TL Balances per
our Books and
Reports are OFF
by $125.10 1-30-97

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

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

CITY, STATE and ZIP CODE
WASHINGTON, D.C. 20005

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JAN 30 5 06 PM '97

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 12-1-1996 through 12-31-1996		
6. (a) Cash on Hand January 1, 19__		$ 86,167.07
(b) Cash on Hand at Beginning of Reporting Period	$ 74,137.41	
(c) Total Receipts (from Line 19)	$ 8027.49	$ 386,972.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 82,164.90	$ 473,139.84
7. Total Disbursements (from Line 30)	$ 9100.28	$ 400,075.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 73,064.62	$ 73,064.62
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 PAUL WILLSING

Signature of Treasurer Paul Willsing

Date 1-30-97

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)

FE6AN135

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

REPORT COVERING PERIOD FROM 12-1-96 TO: 12-31-96

	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)	7528.78	310,016.75	11(a)(i)
ii. Unitemized	318.09	61,151.44	11(a)(ii)
iii. Total (add i and ii) ➤	7846.87	371,168.19	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) ➤	7846.87	375,938.19	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.)	180.62	1534.58	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8027.49	386,972.77	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8027.49	386,972.77	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	600.28	6273.81	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	600.28	6273.81	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	8500.00	392,802.41	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		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) ➤	9100.28	400,075.22	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	9100.28	400,075.22	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

FE6AN136

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. Rick Carter 2850 Metro Dr #200 Bloomington, MN 55425 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Providers of Minnesota Occupation: Exec Dir Aggregate Year-to-Date—$ 1,200.00	12/13/96	500.00
B. James Durante 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark Nursing Centre Occupation: Admin Aggregate Year-to-Date—$ 1,100.00	12/20/96	250.00
C. J Craig Souza 5109 Bur Oak Cir Raleigh, NC 27612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Carolina Healthcare Fa Occupation: Exec Dir Aggregate Year-to-Date—$ 1,000.00	12/31/96	500.00
D. Michael Meillier 27 Brand Ave PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc Occupation: Social Services Dir Aggregate Year-to-Date—$ 300.00	12/10/96	75.00
E. Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	FOUNDATION HEALTH CARE Occupation: Admin Aggregate Year-to-Date—$ 400.00	12/31/96	75.00
F. Sharon Flippen 4107 Spicewood Road, No. 216 Austin, TX 78759 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation: Dir., Government Re Aggregate Year-to-Date—$ 500.00	12/09/96	125.00
G. Robert Bates 100 Stony Point Rd., Ste. 185 Santa Rose, CA 95401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hermitage Health Care Occupation: V/P Operations Aggregate Year-to-Date—$ 300.00	12/31/96	100.00

SUBTOTAL of Receipts This Page (optional) 1,625.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Steve Briscoe 1100-10th Street, No. 201 Greeley,CO 80631 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Continuum Health Partnerships Occupation: Area VP Aggregate Year-to-Date-$ 1,087.50	12/11/96	12.50
Steve Briscoe 1100-10th Street, No. 201 Greeley,CO 80631 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Continuum Health Partnerships Occupation: Area VP Aggregate Year-to-Date-$ 1,087.50	12/13/96	1,000.00
A Carrol Josey PO Box 11881 Columbia,SC 29211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Schmoyer & Company Occupation: Aggregate Year-to-Date-$ 200.00	12/17/96	100.00
David Long 1201 L St NW Washington,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Vice President Aggregate Year-to-Date-$ 1,000.00	12/31/96	269.07
Edward Stafford 33 Elk St., Ste. 300 Albany,NY 12207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NYS Health Facilities Assoc Occupation: Director Aggregate Year-to-Date-$ 500.00	12/31/96	125.00
Paul Willging 1201 L St NW Washington,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assoc Occupation: Exec VP Aggregate Year-to-Date-$ 2,100.00	12/31/96	538.33
Frank Wronski 64500 Van Dyke Washington,MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Group Occupation: Admin Aggregate Year-to-Date-$ 1,100.00	12/16/96	250.00
SUBTOTAL of Receipts This Page (optional)			2,294.90
TOTAL This Period (last page this line number only)			

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
Robert Deans 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Chief Economist Aggregate Year-to-Date—$ 1,000.00	12/31/96	269.07
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt (this Period)**
Abraham Morse 990 Washington St #207S Dedham, MA 02026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MA Extended Care Federation Exec VP Aggregate Year-to-Date—$ 300.00	12/17/96	75.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt (this Period)**
David Seckman 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA VP Regulatory Aggregate Year-to-Date—$ 500.00	12/31/96	134.44
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt (this Period)**
David Sauer PO Drawer A 410 NW 3rd St Casey, IL 62420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heartland Manor Nursing Center Admin Aggregate Year-to-Date—$ 550.00	12/16/96	450.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt (this Period)**
Patrick J Meillier 2007 Paulis Dr Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Administrator Aggregate Year-to-Date—$ 300.00	12/31/96	150.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt (this Period)**
Steven Brant 101 S Belt W Belleville, IL 62220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Four Fountains Conv Center Administrator Aggregate Year-to-Date—$ 1,200.00	12/31/96	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt (this Period)**
Joseph Sousa 100 Wampanog Trail East Providence, RI 02915 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Havens Nursing Center Administrator Aggregate Year-to-Date—$ 1,000.00	12/31/96	600.00
SUBTOTAL of Receipts This Page (optional)			1,928.51
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)

SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dee G Klausman 3715 SW 29th St Topeka, KS 66614	Midwest Health Svcs Admin/Dir	12/31/96	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William J Pascocello 1760 3rd Ave New York, NY 10029	Florence Nightingale NH	12/09/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Bricker 25 Warrington Way Wellsville, PA 17365	Wilmac Corp VP & Asst Treasurer	12/09/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Francis Feltham 1200 Talisman Dr North Augusta, SC 29841	Fane Management Inc President	12/31/96	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	725.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Vicky McKenna 7411 N Nevada Spokane, WA 99208	Royal Park Care Center Administrator	12/05/96	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**
Robert Hartwell 1201 L St NW Washington, AH	AHCA Dir Political Aff	12/31/96	269.26
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**
Carmen Steiner 1020 E. Jefferson St. Seattle, WA 98122	Bessie Burton Sullivan Res. Administrator	12/05/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
SUBTOTAL of Receipts This Page (optional)			1,269.26
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Robert Asztalos 1201 L St., N.W. Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date—$ 300.00	12/31/96	84.26
B. John Schaeffler 1201 L St NW AHCA, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Lobbyist Aggregate Year-to-Date—$ 250.00	12/31/96	26.85
C. W. Gayle Sexton 2772 Peppermint Drive Tucker, GA 30084 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Georgia Nursing Home Assoc. Lobbyist Aggregate Year-to-Date—$ 200.00	12/31/96	100.00
D. Phil McLaughlin 425 West Capitol, Suite 3300 Little Rock, AR 72201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moore, Stephens, Frosby Director Aggregate Year-to-Date—$ 1,500.00	12/05/96	1,000.00
E. Chuck Cooper 7272 East Indian School Rd 214 Scottsdale, AZ 85251 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unison HealthCare Corporation VP - Marketing Aggregate Year-to-Date—$ 1,000.00	12/05/96	1,000.00
F. dana kittell 154 North Main Street St. Albans, VT 05478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kittell Branagan & Sargent President Aggregate Year-to-Date—$ 200.00	12/09/96	200.00
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)	411.11
TOTAL This Period (last page this line number only)	7,528.78

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 Ronald Wyden PO Box 3498 Portland, OR 97208	Purpose of Disbursement D-0003-OR 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 12/05/96	Amount of Each Disbursement This Period 5,000.00
B. Full Name, Mailing Address and ZIP Code Jack Reed 200 Midway Rd, Ste 168 Cranston, RI 02920	Purpose of Disbursement -0002-RI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 12/09/96	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Tom Allen PO Box 17766 Portland, ME 04112	Purpose of Disbursement D- -ME 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 12/09/96	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code. Debbie Stabenow PO Box 4945 East Lansing, MI 48826	Purpose of Disbursement D- -MI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 12/09/96	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Chuck Hagel PO Box 241497 Omaha, NE 68124	Purpose of Disbursement R- -NE 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 12/09/96	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			8,500.00
TOTAL This Period (last page this line number only)			8,500.00

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
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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 P.O. BOX 85024 RICHMOND, VA 23285	Name of Employer INTEREST RECEIPTS	Date (month, day, year) 12/31	Amount of Each Receipt this Period 180.62
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)			

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 HEALTHCARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK P.O. BOX 85024 RICHMOND, VA 23285	Purpose of Disbursement BANK FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 12/31	Amount of Each Disbursement This Period 600.28
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)			

Federal Election Commission

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ML
PREPARER

1/31/97
DATE PREPARED

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