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)

C00006080 060794 p 209
GERALD L BAKER
AMERICAN HEALTH CARE ASSOCIATI
ON POLITICAL ACTION COMMITTEE
1201 L STREET NW
WASHINGTON DC 20005

orted

JUL 14 11 04 AM '94

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 6-1-94 through 6-30-94		
6. (a) Cash on Hand January 1, 19 94		$ 89,913.07
(b) Cash on Hand at Beginning of Reporting Period	$ 40,985.80	
(c) Total Receipts (from Line 19)	$ 27,143.03	$160,103.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 68,129.03	$ 250,016.75
7. Total Disbursements (from Line 30)	$ 11,677.82	$ 193,565.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 56,451.21	$ 56,451.21
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 R. Willging, Ph.D., Assistant Treasurer

Signature of Treasurer: Paul Willging

Date: 7-13-94

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 Association-Political Action Committee (AHCA-PAC)

REPORT COVERING PERIOD FROM 6/1/94 TO: 6/30/94

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)	21,296.99	108,835.43
ii. Unitemized	5,662.95	44,935.68
iii. Total (add i and ii) ➤	26,959.94	153,771.11
b. Political Party Committees	-	
c. Other Political Committees (such as PACs)	-	5,000.00
d. Total Contributions (add a iii, b and c) ➤	26,959.94	158,771.11
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.)	183.29	1,332.57
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	27,143.23	160,103.68
20. Total Federal Receipts (subtract line 18 from line 19) ➤	27,143.23	160,103.68
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	177.82	1,240.54
c. Total Operating Expenditures (add a i, a ii, and b) ➤	177.82	1,240.54
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,500.00	192,100.00
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	-	225.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		225.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,677.82	193,565.54
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	11,677.82	193,565.54
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	26,959.94	158,771.11
33. Total Contribution Refunds (from line 28d)	-	225.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	26,959.94	158,546.11
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	177.82	1,240.54
36. Offsets to Operating Expenditures (from line 15)	-	
37. Net Operating Expenditures (subtract line 36 from 35) ➤	177.82	1,240.54

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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): [illegible]

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Full Name, Mailing Address and ZIP Code David L. Guillot [illegible] Baton Rouge, [illegible]	Name of Employer: [illegible] Inc Occupation: [illegible] Aggregate Year-to-Date $ [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible]	Name of Employer: [illegible] Health [illegible] Occupation: [illegible] Aggregate Year-to-Date $ [illegible]	06/17/94	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible]	Name of Employer: [illegible] Occupation: Administrator Aggregate Year-to-Date $ [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code [illegible] Two Bennett Commons #1 [illegible]	Name of Employer: [illegible] Occupation: Administrator Aggregate Year-to-Date $ [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible]	Name of Employer: [illegible] Health [illegible] Occupation: Administrator Aggregate Year-to-Date $ [illegible]	06/30/94	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code [illegible] PO Box 445 [illegible]	Name of Employer: [illegible] Inc Occupation: [illegible] Aggregate Year-to-Date $ [illegible]	06/17/94	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code [illegible] PO Box 445 [illegible]	Name of Employer: [illegible] Inc Occupation: [illegible] Aggregate Year-to-Date $ [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible]

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) [illegible]

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
[illegible]	[illegible] / [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible]	[illegible] / [illegible]	[illegible]	[illegible]
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**
[illegible]	[illegible] / [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ [illegible]		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible]	[illegible] / [illegible]	[illegible]	100.00
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**
[illegible]	[illegible] / [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible]	[illegible] / [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ [illegible]		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
[illegible]	[illegible] / [illegible]	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible]

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): [illegible] 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. Full Name, Mailing Address and ZIP Code [illegible] [illegible] State St Augusta, ME [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Health Care Assn Occupation: Exec. [illegible] Aggregate Year-to-Date—$ [illegible]	[illegible]	[illegible]
B. Full Name, Mailing Address and ZIP Code Barnett Rainer [illegible] W Bonneville [illegible] Box [illegible] Boise, ID [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Health Care Assn Occupation: Exec. [illegible] Aggregate Year-to-Date—$ [illegible]	[illegible]	[illegible]
C. Full Name, Mailing Address and ZIP Code Finley Matthews [illegible] E Texas Ave Alexandria, LA [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Nursing [illegible] Occupation: Owner/Administrator Aggregate Year-to-Date—$ [illegible]	[illegible]	[illegible]
D. Full Name, Mailing Address and ZIP Code John [illegible] [illegible] Box [illegible] E [illegible] Rd Oswego, NY [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ [illegible]	[illegible]	[illegible]
E. Full Name, Mailing Address and ZIP Code Benny Baker [illegible] W Vienna Rd [illegible], MI 48429 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Inc Occupation: Admin Aggregate Year-to-Date—$ [illegible]	[illegible]	[illegible]
F. Full Name, Mailing Address and ZIP Code Benny Baker [illegible] W Vienna Rd [illegible], MI 48429 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Manor Inc Occupation: [illegible] Aggregate Year-to-Date—$ [illegible]	[illegible]	[illegible]
G. Full Name, Mailing Address and ZIP Code [illegible] [illegible] Vassallon Ave Martinsville, NJ [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Occupation: [illegible] Aggregate Year-to-Date—$ [illegible]	[illegible]	[illegible]

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible]

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Name of Committee (in full) [illegible]

A. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible]	Name of Employer [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt this Period [illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible] Aggregate Year-to-Date—$ [illegible]		
B. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible]	Name of Employer [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt This Period [illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible] Aggregate Year-to-Date $ [illegible]		
C. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible]	Name of Employer [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt This Period [illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible] Aggregate Year-to-Date—$ [illegible]		
D. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible]	Name of Employer [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt This Period [illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible] Aggregate Year-to-Date $ [illegible]		
E. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible]	Name of Employer [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt This Period [illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible] Aggregate Year-to-Date $ [illegible]		
F. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible]	Name of Employer [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt This Period [illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible] Aggregate Year-to-Date—$ [illegible]		
G. Full Name, Mailing Address and ZIP Code [illegible] [illegible] [illegible]	Name of Employer [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt This Period [illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation [illegible] Aggregate Year-to-Date—$ [illegible]		
SUBTOTAL of Receipts This Page (optional)			[illegible]
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Name of Committee (in Full): [illegible] Health Care Assoc [illegible] 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. Full Name, Mailing Address and ZIP Code Thomas Gault PO Box 11377 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Occupation: Executive Director Aggregate Year-to-Date—$	01/17/94 2,100.00	100.00
B. Full Name, Mailing Address and ZIP Code Robert Keon 243 Atlantic Ave PO Box 537 Lynbrook, NY 11567 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Cant Rockaway Nursing Home Occupation: Admin Aggregate Year-to-Date—$	06/17/94 2,100.00	100.00
C. Full Name, Mailing Address and ZIP Code Robert Keon 243 Atlantic Ave PO Box 537 Lynbrook, NY 11567 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Cant Rockaway Nursing Home Occupation: Admin Aggregate Year-to-Date—$	06/17/94 2,100.00	1,000.00
D. Full Name, Mailing Address and ZIP Code Larry Bradley 337 Rio Linda Ave Chico, CA 95926 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Home Occupation: Admin Aggregate Year-to-Date—$	06/17/94 [illegible]	100.00
E. Full Name, Mailing Address and ZIP Code Paul Pinguardi 574 Fulton St Farmingdale, NY 11735 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Delaware Nursing Home Occupation: Executive Director Aggregate Year-to-Date—$	06/16/94 [illegible]	100.00
F. Full Name, Mailing Address and ZIP Code John Wallace 511 W Market St Athens, AL 35611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Athens Nursing Home Occupation: Owner/Administrator Aggregate Year-to-Date—$	06/10/94 250.00	100.00
G. Full Name, Mailing Address and ZIP Code Linda Sachs 1400 Uptown Blvd NE #520W Albuquerque, NM 87110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: New Mexico Health Care Assn Occupation: Executive Director Aggregate Year-to-Date—$	06/17/94 300.00	300.00

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

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) [illegible] Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt this Period
[illegible] Wiggins [illegible] St [illegible] [illegible]	Occupation / Date Aggregate Year-to-Date—$	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		

B. Full Name, Mailing Address and ZIP Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
[illegible] Dickens 157-10 19th Ave Whitestone, NY 11357	Occupation / Date Aggregate Year-to-Date—$	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		

C. Full Name, Mailing Address and ZIP Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
[illegible] Dickens 157-10 19th Ave Whitestone, NY 11357	Occupation / Date Aggregate Year-to-Date—$	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		

D. Full Name, Mailing Address and ZIP Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
John [illegible] Greenbaum [illegible] Washington Ave [illegible]	Occupation / Date Aggregate Year-to-Date—$	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		

E. Full Name, Mailing Address and ZIP Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
[illegible] Dickens [illegible] Hillside Ave Jamaica Estates, NY 11432	Occupation / Date Aggregate Year-to-Date—$	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		

F. Full Name, Mailing Address and ZIP Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Darnell R. Damsel 1200 Windsor Dr Baltimore, MD 21202	Occupation / Date Aggregate Year-to-Date—$	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		

G. Full Name, Mailing Address and ZIP Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Darnell R. Damsel 1300 Windsor Dr Baltimore, MD [illegible]	Occupation / Date Aggregate Year-to-Date—$	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Receipts This Page (optional)	[illegible]
TOTAL This Period (last page this line number only)	

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Name of Committee (in Full): [illegible] Health Care [illegible] 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. Full Name, Mailing Address and ZIP Code Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Occupation: Admin Aggregate Year-to-Date—$	[illegible]	[illegible]
B. Full Name, Mailing Address and ZIP Code David Beckman 1201 L St NW AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Occupation: VP Regulatory Aggregate Year-to-Date—$	Date (month, day, year): [illegible] [illegible] 250.12	Amount of Each Receipt This Period: [illegible]
C. Full Name, Mailing Address and ZIP Code Jenny Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Developmental Services Occupation: Physicians Aggregate Year-to-Date—$	Date (month, day, year): [illegible] [illegible] 500.00	Amount of Each Receipt This Period: 500.00
D. Full Name, Mailing Address and ZIP Code Howard Ernst 9701 Bloomington Fwy #[illegible] Bloomington, MN 55420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Thousand Hand Construction Occupation: Physicians Aggregate Year-to-Date—$	Date (month, day, year): [illegible] [illegible]	Amount of Each Receipt This Period: 125.00
E. Full Name, Mailing Address and ZIP Code [illegible] [illegible] Cedar Rapids, IA 52402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Care of Iowa Occupation: Vice President Aggregate Year-to-Date—$	Date (month, day, year): [illegible] [illegible]	Amount of Each Receipt This Period: [illegible]
F. Full Name, Mailing Address and ZIP Code Albert Zawicki 6721 Bolair Rd Baltimore, MD 21205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Medical Diagnostics Occupation: President Aggregate Year-to-Date—$	Date (month, day, year): [illegible] [illegible]	Amount of Each Receipt This Period: [illegible]
G. Full Name, Mailing Address and ZIP Code Ann Raley 4601 Martin Luther King Ave SW Washington, DC 20032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Medical Health Care Occupation: Administrator Aggregate Year-to-Date—$	Date (month, day, year): [illegible] [illegible]	Amount of Each Receipt This Period: [illegible]

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible]

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

9 4 0 3 9 0 7 2 6 7 5

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. Full Name, Mailing Address and ZIP Code Kenneth Blair 126 Iron Bridge Dr Denver, PA 16005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Fair Winds Manor Inc Occupation: Administrator Aggregate Year-to-Date—$	06/17/94 200.00	100.00
B. Full Name, Mailing Address and ZIP Code Kenneth Blair 126 Iron Bridge Dr Denver, PA 16005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Fair Winds Manor Inc Occupation: Administrator Aggregate Year-to-Date—$	06/17/94 200.00	50.00
C. Full Name, Mailing Address and ZIP Code George Jennigan PO Box 34103 Little Rock, AR 72203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Arkansas Health Care Assoc Occupation: Gov Aff Director Aggregate Year-to-Date—$	06/17/94 1,100.00	100.00
D. Full Name, Mailing Address and ZIP Code George Jennigan PO Box 34103 Little Rock, AR 72203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Arkansas Health Care Occupation: Gov Aff Director Aggregate Year-to-Date—$	06/17/94 1,100.00	1,000.00
E. Full Name, Mailing Address and ZIP Code Terry Frisse P.O. Box 857 Rhinelander, WI 54501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Nethersen Health Care Occupation: CEO Aggregate Year-to-Date—$	06/17/94 500.00	500.00
F. Full Name, Mailing Address and ZIP Code Graven Baker PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Occupation: Vice President Aggregate Year-to-Date—$	06/30/94 1,000.00	500.00
G. Full Name, Mailing Address and ZIP Code Tommy Deyl Chuck Capitol Hill Indianapolis, IN 46204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Indiana Health Care Assoc Occupation: Executive Vice Pres Aggregate Year-to-Date—$	06/17/94 300.00	150.00

SUBTOTAL of Receipts This Page (optional) 2,500.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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(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): [illegible] Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Eugene Clarke PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Enterprises Occupation [illegible] Assurance Aggregate Year-to-Date—$	Date (month, day, year) 06/10/94 [illegible]	Amount of Each Receipt this Period [illegible]
B. Full Name, Mailing Address and ZIP Code Millard Cursey 321 Stevenson Ln Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation Administrator Aggregate Year-to-Date—$	Date (month, day, year) 06/17/94 [illegible]	Amount of Each Receipt This Period [illegible]
C. Full Name, Mailing Address and ZIP Code Delta Holloway 1475 N Cole Rd Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Care Center Occupation Owner/Nurse Consult Aggregate Year-to-Date—$	Date (month, day, year) 06/30/94 [illegible]	Amount of Each Receipt This Period [illegible]
D. Full Name, Mailing Address and ZIP Code Adele Wilzack 729 Hanover St Annapolis, MD [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Health Facilities Assn of MD Occupation Executive Director Aggregate Year-to-Date—$	Date (month, day, year) 06/17/94 [illegible]	Amount of Each Receipt This Period [illegible]
E. Full Name, Mailing Address and ZIP Code Cheryl Koff 121 N Morris Modesto, CA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Oak Valley Care Center Occupation Administrator Aggregate Year-to-Date—$	Date (month, day, year) 06/17/94 [illegible]	Amount of Each Receipt This Period [illegible]
F. Full Name, Mailing Address and ZIP Code Gary Macomber 1251 Beacon Blvd West Sacramento, CA 95691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation Executive Director Aggregate Year-to-Date—$	Date (month, day, year) 06/16/94 [illegible]	Amount of Each Receipt This Period [illegible]
G. Full Name, Mailing Address and ZIP Code Lorraine Franco 275 Meringway Ave. East Haven CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation Executive V.P. Aggregate Year-to-Date—$	Date (month, day, year) 06/17/94 [illegible]	Amount of Each Receipt This Period [illegible]

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible]

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
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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. David Beck 1233 20th St NW #600 Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DC Health Care Association Occupation: Exec. [illegible] Aggregate Year-to-Date—$ [illegible]	[illegible]	[illegible]
B. John [illegible] 1031 130th St., [illegible] Seattle, WA 98146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] Center Occupation: Administrator Aggregate Year-to-Date—$ [illegible]	06/30/94	300.00
C. Lorten & Betty Kruegar 14241 Highway 102 Belfair, WA 98528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] & Alpine [illegible] Occupation: [illegible] Aggregate Year-to-Date—$ 500.00	06/24/94	[illegible]
D. Nolan Hoffer 410 E. North 2nd Grangeville, ID 83530 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Grangeville Care Center Occupation: Administrator Aggregate Year-to-Date—$ [illegible]	06/30/94	100.00
E. Renee Matthews 2421 E. Texas Ave. Alexandria, LA [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Nacon Delgado Nursing [illegible] Occupation: [illegible] Administrator Aggregate Year-to-Date—$ [illegible]	06/30/94	600.00
F. Bill Parrish [illegible] Lake Cheateau Dr. Hermitage, TN 37076 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Properties, [illegible] Occupation: President Aggregate Year-to-Date—$ [illegible]	06/24/94	1,000.00
G. Charles [illegible] [illegible] Mapleton Dr. Los Angeles, [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: [illegible] & Assoc. Occupation: President Aggregate Year-to-Date—$ 500.00	06/24/94	500.00

SUBTOTAL of Receipts This Page (optional) . . . . . [illegible]

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

Name of Committee (in Full): [illegible] Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code 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—$	Date (month, day, year) [illegible] [illegible]	Amount of Each Receipt this Period [illegible]
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)			[illegible]
TOTAL This Period (last page this line number only)			[illegible]

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(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 Association - Political Action Committee (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1214 Washington, DC	Name of Employer Interest earned for period Occupation	Date (month, day, year) 6/1/94-6/30/94	Amount of Each Receipt this Period 183.89
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,332.57		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		

SUBTOTAL of Receipts This Page (optional) . . . . . .

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

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(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
Peter Hoagland 6601 N. Dodge, Ste. 17 Omaha, NE 68114	D-NE 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/29/94	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dave McCurdy 811 Red Bird Lane Norman, OK 73071	D-OK-04 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/17/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jack Fields PO Box 9486, 2607 Old Humble R Humble, TX 77396	D-TX-08 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/08/94	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jesse Germano 1675 Broadway, 19th Fl. New York, NY 10019	D-NY-11 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/06/94	250.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ronald Coleman P.O. Box 1845 El Paso, TX 79946	D-TX-16 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/10/94	250.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Philip Crane Suite 101, 1450 So. New Wilke Arlington Heights, IL 60005	D-IL-22 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/17/94	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
William Cohen 7 East Summer Street Bangor, ME 04401	R-ME-02 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/28/94	1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Olympia Snowe 114 Nottingham Road Auburn, ME 04210	R-ME-02 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/03/94	1,000.00
I. 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 26779 Tamarac, FL 33308	D-FL-[illegible] 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/07/94	500.00

SUBTOTAL of Disbursements This Page (optional) 5,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page ____ of ____ for
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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 Mike Crapo 1177 W. State St. Boise, ID 83402	Purpose of Disbursement R-0002 ID 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 06/23/94	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Richard Moore P.O. Box 40 Oxford, NC 27565	Purpose of Disbursement D-2 NC 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 06/29/94	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Mike Ward 1250 Bardstown Rd, Midcity Mall Louisville, KY 40204	Purpose of Disbursement KY 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 06/06/94	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code. Robert Ehlich P.O. /Box 932 Hunt Valley, MD 21030	Purpose of Disbursement R- MD 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 06/06/94	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Dave Adkisson KY	Purpose of Disbursement D KY 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 06/13/94	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Gerry Brewster 118 W. Pennsylvania Ave. Towson, MD 21204	Purpose of Disbursement D MD 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 06/22/94	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Mark Foley P.O. Box 12536 West Palm Beach, FL 33416	Purpose of Disbursement R-16 FL 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 06/23/94	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Tim Fund P.O. Box 680 Tupelo, MS 38802	Purpose of Disbursement D-1 MS 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 06/23/94	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Roger Wicker P.O. Box 874 Tupelo, MS 38802	Purpose of Disbursement R-1 MS 94 Primary Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 06/23/94	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			5,500.00
TOTAL This Period (last page this line number only)			11,500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

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

A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1214 Washington, DC	Purpose of Disbursement Bank fees for period Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/1/94-6/30/94	Amount of Each Disbursement This Period 177.82
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)			

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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 7-14-94
☐	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

7-14-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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