REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
ADMINISTRATIVE DIVISION
MAR 21 9 20 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Health Care Association - Political Action Committee (AHCA-PAC)

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

CITY, STATE and ZIP CODE
Washington, D.C. 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 2-1-94 through 2-28-94		
6. (a) Cash on Hand January 1, 1994		$ 89,913.07
(b) Cash on Hand at Beginning of Reporting Period	$81,621.60	
(c) Total Receipts (from Line 19)	$23,760.26	$ 52,614.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$105,381.86	$142,527.44
7. Total Disbursements (from Line 30)	$ 21,143.33	$ 58,288.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 84,238.53	$ 84,238.53
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
[signature]

Date
3-20-94

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)

94 0 3 3 3 7 4 5 7 5

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 2-1-94 TO 2-28-94

	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)	2,100.00	18,950.00
ii. Unitemized	21,410.75	33,186.50
iii. Total (add i and ii) ➤	23,501.75	52,127.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	23,501.75	52,127.50
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.)	258.51	486.87
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	23,760.26	52,614.37
20. Total Federal Receipts (subtract line 18 from line 19) ➤	23,760.26	52,614.37
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	43.33	188.91
c. Total Operating Expenditures (add a i, a ii, and b) ➤	43.33	188.91
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	21,100.00	58,100.00
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		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	21,143.33	58,288.91
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	21,143.33	58,288.91
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	23,501.75	52,127.50
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	23,501.75	52,127.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	43.33	188.91
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	43.33	188.91

Page ____ of ____ for
LINE NUMBER _____
(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)
American Health Care Association - Political Action Committee (AHCA-PAC)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Riggs National Bank P.O. Box 1217 Washington, D.C. 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Interest earned for period Occupation Aggregate Year-to-Date—$486.87	2-1-94 2-28-94	258.51
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	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)			

9 4 0 3 8 3 7 4 5 6 7 7

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. 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—$	02/15/94 300.00	300.00
B. Jack Vetter 5010 S 118th St #250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vetter Health Services Occupation: Admin Aggregate Year-to-Date—$	02/16/94 250.00	250.00
C. Don Angell PO Box 1670 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Angell Group Inc Occupation: Owner Aggregate Year-to-Date—$	02/16/94 250.00	250.00
D. Alan Anderson 3901 E 4th St Long Beach, CA 90803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Nurse Inc Occupation: Admin Aggregate Year-to-Date—$	02/16/94 500.00	500.00
E. Glenn Adrian 1369 Stewartstown Rd Morgantown, WV 26505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Glenmark Associates Inc Occupation: President Aggregate Year-to-Date—$	02/15/94 300.00	300.00
F. Donald Beaver PO Box 1148 Hickory, NC 28601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brian Center Management Corp Occupation: President/CEO Aggregate Year-to-Date—$	02/15/94 250.00	250.00
G. James Judy 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kentucky Assn of Hlth Care Fac Occupation: Exec VP Aggregate Year-to-Date—$	02/16/94 250.00	250.00
SUBTOTAL of Receipts This Page (optional)			2,100.00
TOTAL This Period (last page this line number only)			

9 4 0 3 8 3 7 4 5 7 8

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. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Admin Aggregate Year-to-Date—$ 500.00	02/24/94	500.00
B. 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	02/16/94	300.00
C. Finley Matthews 2421 E Texas Ave Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Occupation: Owner/Administrator Aggregate Year-to-Date—$ 500.00	02/15/94	500.00
D. Jerry Franks 124 S Elm Pl Broken Arrow, OK 74102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Blvd Inc Occupation: Owner Aggregate Year-to-Date—$ 1,000.00	02/24/94	1,000.00
E. Alan Solomont 300 Brickstone Square Andover, MA 01810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ADS Management Inc Occupation: President Aggregate Year-to-Date—$ 1,000.00	02/16/94	1,000.00
F. Mary Baker 312 W Main St PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$ 2,000.00	02/15/94	1,000.00
G. Mary Baker 312 W Main St PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$ 2,000.00	02/16/94	1,000.00
SUBTOTAL of Receipts This Page (optional)			5,300.00
TOTAL This Period (last page this line number only)			

9 4 0 3 8 3 7 4 6 7 9

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. Simon Pelman 140 St Edwards St Brooklyn, NY 11201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenpark Care Center Inc Occupation: Administrator Aggregate Year-to-Date—$ 300.00	02/16/94	300.00
B. Richard Feingold 861 S Harbour Blvd Anaheim, CA 92805 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Casa Pacifica Conv Hospital Occupation: Admin Aggregate Year-to-Date—$ 250.00	02/15/94	250.00
C. Donel Sprenger PO Box 343 Amherst, OH 44001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lorain Manor Partnership Occupation: General Partner Aggregate Year-to-Date—$ 250.00	02/16/94	250.00
D. Jerry Cutler 514 E Broadway Montesano, WA 98563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Edgewood Manor Occupation: President Aggregate Year-to-Date—$ 300.00	02/15/94	300.00
E. Robert Keon 243 Atlantic Ave PO Box 537 Lynbrook, NY 11563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Rockaway Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 1,000.00	02/15/94	1,000.00
F. Michael Morton 100-B Garrison Ave Ft Smith, AR 72901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Arkansas Nursing Ctrs Occupation: Owner Aggregate Year-to-Date—$ 1,000.00	02/15/94	1,000.00
G. Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Occupation: Exec Dir Aggregate Year-to-Date—$ 250.00	02/15/94	250.00
SUBTOTAL of Receipts This Page (optional)			3,350.00
TOTAL This Period (last page this line number only)			

94038374630

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. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Inc Occupation: President Aggregate Year-to-Date—$	02/16/94 250.00	250.00
B. Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Corporation Occupation: Administrator Aggregate Year-to-Date—$	02/24/94 250.00	250.00
C. Patti Turenne 407 S McDonough St Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Turenne & Associates Inc Occupation: Administrator Aggregate Year-to-Date—$	02/16/94 250.00	250.00
D. Floyd A. Schlossberg 4200 Peterson #140 Chicago, IL 60646 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alden Management Inc Occupation: President Aggregate Year-to-Date—$	02/16/94 500.00	500.00
E. Abraham Gosman 513 N Country Rd Palm Beach, FL 33480 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meditrust Occupation: Chairman of Board Aggregate Year-to-Date—$	02/16/94 250.00	250.00
F. William White Vauxhall St PO Box 308 New London, CT 06320 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HealthCare Visions Inc Occupation: Admin/Owner Aggregate Year-to-Date—$	02/15/94 375.00	300.00
G. William White Vauxhall St PO Box 308 New London, CT 06320 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HealthCare Visions Inc Occupation: Admin/Owner Aggregate Year-to-Date—$	02/16/94 375.00	75.00
SUBTOTAL of Receipts This Page (optional)			1,875.00
TOTAL This Period (last page this line number only)			

9 4 0 3 8 3 7 4 5 3 1

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. John Chapple Corp Caller Box 1103 Burlington, VT 05402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlin Management Services Corp President Aggregate Year-to-Date—$ 1,000.00	02/15/94	1,000.00
B. Pearl Barnes 7900 Willows Rd., N.E. Redmond, WA 98052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cascade Vista Conv Ctr Administrator Aggregate Year-to-Date—$ 500.00	02/16/94	500.00
C. Grover Baker PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mark One Corp Vice President Aggregate Year-to-Date—$ 1,000.00	02/15/94	100.00
D. Grover Baker PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mark One Corp Vice President Aggregate Year-to-Date—$ 1,000.00	02/16/94	900.00
E. Lorraine Daubner 450 Lake St Mellen, WI 54546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mellen Manor Administrator Aggregate Year-to-Date—$ 300.00	02/24/94	300.00
F. Barbra McClung 2910 W Main St #B Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Central Valley HC Vice President Aggregate Year-to-Date—$ 1,000.00	02/15/94	1,000.00
G. Renee Matthews 2421 E. Texas Ave. Alexandria, LA 71301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naomi Heights Nursing Home Ass't. Adminstrator Aggregate Year-to-Date—$ 500.00	02/15/94	500.00
SUBTOTAL of Receipts This Page (optional)			4,300.00
TOTAL This Period (last page this line number only)			

9 4 0 3 8 5 7 4 6 3 2

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. Patrick Barber 6004 Fallsview Lane Dallas, TX 75252 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing home Aggregate Year-to-Date—$	02/16/94 255.00	255.00
B. Wallace Roberts 2811 Colonial Circle McKinney, TX 75070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing home owner Aggregate Year-to-Date—$	02/16/94 615.00	615.00
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)			870.00
TOTAL This Period (last page this line number only)			17,795.00

9403837465

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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 Association - Political Action Committee (AHCA--PAC)

A. Full Name, Mailing Address and ZIP Code Riggs NationalBank P.O. Box 1217 Washington, D.C. 20007	Purpose of Disbursement Bank fees for period Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 2-1-94 2-28-94	Amount of Each Disbursement This Period 43.33
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)			

9 4 0 3 8 8 7 4 5 3 4

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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 Association - Political Action Committee (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code David Levy for Congress P.O. Box 323 Lynbrook, NY	Purpose of Disbursement 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 9-30-92	Amount of Each Disbursement This Period (500.00) check returned
B. Full Name, Mailing Address and ZIP Code Rowland for Congress P.O. Box 1345 Dublin, GA	Purpose of Disbursement GA-8 92 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10-2-92	Amount of Each Disbursement This Period (500.00) check returned
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)			(1,000.00)
TOTAL This Period (last page this line number only)			

9 4 0 3 8 3 7 4 5 3 5

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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 Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Craig Washington P.O. Box 2588 Houston, TX 77252	D-0018-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/09/94	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Craig Washington P.O. Box 2588 Houston, TX 77252	D-0018-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/09/94	2,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
William Coyne , PA	D-0014-PA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/24/94	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ralph Hall Post Office Box 711 Rockwall, TX 75087	D-0004-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/09/94	4,500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Michael Andrews 1001 Fannin Suite 2500 Houston, TX 77002	D-0025-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/18/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Michael Andrews 1001 Fannin Suite 2500 Houston, TX 77002	D-0025-TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/24/94	2,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jary G. Condit 720 12 Street Modesto, CA 95354	D-0018-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/24/94	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nancy Johnson 3650 N. Eighth St. Arlington, VA, CT 22205	P-0006-CT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/14/94	1,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Steny Hoyer 7905 Malcolm Rd., Ste. 102 Clinton, MD 20735	D-0005-MD 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/18/94	500.00

SUBTOTAL of Disbursements This Page (optional) 12,500.00

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

9 4 7 3 8 9 7 4 5 3 6

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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 Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Michael Oxley P O Box 1990 Findlay, OH 45839	R-0004-OH 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/24/94	500.00
B. Gerald Kleczka 3268 South 9th Street Milwaukee, WI 53215	D-0004-WI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/24/94	1,000.00
C. Cardiss Collins 1115 South Plymouth Court Chicago, IL 60605	D-0007-IL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/24/94	1,000.00
D. Dennis Hastert P.O. Box 625 Batavia, IL 60510	R-0014-IL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/18/94	500.00
E. Frederick Upton P.O. Box 490 St Joseph, MI 49085	R-0006-MI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/04/94	500.00
F. David Bonior Suite 305, 59 No. Walnut Mount Clemens, MI 48043	D-0010-MI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/18/94	1,000.00
G. John Dingell P.O. Box 15522 Washington, DC, MI	D-0016-MI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/18/94	1,000.00
H. William Thomas 1003 Federal Bldg. Casper, CA 82601	R-0021-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/24/94	500.00
I. Olympia Snowe 114 Nottingham Road Auburn, ME 04210	R-0002-ME 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/24/94	500.00
SUBTOTAL of Disbursements This Page (optional)			6,500.00
TOTAL This Period (last page this line number only)			

9 4 0 3 8 3 7 4 5 3 7

Page ___ of ___ for
LINE NUMBER _____
(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 Association -- Political Action Committee

A. Full Name, Mailing Address and ZIP Code Bene Green P.O. Box 16128 Houston, TX 77222	Purpose of Disbursement D-29 --TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/09/94	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Eddie Bernice Johnson 1005 W. Jefferson St., #302 Dallas, TX 75208	Purpose of Disbursement D-0030--TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/24/94	Amount of Each Disbursement This Period 500.00
C. 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) 02/24/94	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Mel Reynolds 7425 S. Shore Dr. Chicago, IL 60649	Purpose of Disbursement --02 --IL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/24/94	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Paul Colbert 5006 Kinglet Houston, TX 77035	Purpose of Disbursement --0025--TX 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/14/94	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Tim Miller P.O. Box 8496 Richmond, VA 23226	Purpose of Disbursement --SEN--VA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/24/94	Amount of Each Disbursement This Period 100.00
G. Full Name, Mailing Address and ZIP Code Terry Weller 800 N. Division St., Ste. 212 Morris, IL 60450	Purpose of Disbursement R-11 --IL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/24/94	Amount of Each Disbursement This Period 500.00
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) 3,100.00

TOTAL This Period (last page this line number only) 22,100.00

7 4 3 8 3 7 4 5 3 8

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 3-21-94
☐	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

SLB

PREPARER

3-21-94

DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 3 7 4 5 3 9