82
G. Frederick Doerhoff 1207 Stadium Blvd Jefferson City, MO 65110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Oak Ridge Nursing Center Occupation: Admin Aggregate Year-to-Date—$ 350.00	11/26/96	350.00

SUBTOTAL of Receipts This Page (optional) 3,080.82

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

Page ____ of ____ for
LINE NUMBER _____
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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. Paul Willging 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Assn Occupation: Exec VP Aggregate Year-to-Date—$ 1,561.67	11/26/96	461.59
B. Joseph Warner PO Box 3188 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Heritage Enterprises Occupation: President Aggregate Year-to-Date—$ 1,000.00	11/26/96	400.00
C. Robert Deane 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Chief Economist Aggregate Year-to-Date—$ 730.93	11/26/96	230.82
D. David Beckman 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: VP Regulatory Aggregate Year-to-Date—$ 365.56	11/26/96	115.44
E. Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wausau Manor Occupation: Administrator Aggregate Year-to-Date—$ 600.00	11/26/96	125.00
F. Robert Hartwell 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Dir Political Aff Aggregate Year-to-Date—$ 730.74	11/26/96	230.75
G. Lynda Conaway Kirk P.O. Box 200 Harrisville, WV 26362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pine View Continuous Care Occupation: Administrator Aggregate Year-to-Date—$ 500.00	11/26/96	125.00

SUBTOTAL of Receipts This Page (optional) 1,688.60

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

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

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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. Robert Asztalos 1201 L St., N.W. Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date—$ 215.74	11/26/96	72.24
B. Paul Guitreau PO Box 167 Ponchatoula, LA 70454 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Belle Maison Occupation: Administrator Aggregate Year-to-Date—$ 393.94	11/26/96	100.00
C. John Schaeffler 1201 L St NW AHCA, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Lobbyist Aggregate Year-to-Date—$ 223.15	11/26/96	23.10
D. Bob Decker 1690 South County Farm Rd Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Cardmed Inc. Occupation: CEO Aggregate Year-to-Date—$ 750.00	11/26/96	250.00
E. Neal Johns , OK Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date—$ 5,000.00	11/26/96	5,000.00
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

SUBTOTAL of Receipts This Page (optional) 5,445.34

TOTAL This Period (last page this line number only) 10,214.76

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

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in Full)
AMERICAN HEALTH CARE ASSN - POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK P. O. BOX 85024 Richmond, Va 23285	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 143.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date—$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date—$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date—$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date—$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date—$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date—$		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			143.20

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full) AMERICAN HEALTHCARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK PO. BOX 85024 RICHMOND, VA 23285	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period 727.52
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)			727.52

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, 1201 L. STREET, WASHINGTON DC 20005

A. Full Name, Mailing Address and ZIP Code CHARLES RANGEL 74 W. 132nd St New York, NY 10037	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code BARTON, JOE P.O. BOX 1444 ENNIS, TX 75120	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period 1000.00
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	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)			1500.00

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 12/23/96
☐	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

ES

PREPARER

12/23/96

DATE PREPARED

FEC FORM 70-2 (12/96)