REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

HAND DELIVERED
RECEIVED
FEDERAL ELECTION COMMISSION
REPORTS ANALYSIS DIVISION
SEP 19 4 51 PM '95

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 NW

CITY, STATE and ZIP CODE

WASHINGTON, DC 20005

2. FEC IDENTIFICATION NUMBER C-0000-6080

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☒ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☑ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 8/1/95 through 8/31/95		
6. (a) Cash on Hand January 1, 19 95		$ 38,132.89
(b) Cash on Hand at Beginning of Reporting Period	$ 75,499.77	
(c) Total Receipts (from Line 19)	$ 35,069.49	$ 261,391.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 110,569.26	$ 299,524.06
7. Total Disbursements (from Line 30)	$ 14,814.19	$ 203,768.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 95,755.07	$ 95,755.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL WILLGING, PH.D

Signature of Treasurer [signature] Date 9/19/95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

95039774698

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

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN HEALTH CARE ASSOC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 8/1/95 TO: 8/31/95

	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)	27,380.00	200,958.40	11(a)(i)
ii. Unitemized	7,451.50	58,905.94	11(a)(ii)
iii. Total (add i and ii) ➤	34,831.50	259,864.34	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤			11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	237.99	1526.83	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	35,069.49	261,391.17	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	35,069.49	261,391.17	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	514.19	3143.99	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	514.19	3143.99	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,300.00	200,625.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	14,814.19	203,768.99	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	14,814.19	203,768.99	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David L Guillot 7921 Picardy Ave. Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	David L Guillot Inc President Aggregate Year-to-Date—$ 750.00	08/07/95	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Wanda Bennington 2125 Royce St Portsmouth, OH 45662 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Golden Years Conval Center Administrator Aggregate Year-to-Date—$ 200.00	08/07/95	200.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Eugene Bishop PO Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Services Centers President Aggregate Year-to-Date—$ 1,000.00	08/10/95	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jack Vetter 5010 S 118th St #250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vetter Health Services Admin Aggregate Year-to-Date—$ 1,500.00	08/07/95	730.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Friedman 5600 Wisconsin Ave #1301 Chevy Chase, MD 20815 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Consultant Aggregate Year-to-Date—$ 250.00	08/14/95	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dorothy Sullivan 1950 Las Vegas Trail S Ft Worth, TX 76108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Side Care Center General Manager Aggregate Year-to-Date—$ 200.00	08/03/95	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Hm. Inc Admin Aggregate Year-to-Date—$ 970.00	08/15/95	250.00

SUBTOTAL of Receipts This Page (optional) 2,530.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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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) / Aggregate Year-to-Date—$	Amount of Each Receipt this Period
Edward N Sage 30 Northview Court Lake Oswego, OR 97035 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oregon Health Care Association Executive Director	08/07/95 675.00	150.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Michael W Massey PO Box 1149 Greer, SC 29652 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Roger Huntington Nursing Ctr Administrator	08/28/95 1,050.00	50.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Steven Wolf 820 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare Inc President	08/10/95 625.00	125.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Harvey Wertlieb 4041 Powder Mill Rd #410 Calverton, MD 20705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Global Health Management Admin	08/10/95 375.00	150.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group President	08/28/95 750.00	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Daniel Mosca 150 Fayetteville St Mall #2700 Raleigh, NC 27601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AdvoCare of North Carolina Vice President	08/15/95 1,060.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Cecil Barcelo 411 Alabama League City, TX 77573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baywind Village Admin	08/17/95 225.00	75.00

SUBTOTAL of Receipts This Page (optional) 1,800.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Occupation: Admin Aggregate Year-to-Date—$ 375.00	08/10/95	125.00
B. 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—$ 1,500.00	08/07/95	500.00
C. Bruce Baldwin 2151 NE Coachman Rd Clearwater, FL 34625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baldwin Thomas & Associates Occupation: President Aggregate Year-to-Date—$ 1,100.00	08/28/95	500.00
D. Philip Schumacher PO Box 971 Virginia, MN 55792 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Arrowhead Health Care Ctr Occupation: President Aggregate Year-to-Date—$ 750.00	08/28/95	750.00
E. William Chunyk PO Box 2295 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quad "C" Health Care Centers Occupation: President Aggregate Year-to-Date—$ 395.00	08/30/95	125.00
F. Gail Clarkson 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Occupation: Chief Operating Off Aggregate Year-to-Date—$ 750.00	08/14/95	480.00
G. Julius Cox PO Box 1629 Marshall, TX 75671 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marshall Manor Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 325.00	08/14/95	100.00
SUBTOTAL of Receipts This Page (optional)			2,580.00
TOTAL This Period (last page this line number only)			

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American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date—$	Amount of Each Receipt this Period
Barry Baker 192 W Vienna Rd Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beecher Manor Inc Occupation: Admin	08/28/95 420.00	50.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Elton Beebe 3900 Lakeland Dr #400 Jackson, MS 39208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Management Corp Occupation: President	08/14/95 1,500.00	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Brick Nelson 313 Allen Memorial Dr SW Milledgeville, GA 31061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Green Acres Inc Occupation: Admin	08/07/95 300.00	300.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Gail Horrigan 1016 E Couley Dr #B Colton, CA 92324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horrigan Enterprises Occupation: Owner	08/23/95 1,100.00	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Sharon Flippen 5301 Duval Rd., Ste. 100 Austin, TX 78727 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation: Dir., Government Re	08/03/95 325.00	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Boyd Hendrickson PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation: President	08/14/95 250.00	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Gary Bowers 9311 San Pedro #1103 San Antonio, TX 78216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Administrator Occupation: Vice President	08/07/95 750.00	250.00

SUBTOTAL of Receipts This Page (optional) 1,550.00

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

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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) / Aggregate Year-to-Date—$	Amount of Each Receipt (this Period)
Gary Bowers 9311 San Pedro #1103 San Antonio, TX 78216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Administration Vice President	06/07/95 750.00	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
David Banks PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Chairman/President	08/23/95 750.00	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	White Oak Manor Executive VP/CFO	08/30/95 1,650.00	150.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
George Couch 225 Russell Ave New Martinsville, WV 26155 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Martinsville Health Care Owner/Administrator	08/15/95 375.00	300.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Kennon S Shea 75 Court St PO Box U Quincy, CA 95971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	California Convalescent Hosp Admin	08/10/95 725.00	75.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Kennon S Shea 75 Court St PO Box U Quincy, CA 95971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	California Convalescent Hosp Admin	08/17/95 725.00	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) / Aggregate Year-to-Date—$**	**Amount of Each Receipt This Period**
Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Braswell Enterprises Owner/Administrator	08/14/95 3,160.00	100.00

SUBTOTAL of Receipts This Page (optional) 1,875.00

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

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Page ____ of ____ for
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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ruth Braswell 3674 Pacific Ave Riverside,CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Braswell Enterprises Inc Owner/Administrator Aggregate Year-to-Date—$ 3,150.00	08/23/95	600.00
B. Ruth Braswell 3674 Pacific Ave Riverside,CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Braswell Enterprises Inc Owner/Administrator Aggregate Year-to-Date—$ 3,150.00	08/23/95	200.00
C. Thomas Gault PO Box 11327 Cincinnati,OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison House Executive Director Aggregate Year-to-Date—$ 2,550.00	08/14/95	250.00
D. Larry Conaway PO Box F Hancock Park Moundsville,WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care Inc Administrator Aggregate Year-to-Date—$ 375.00	08/23/95	125.00
E. Rose Boritzer 3400 Cannon Pl Bronx,NY 10463 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kingsbridge Heights Nursing Hm Admin Aggregate Year-to-Date—$ 225.00	08/10/95	75.00
F. Dennis Christiano 525 Beahan Rd Rochester,NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Proprietor Aggregate Year-to-Date—$ 750.00	08/15/95	500.00
G. Joseph Warner PO Box 3188 Bloomington,IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprises President Aggregate Year-to-Date—$ 750.00	08/17/95	400.00
SUBTOTAL of Receipts This Page (optional)			2,150.00
TOTAL This Period (last page this line number only)			

95039174705

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date-$	Amount of Each Receipt this Period
Frank Wronski 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Group Occupation: Admin	08/23/95 250.00	210.00
Dick Stebbins 600 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Five Companies Occupation: Managing Partner	08/03/95 850.00	100.00
Dick Stebbins 600 E Whaley Longview, TX 75601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stebbins Five Companies Occupation: Managing Partner	08/17/95 850.00	250.00
Terry Mundy 2633 W Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	English Oaks Convalescent Hosp Occupation: Administrator/Owner	09/10/95 400.00	250.00
William McReynolds 1430 Larimer St, #300 Denver, CO 80202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LTC Health Care Services Inc Occupation: President	08/14/95 500.00	250.00
Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ivy Hall Geriatric Ctr Occupation: President	08/14/95 375.00	210.00
Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Inc Occupation: President	08/07/95 750.00	250.00

SUBTOTAL of Receipts This Page (optional) 1,520.00

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)
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
Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094	Living Centers of America Chairman & CEO	08/07/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Rau 10911 N Port Washington Rd Mequon, WI 53092	Mequon Care Center Admin	08/14/95	1,125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280	Spaugh & Co	08/17/95	425.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 750.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Kensett Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284	Moyle's Health Care Inc President	08/10/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Patrick J Meillier 2007 Paulis Dr Faribault, MN 55021	Pleasant Manor Administrator	08/07/95	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Sandy Klein PO Box 571317 Houston, TX 77257	Living Ctrs of America Regional Manager	08/03/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William White Vauxhall St PO Box 308 New London, CT 06320	HealthCare Visions Inc Admin/Owner	08/14/95	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		

SUBTOTAL of Receipts This Page (optional) 2,700.00

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): 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. F Leonard Herberth 4447 Stoneridge Drive Pleasanton, CA 94588 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Herberth & Nettleton Occupation Aggregate Year-to-Date—$	08/23/95 300.00	300.00
B. Paul Allen 501 S Palm Ave Palatka, FL 32177 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Putman Memorial Nursing Home Occupation Administrator Aggregate Year-to-Date—$	08/28/95 350.00	300.00
C. Roch Carter 105 W Michigan 9th Fl Milwaukee, WI 53203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unicare Health Facilities Occupation General Counsel Aggregate Year-to-Date—$	08/23/95 250.00	250.00
D. Thomas E Kalkhof 5511 Baun Blvd Pittsburgh, PA 15232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Collins Nursing Home Occupation Owner Aggregate Year-to-Date—$	08/07/95 450.00	100.00
E. Jeanne Sanders Rt 104 Box 51 RFD 3 Meredith, NH 03253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Golden View Health Care Ctr Occupation Administrator Aggregate Year-to-Date—$	08/30/95 750.00	250.00
F. Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Pointe Woods Occupation General Manager Aggregate Year-to-Date—$	08/28/95 1,175.00	100.00
G. William Abrams 2131 Rt 33, Lexington Square Trenton, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NJAHCF Occupation Vice President Aggregate Year-to-Date—$	08/15/95 225.00	75.00
SUBTOTAL of Receipts This Page (optional)			1,375.00
TOTAL This Period (last page this line number only)			

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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. Al Braswell 3674 Pacific Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bridges Inc President Aggregate Year-to-Date-$ 300.00	08/14/95	100.00
B. Al Braswell 3674 Pacific Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bridges Inc President Aggregate Year-to-Date-$ 300.00	08/23/95	100.00
C. William Conley 401 E 27th PO Box 2295 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quad-C Owner Aggregate Year-to-Date-$ 375.00	08/30/95	125.00
D. Bill R Hatley 300 Medical Center Dr Clanton, AL 35045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hatley Health Care Inc Admin Aggregate Year-to-Date-$ 1,350.00	08/14/95	1,250.00
E. Michael T Jalacki 2815 Michigan St Grand Rapids, MI 49506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MIKO Enterprises Inc VP/Finance Aggregate Year-to-Date-$ 520.00	08/14/95	250.00
F. Joanne Grubbs 3735 Memorial Dr Decatur, GA 30032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Georgia Nursing Home Assoc Dir Reg Affairs Aggregate Year-to-Date-$ 1,000.00	08/07/95	1,000.00
G. R James Miller 922 S Buffalo St Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Partner Aggregate Year-to-Date-$ 375.00	08/28/95	125.00

SUBTOTAL of Receipts This Page (optional) 2,950.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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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
Francis Feltham 1200 Talisman Dr North Augusta, SC 29841	Fane Management Inc President	08/07/95	500.00
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**
Melanie Rapp 22822 Myrtle St Hayward, CA 94541	St Christopher Conv Hospital Administrator	08/14/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Aubrey Preston 422 1/2 Main Street Franklin, TN 37064	Denver Health Group President	08/02/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 375.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mary Love 401 Orange Pl Wauchula, FL 33873	Hardee Manor Care Center Administrator	08/14/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mary Love 401 Orange Pl Wauchula, FL 33873	Hardee Manor Care Center Administrator	08/28/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Hugh Franklin 865 North St. Jackson, MS 39212	Franklin Nursing & Conv Home Owner	08/14/95	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Wallace Roberts 2811 Colonial Circle McKinney, TX 75070	Wallace Nursing Home Nursing home owner	08/17/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		

SUBTOTAL of Receipts This Page (optional) 1,625.00

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): 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. Lucy Rogers PO Box 44037 Eatonton, GA 31024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date—$	08/10/95 200.00	200.00
B. Karen Taylor 1999 Old Maultrie Rd. St. Augustine, FL 32086 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ponce de Leon Care Center Occupation: Administrator Aggregate Year-to-Date—$	08/28/95 200.00	100.00
C. Susan Farris 2108 15th St Bridgeport, TX 76426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Park Haven Healthcare Occupation: Administrator Aggregate Year-to-Date—$	08/03/95 300.00	100.00
D. 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—$	08/23/95 1,250.00	500.00
E. Frank Butts 425 W. Capitol, Suite 3300 Little Rock, AR 72201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Frost & Company Occupation: Partner Aggregate Year-to-Date—$	08/14/95 2,000.00	250.00
F. Paul Guitreau 150 Calver Dr. Ponchatoulo, LA 70454 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date—$	08/23/95 275.00	75.00
G. Ray Bolt 672 N. Glenn Dr. Altamonte Spring, FL 32701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date—$	08/28/95 200.00	100.00
SUBTOTAL of Receipts This Page (optional)			825.00
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): American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date-$	Amount of Each Receipt this Period
A. Ronnie Rollins PO Box 63 Macon, GA 31202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):		08/17/95 1,000.00	1,000.00
B. Julia Starr 1204 Market Street Sunbury, PA 17801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mansion Nursing Home	08/07/95 550.00	100.00
C. Julia Starr 1204 Market Street Sunbury, PA 17801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mansion Nursing Home	08/14/95 550.00	450.00
D. Russell Twigg 101 W Third Street Williamsport, PA 17701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CHG	08/14/95 850.00	850.00
E. Henry Bowers 12142 Apricot Drive San Antonio, TX 78247 Receipt For: ☐ Primary ☐ General ☐ Other (specify):		08/07/95 250.00	250.00
F. Lee Bowers 13327 La Vista San Antonio, TX 78216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):		08/07/95 250.00	250.00
G. Nannette Alba 3501 N. Causeway Blvd, No. 740 Metairie, LA 70002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Evangeline Health Care, Inc.	08/14/95 500.00	500.00
SUBTOTAL of Receipts This Page (optional)			3,400.00
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): American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Paul A. Granger 209 Bellefontoine Avenue Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maplewood Occupation Aggregate Year-to-Date—$	08/14/95 250.00	250.00
B. Harry Baum 13232 N. Tatum Blvd Phoenix, AZ Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Phoenix Mountain Nursing Cntr Occupation Aggregate Year-to-Date—$	08/14/95 250.00	250.00
C. 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. 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. 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. 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. 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) 500.00

TOTAL This Period (last page this line number only) 27,380.00

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
CRESTAR BANK, N.A. PO BOX 26150 RICHMOND, VA 23260		8/31/95	237.99
Receipt For: ☐ Primary ☐ General ☑ Other (specify): INTEREST	Aggregate Year-to-Date—$		
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)			237.99

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Frank Fallone Suite 118, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/11/95	300.00
B. Judd Gregg Box L Greenfield, NH 03047	R-SEN-NH Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	08/16/95	1,000.00
C. Joe Barton 1312 Sundale Ennis, TX 75119	R-0006-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/01/95	1,000.00
D. Joe Barton 1312 Sundale Ennis, TX 75119	R-0006-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/16/95	1,000.00
E. Jim Bunning 30 Winston Hill Ft Thomas, KY 41075	R-0004-KY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/23/95	1,000.00
F. Benjamin Cardin 2509 Shelleydale Road Baltimore, MD 21209	D-0003-MD 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/11/95	500.00
G. Harold Volkmer 719 Country Club Dr. Hannibal, MO 63401	D-0009-MO 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/16/95	500.00
H. Jim Chapman P.O. Box 538 Sulphur Springs, TX 75482	D-0001-TX Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/23/95	500.00
I. David Obey 932 Ross Avenue Wausau, WI 54401	D-0007-WI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/23/95	500.00
SUBTOTAL of Disbursements This Page (optional)			6,300.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Pete Domenici 2828 Morningside Dr., N.E. Albuquerque, NM 87110	Purpose of Disbursement: R-SEN-NM Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	08/16/95	2,500.00
B. Full Name, Mailing Address and ZIP Code Douglas "Pete" Peterson 109 W. College Ave., #2 Tallahassee, FL 32301	Purpose of Disbursement: -0002-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/11/95	500.00
C. Full Name, Mailing Address and ZIP Code Patrick Kennedy P.O. Box 1356 Providence, RI 02901	Purpose of Disbursement: D-1 -RI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/23/95	1,000.00
D. Full Name, Mailing Address and ZIP Code. Richard Burr P.O. Box 4169 Winston-Salem, NC 27115	Purpose of Disbursement: R-0005-NC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/16/95	1,000.00
E. Full Name, Mailing Address and ZIP Code John Baldacci 9 Palm St. Bangor, ME 04401	Purpose of Disbursement: D-0002-ME 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/01/95	1,500.00
F. Full Name, Mailing Address and ZIP Code Brian Bilbray , CA	Purpose of Disbursement: R-49 -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	08/03/95	2,000.00
G. Full Name, Mailing Address and ZIP Code Lindsey Graham , SC	Purpose of Disbursement: R-3 -SC Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	08/16/95	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)			9,000.00
TOTAL This Period (last page this line number only)			15,300.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (In Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION CMTE.

A. Full Name, Mailing Address and ZIP Code JOE BARTON 1312 SUNDALE ENNIS, TX 75119	Purpose of Disbursement 96 PRIMARY Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 8/31/95	Amount of Each Disbursement This Period (1000.00)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			(1000.00)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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LINE NUMBER 21b
(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 COMMITTE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A. PO BOX 26150 RICHMOND, VA 23260	BANK FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	8/31/95	514.19
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)			514.19

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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.

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☐	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

JMN
PREPARER

9-20-95
DATE PREPARED

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