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)

[illegible] 9/1/94 [illegible]
[illegible] BAKER
[illegible] HEALTH CARE ASSOCIATE
[illegible]
[illegible] STREET NW
[illegible]

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 9-1-94 through 9-30-94		
6. (a)	Cash on Hand January 1, 1994		$ 89,913.07
(b)	Cash on Hand at Beginning of Reporting Period	$ 114,038.77	
(c)	Total Receipts (from Line 19)	$ 37,339.16	$ 280,027.71
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 151,377.93	$ 369,940.78
7.	Total Disbursements (from Line 30)	$ 57,946.67	$ 276,509.52
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 93,431.26	$ 93,431.26
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

Type or Print Name of Treasurer
Paul R. Willging, Ph.D., Assistant Treasurer

Signature of Treasurer
Paul Willging

Date 10-30-94

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)

FF4AN101

9 4 0 3 9 3 3 4 7 1 2

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 9-1-94 TO: 9-30-94

	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)	27,345.11	197,022.29	11(a)(i)
ii. Unitemized	9,683.91	75,915.74	11(a)(ii)
iii. Total (add i and ii) ➤	37,029.02	272,938.03	11(a)(iii)
b. Political Party Committees	--		11(b)
c. Other Political Committees (such as PACs)	--	5,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	37,029.02	277,938.03	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.)	310.14	2,089.68	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	37,339.16	280,027.71	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	37,339.16	280,027.71	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	296.67	2,154.52	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	296.67	2,154.52	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	57,650.00	274,130.00	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		225.00	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) ➤		225.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	57,946.67	276,509.52	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	57,946.67	276,509.52	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	37,029.02	277,938.03	32
33. Total Contribution Refunds (from line 28d)	--	225.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	37,029.02	277,713.03	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	296.67	2,154.52	35
36. Offsets to Operating Expenditures (from line 15)	--	--	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	296.67	2,154.52	37

FE4AN101

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER

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)

A. Full Name, Mailing Address and ZIP Code Crestar Bank PO Box 26150 Richmond, VA	Name of Employer Interest earned for period Occupation	Date (month, day, year) 9/1/94- 9/30/94	Amount of Each Receipt this Period 310.14
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,089.68		
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) >

FE4AN101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Edward Markey for Congress 7 Townsend Street Malden, MA	check returned Disbursement for: Primary General Other (specify)	8/23/94	(1,000.00)
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Citizens for Sen. Wofford PO Box 11555 Harrisburg, PA 17108	check lost Disbursement for: Primary General Other (specify)	5/21/93	(2,000.00)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

FE1AN101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank PO Box 26150 Richmond, VA	Bank fees for period Disbursement for: Primary General Other (specify)	9/1/94- 9/30/94	296.67
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) .....

FEHANI 01

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 Convalescence Administrator Aggregate Year-to-Date—$	09/27/94 400.00	100.00
B. Kit Gamble PO Box 52389 Shreveport, LA 71135 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gamble Guest Care Center President Aggregate Year-to-Date—$	09/23/94 700.00	600.00
C. Timothy J Boyle P.O. Box 5467 Sioux City, IA 51102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Center Mgmt Co Chief Operating Off Aggregate Year-to-Date—$	09/27/94 2,350.00	1,000.00
D. Wayne Rankin 179 Lisbon St Lewiston, ME 04240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Country Associates Administrator Aggregate Year-to-Date—$	09/25/94 525.00	150.00
E. John Wade PO Box H Uvalde, TX 78801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Amistad Nursing Home Vice President Aggregate Year-to-Date—$	09/14/94 375.00	375.00
F. William Anglin PO Box 29600 Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medical Facilities of America Dir/Operations Aggregate Year-to-Date—$	09/28/94 200.00	200.00
G. Kenneth Hemingway 274 Hemingway Ave. East Haven, CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kenneth Group, Inc. President Aggregate Year-to-Date—$	09/27/94 650.00	150.00

SUBTOTAL of Receipts This Page (optional) 2,575.00

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

9 4 0 3 9 3 3 4 7 1 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) Medical 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 M Coury Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aristocrat at Berea Occupation: Administrator Aggregate Year-to-Date—$ 475.00	09/27/94	100.00
B. Kevin Holloway 1475 N Cole Rd Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Western Health Care Corp Occupation: Administrator Aggregate Year-to-Date—$ 1,100.00	09/23/94	100.00
C. David E Hartley PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Pleasant Manor Inc Occupation: President Aggregate Year-to-Date—$ 1,000.00	09/14/94	150.00
D. Eugene Jones 2850 Metro Dr #200 Bloomington, MN 55425 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Providers of Minnesota Occupation: Exec Dir Aggregate Year-to-Date—$ 200.00	09/14/94	100.00
E. Eugene Jones 526 Altamont Ave Schenectady, NY 12304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hartman Nursing Centre Occupation: Admin Aggregate Year-to-Date—$ 550.00	09/28/94	250.00
F. Eugene Jones 9200 Keystone Crossing #800 Indianapolis, IN 46240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nationwide Care Occupation: Operations Aggregate Year-to-Date—$ 2,600.00	09/14/94	500.00
G. Eugene Jones 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Ctr Occupation: Admin Aggregate Year-to-Date—$ 1,066.69	09/27/94	100.00
SUBTOTAL of Receipts This Page (optional)			1,800.00
TOTAL This Period (last page this line number only)			

9 4 0 3 3 7 1 3

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marion Manor Nursing Occupation: Admin Aggregate Year-to-Date $	09/27/94 1,066.69	66.69
B. Bruce Levering 1076 Coshocton Rd Mt Vernon, OH 43050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Court Limited Occupation: Admin Aggregate Year-to-Date—$	09/27/94 350.00	100.00
C. William Levering 4 New Market Dr Delaware, OH 43015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delaware Court Health Care Ctr Occupation: Administrator Aggregate Year-to-Date—$	09/27/94 400.00	100.00
D. Richard Mauler PO Box 100129 Nashville, TN 37224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tennessee Health Care Assn Occupation: Exec Dir Aggregate Year-to-Date—$	09/26/94 600.00	100.00
E. Harvey Wertlieb 6500 Rock Spring Dr., Ste. 200 Bethesda, MD 20817 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Global Health Management Occupation: Admin Aggregate Year-to-Date—$	09/14/94 475.00	125.00
F. Larry Jones 104 GlenOaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GlenOaks Care Center Occupation: Administrator Aggregate Year-to-Date $	09/14/94 850.00	100.00
G. Larry Jones 104 GlenOaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GlenOaks Care Center Occupation: Administrator Aggregate Year-to-Date—$	09/23/94 850.00	500.00

SUBTOTAL of Receipts This Page (optional) 1,091.69

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

9 4 3 3 7 3 3 4 7 1 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. Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Admin Aggregate Year-to-Date $	09/23/94 600.00	50.00
B. Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Admin Aggregate Year-to-Date $	09/27/94 600.00	100.00
C. Gary Toth PO Box 640 246 N Broadway Geneva, OH 44041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Manor Home Mgmt Admin Aggregate Year-to-Date $	09/16/94 300.00	300.00
D. Nolan Brown 101 S State St PO Box 969 Yadkinville, NC 27055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Triad Medical Services Inc President Aggregate Year-to-Date $	09/14/94 750.00	750.00
E. Bruce Baldwin 2151 NE Coachman Rd Clearwater, FL 34625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baldwin Thomas & Associates President Aggregate Year-to-Date $	09/16/94 1,050.00	450.00
F. Horace Martin PO Box 20069 Roanoke, VA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Virginia Health Care Assoc. Neg. Home Admin. Aggregate Year-to-Date $	09/28/94 500.00	500.00
G. Paul Cave 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Admin Aggregate Year-to-Date $	09/14/94 1,950.00	150.00

SUBTOTAL of Receipts This Page (optional) 2,300.00

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

9 4 0 3 9 3 3 4 7 2 3

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 Care Occupation: Admin Aggregate Year-to-Date—$ 1,950.00	09/26/94	300.00
B. H David Hennis 1720 Cross St Dover, OH 44622 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hennis Care Centre Occupation: Asst Administrator Aggregate Year-to-Date—$ 400.00	09/27/94	100.00
C. Peter Clendenin 2112 W Laburnum Ave #206 Richmond, VA 23227 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Virginia Health Care Assn Occupation: Exec VP Aggregate Year-to-Date—$ 1,000.00	09/28/94	1,000.00
D. 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—$ 475.00	09/14/94	125.00
E. 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	09/28/94	75.00
F. Robert Decker 3474 Liberty Rd S Salem, OR 97302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westcare Management Occupation: President Aggregate Year-to-Date—$ 250.00	09/14/94	150.00
G. [illegible] PO Box 670 Judsonia, AR 72081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	[illegible] Nursing Home Occupation: Owner/Administrator Aggregate Year-to-Date—$ 300.00	09/23/94	150.00

SUBTOTAL of Receipts This Page (optional) 1,500.00

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

9 4 0 3 9 3 3 4 7 2 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. Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Admin Aggregate Year-to-Date—$	09/14/94 225.00	75.00
B. Mary Baker 812 W Main St PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Stress Convalescent Hospital Occupation: Admin Aggregate Year-to-Date $	09/28/94 2,400.00	100.00
C. Blaine Henderickson 500 N State College Blvd #1250 Orange, CA 92668 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Sun Mar Management Services Occupation: President Aggregate Year-to-Date $	09/23/94 1,100.00	500.00
D. Sharon Tippen 5301 Duval Rd., Ste. 100 Austin, TX 78727 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beverly Enterprises Occupation: Dir., Government Re Aggregate Year-to-Date $	09/28/94 375.00	75.00
E. Richard Miller 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Assoc Occupation: Senior Lobby.st Aggregate Year-to-Date $	09/28/94 365.56	115.44
F. Warren Morrison 3601 S Green Rd #102 Beachwood, OH 44122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Care Services Associates Occupation: Admin Aggregate Year-to-Date—$	09/27/94 325.00	100.00
G. Jim Hall 2529 Six Mile Ln Louisville, KY 40220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Meadows East Occupation: Administrator Aggregate Year-to-Date—$	09/28/94 850.00	250.00

SUBTOTAL of Receipts This Page (optional) 1,215.44

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

9 4 0 3 9 5 3 4 7 2 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
Paul Goss 1251 Beacon Blvd West Sacramento, CA 95691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAHF Occupation: Staff Aggregate Year-to-Date—$ 500.00	09/16/94	100.00
B. Full Name, Mailing Address and ZIP Code A D Huffington 2506 Lakeland Dr PO Box 7575 Jackson, MS 39294 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hillcrest Health Center Occupation: Owner Aggregate Year-to-Date $ 475.00	09/14/94	100.00
C. Full Name, Mailing Address and ZIP Code J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Northport Health Services Inc Occupation: President Aggregate Year-to-Date - $ 375.00	09/23/94	125.00
D. Full Name, Mailing Address and ZIP Code Lloyd Schneider 3400 Morgan Rd Ann Arbor, MI 48104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Whitehall Convalescent Home Occupation: Admin Aggregate Year-to-Date $ 700.00	09/14/94	75.00
E. Full Name, Mailing Address and ZIP Code Arlene Miles 225 E 16th Ave #1100 Denver, CO 80203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Colorado Health Care Assoc Occupation: Exec Dir Aggregate Year-to-Date $ 375.00	09/16/94	125.00
F. Full Name, Mailing Address and ZIP Code John Wallace 611 W Market St Athens, AL 35611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Athens Nursing Home Inc Occupation: Owner/Administrator Aggregate Year-to-Date—$ 525.00	09/25/94	150.00
G. Full Name, Mailing Address and ZIP Code 526 Altamont Ave Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: N/A Occupation Aggregate Year-to-Date $ 925.00	09/14/94	750.00
SUBTOTAL of Receipts This Page (optional)			1,425.00
TOTAL This Period (last page this line number only)			

9 4 0 3 9 3 4 7 4

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. Jack MacDonald 620 Herndon Parkway, Ste. 200 Herndon, VA 22070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilmac, Inc. Occupation: President Aggregate Year-to-Date—$ 250.00	09/16/94	250.00
B. Paul Willging 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Exec VP Aggregate Year-to-Date—$ 1,497.61	09/28/94	516.54
C. Tom Davis PO Box 1148 Hickory, NC 28603 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brian Center Management Corp Occupation: Exec VP Aggregate Year to Date - $ 500.00	09/28/94	125.00
D. Robert Deane 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Chief Economist Aggregate Year-to-Date $ 319.50	09/28/94	231.00
E. Chester Erickson 3901 E 4th St Long Beach, CA 90814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alamitos-Belmont Conv Hosp Occupation: Owner Aggregate Year-to-Date—$ 300.00	09/14/94	75.00
F. Donald Griggs 55 Grand St New Britain, CT 06052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Walnut Hill Conv Home Occupation: Administrator Aggregate Year-to-Date—$ 475.00	09/14/94	125.00
G. Jim McLaughlin 3715 SW 29th St Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Services Occupation: Owner-Adm Aggregate Year-to-Date—$ 375.00	09/25/94	125.00

SUBTOTAL of Receipts This Page (optional) 1,447.54

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

9 4 0 3 9 3 3 4 7 2 4

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. Anthony J Krieg 472 Kaulana St Kahului, HI 96732 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Hale Mauia Occupation:	09/25/94	100.00
	Aggregate Year-to-Date—$	200.00	
B. Peter Gendron 31 Overton Rd Ossining, NY 10562 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Brian Crest Nursing Home Occupation: Owner	09/14/94	75.00
	Aggregate Year-to-Date—$	225.00	
C. Wayne Franklin 125 Springfield St #1 O'Fallon, IL 62269 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Franklin Healthcare Consultant Occupation: President	09/26/94	100.00
	Aggregate Year-to-Date—$	250.00	
D. Robert & Betty Kapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Kapp Health Facilities Occupation: Admin	09/28/94	1,000.00
	Aggregate Year-to-Date—$	1,750.00	
E. Bradley Gerding 22 Pamrish Rd Conneaut, OH 44030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Jnr Conneaut Health Center Occupation: Admin	09/14/94	300.00
	Aggregate Year-to-Date—$	400.00	
F. Bradley Gerding 22 Pamrish Rd Conneaut, OH 44030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Jnr Conneaut Health Center Occupation: Admin	09/27/94	100.00
	Aggregate Year-to-Date—$	400.00	
G. Full Name, Mailing Address and ZIP Code PO Box 23314 New Orleans, LA 70123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Henry Bertoli & Associates Occupation: Owner	09/14/94	750.00
	Aggregate Year-to-Date—$	2,3044.00	
SUBTOTAL of Receipts This Page (optional)			1,975.00
TOTAL This Period (last page this line number only)			

9 4 0 3 0 2 0 1 7 2 5

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. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Occupation: Admin Aggregate Year-to-Date—$	09/27/94 925.00	100.00
B. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Occupation: Admin Aggregate Year-to-Date—$	09/27/94 925.00	100.00
C. David Seckman 1201 L St NW , AR Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assoc Occupation: VP Regulatory Aggregate Year-to-Date—$	09/28/94 365.56	115.44
D. Howard Orter 9201 Bloomington Frwy 8FF Bloomington, MN 55420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tealwood Care Centers Inc Occupation: President Aggregate Year-to-Date—$	09/25/94 375.00	125.00
E. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date—$	09/27/94 585.00	50.00
F. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date—$	09/27/94 585.00	150.00
G. Kent Kelly 50 Beach St Wolcott, CT 06717 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wolcott View Manor Occupation: Administrator Aggregate Year-to-Date—$	09/14/94 200.00	50.00

SUBTOTAL of Receipts This Page (optional) 690.44

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

9 4 0 3 9 3 3 4 7 2 6

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. Dennis Cleary 50 Beach St Wolcott, CT 06717 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wolcott View Manor Occupation: Administrator Aggregate Year-to-Date—$	09/27/94 200.00	50.00
B. Richard & Jill Mondlen 1333 E Madison #206 El Cajon, CA 92021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kennon S Shea & Assoc Occupation: Dir/Operations Aggregate Year-to-Date—$	09/16/94 1,000.00	1,000.00
C. Michael Barody 15301 Roosevelt Blvd., #302 Clearwater, FL 34620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medical Care Services Occupation: Admin Aggregate Year-to-Date—$	09/28/94 1,765.00	100.00
D. Alex Schweitzer 501 19th St NE Jamestown, ND 58401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Dakota Village Occupation: Administrator Aggregate Year-to-Date—$	09/16/94 200.00	100.00
E. Kenneth Blair 126 Iron Bridge Rd Barver, PA 16055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fair Winds Manor Inc Occupation: Administrator Aggregate Year-to-Date—$	09/16/94 250.00	50.00
F. Hollis Helgeson 520 1st St NE Bartell, MN 56377 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Manor Occupation: Chief Executive Off Aggregate Year-to-Date—$	09/27/94 425.00	225.00
G. Bruce Bailey 401 E 27th PO Box 2295 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dean E Occupation: Owner Aggregate Year-to-Date—$	09/14/94 375.00	175.00

SUBTOTAL of Receipts This Page (optional) 1,650.00

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

9 4 0 3 7 3 3 4 7 2 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. Joseph Sousa 54 Barker Ave Warren, RI 02885 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grace Barker Nursing Home Admin Aggregate Year-to-Date—$ 1,850.00	09/25/94	150.00
B. Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Care Management Exec Vice President Aggregate Year-to-Date—$ 325.00	09/27/94	100.00
C. Delta Holloway 1475 N Cole Rd Boise, ID 83704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Holly Hills Care Center Owner/Nurse Consult Aggregate Year-to-Date—$ 600.00	09/23/94	250.00
D. Burton G Levee 1505 SE Carpenter Rd Lacey, WA 98503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Roman Health Care Center President Aggregate Year-to-Date—$ 2,000.00	09/23/94	2,000.00
E. Louis E Cottrell Jr PO Box 189 Killen, AL 35645 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lauderdale Christian NH Administrator Aggregate Year-to-Date—$ 500.00	09/16/94	500.00
F. Gary Williams 416 S Dobson Rd Chandler, AZ 85224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chandler Health Care Center Administrator Aggregate Year-to-Date—$ 500.00	09/27/94	125.00
G. Eric Wilkins 10101 Lagrima de Oro NE Albuquerque, NM 87111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mission Manor Health Care Ctr Occupation Aggregate Year-to-Date—$ 225.00	09/27/94	125.00

SUBTOTAL of Receipts This Page (optional) 3,250.00

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

9 4 0 3 9 3 3 4 7 2 3

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. Chet Bradeen 3240 W. Henderson Rd., Ste. B Columbus, OH 43220	Health Care Associates President	09/27/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 400.00		
B. Patricia Lorhett 932 Ward Ave #430 Honolulu, HI 96814	Healthcare Assn of Hawaii VP Long Term Care	09/23/94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
C. Jane Hazelbaker 1496 Old Henderson Rd Columbus, OH 43221	Aegis Consulting Services President	09/16/94	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		
D. Jane Hazelbaker 1496 Old Henderson Rd Columbus, OH 43221	Aegis Consulting Services President	09/27/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		
E. Kenneth Kumle 148 W State St Kennett Square, PA 19348	Genesis Health Ventures VP/Treasurer	09/16/94	154.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
F. Joseph Gilcoski PO Box K Ludlow, VT 05149	Grand Old Fellows Home Administrator	09/27/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 275.00		
G. [illegible] 101 SE 1st St Evansville, IN 47713	Healthcare Center Chairman	09/14/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
SUBTOTAL of Receipts This Page (optional)			1,800.00
TOTAL This Period (last page this line number only)			

9 4 0 3 3 4 7 2 3 4

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Ginger Layman 25919 Gading Rd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Michael Conv Hospital Administrator Aggregate Year-to-Date—$	09/28/94 825.00	500.00
B. Dave Rogge 5129 Hilltop Rd Everett, WA 98203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Forest View Transitional Hq President Aggregate Year-to-Date—$	09/23/94 450.00	750.00
C. Deborah Petrine 7965 Colonnade Dr., Ste. 200 Roanoke, VA 24016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HCMF Corp Occupation Aggregate Year to Date $	09/20/94 600.00	600.00
D. Tim Rice 1876 N.E. Highway 20 Bend, OR 97701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Oregon Health Care Ctr Owner/Administrator Aggregate Year-to-Date $	09/25/94 200.00	200.00
E. Bill Ferrian 252 Lake Cheateau Dr. Hermitage, TN 37076 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Properties, Inc. President Aggregate Year-to-Date—$	09/14/94 1,250.00	150.00
F. Lynda Conaway Kirk P.O. Box 200 Harrisville, WV 26362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pine View continuous Care Administrator Aggregate Year-to-Date—$	09/14/94 375.00	125.00
G. Ramon Ovation Network 7674 S.W. Mohawk Tualatin, OR Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ramon Ovation Network Occupation Aggregate Year-to-Date $	09/23/94 400.00	300.00
SUBTOTAL of Receipts This Page (optional)			2,125.00
TOTAL This Period (last page this line number only)			

9 4 0 3 9 3 3 4 7 3 3

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
Reynaldo Lapid 1931 Lakewood Rd. Toms River, NJ 08755	Green Acres Manor Owner	09/23/94	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**
David Kitchen 9300 Shelbyville Rd., Ste 1300 Louisville, KY 40222	Transitional Health Services VP/Marketing	09/16/94	450.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$	450.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Winston Jones 932 Baddour Parkway Lebanon, TN 37087	Quality Care Health Centers	09/14/94	150.00
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**
Winston Jones 932 Baddour Parkway Lebanon, TN 37087	Quality Care Health Centers	09/26/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Paul Bonin 469 Centerville Rd. Warwick, RI 02886	Greenwood Nursing Home Vice President	09/16/94	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**
Anne Whitt 1108 Longview Dr. Hendersonville, TN 37075		09/26/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	100.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Six Pine Circle East Bennington, VT 05201		09/27/94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$	200.00	

SUBTOTAL of Receipts This Page (optional) 1,800.00

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

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 Melanie Cross 134 Windover Dr. Danville, CA 94506 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Calif. Assoc. of Health Cap. Occupation Administrator Aggregate Year-to-Date—$	Date (month, day, year) 09/28/94 300.00	Amount of Each Receipt this Period 300.00
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)			300.00
TOTAL This Period (last page this line number only)			27,345.11

9 4 0 3 9 3 3 4 7 3 2

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	Date (month, day, year)	Amount of Each Disbursement This Period
Conrad Burns 2900 First Ave., North Billings, MT 59101	R-SEN-MT 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jolene Unsoeld P O Box 10231 Olympia, WA 98502	D-0003-WA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Clay Shaw, Jr. 2929 E. Commercial Blvd. Fort Lauderdale, FL 33308	R-0022-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jack Fields PO Box 2406, 2607 Old Humber R, Humble, TX 77396	R-0008-TX 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Thomas J. Billey, Jr. 408 Henri Road Richmond, VA 23226	R-0007-VA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bill Paxon P.O. Box 1995 Williamsville, NY 14231	R-0027-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Larry LaRocco PO Box 1553 Boise, ID 83701	D-1 -ID 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Zimmer 3131 Princeton Pike Lawrenceville, NJ 08648	D-0012-NJ 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Harris Wofford P.O. Box 11555 Harrisburg, PA 17108	D-SEN-PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/16/94	1,000.00
SUBTOTAL of Disbursements This Page (optional)			7,500.00
TOTAL This Period (last page this line number only)			

2 4 0 2 3 3 7 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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harris Wofford P.O. Box 11555 Harrisburg, PA 17108	D-SEN-PA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/27/94	2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gary Franks , CT	R-0005-CT 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Connie Mack P.O. Box 1835 Tampa, FL 33601	R-SEN-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/29/94	400.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim McCrery Suite 350, 5425 Youree Dr. Shreveport, LA 71105	R-0005-LA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/09/94	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	D-0012-MI 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/01/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	D-0012-MI 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sander Levin 2107 Fourteen Mile Rd Sterling Heights, MI 48310	D-0012-MI 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	05/30/94	1,900.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Edolphus Towns 321 Stuyvesant Ave. Brooklyn, NY 11233	D-0010-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	07/30/94	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael DeWine 8 East Broad St., 15th Fl. Columbus, OH 43215	R-0007-OH 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/27/94	1,000.00
SUBTOTAL of Disbursements This Page (optional)			8,800.00
TOTAL This Period (last page this line number only)			

24031734

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 Bill Brewster PO Box 10 Medil, OK 73446	Purpose of Disbursement D-0003-OK 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/16/94	Amount of Each Disbursement This Period 400.00
B. Full Name, Mailing Address and ZIP Code Rick Santorum 2nd Floor, 640 Rodi Rd. Pittsburgh, PA 15235	Purpose of Disbursement R-0019-PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/16/94	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Nita Lowey White Plains, NY	Purpose of Disbursement D-0018-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/30/94	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Joe Barton 1312 Sundale Ennis, TX 75119	Purpose of Disbursement R-0006-TX 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/09/94	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Joe Barton 1312 Sundale Ennis, TX 75119	Purpose of Disbursement R-0006-TX 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/30/94	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Greg Laughlin , TX	Purpose of Disbursement D-0014-TX 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/30/94	Amount of Each Disbursement This Period 250.00
G. Full Name, Mailing Address and ZIP Code Gerald Klecska 3268 South 9th Street Milwaukee, WI 53215	Purpose of Disbursement D-0004-WI 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/16/94	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Sam Gibbons 940 S. Sterling Tampa, FL 33629	Purpose of Disbursement D-0011-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/09/94	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Newt Gingrich 221 Upper Riverdale Road Jonesboro, GA 30236	Purpose of Disbursement R-0006-GA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/16/94	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			5,850.00
TOTAL This Period (last page this line number only)			

9 4 0 3 2 3 3 4 7 3 9

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. Cardiss Collins 1115 South Plymouth Court Chicago, IL 60605	D-0007-IL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	1,000.00
B. Dennis Hastert P.O. Box 625 Batavia, IL 60510	R-0014-IL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	1,000.00
C. John Myers 921 Second Street Covington, IN 47932	R-0007-IN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
D. David Bonior Suite 305, 59 No. Walnut Mount Clemens, MI 48043	D-0010-MI 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
E. H. Martin Lancaster PO Box 3600 Durham, NC 27702	D-0003-NC 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	1,000.00
F. Daniel Moynihan 488 Madison Avenue 12th Floor New York, NY 10022	D-SEN-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/16/94	1,000.00
G. Charles Rangel 74 West 132nd St New York, NY 10037	D-0015-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	1,000.00
H. Jack Brooks 1029 East Drive Beaumont, TX 77706	D-0009-TX 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	500.00
I. Thomas Foley 704 W 6Th Avenue #608 Spokane, WA 99204	D-0005-WA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	1,000.00
SUBTOTAL of Disbursements This Page (optional)			7,500.00
TOTAL This Period (last page this line number only)			

9 4 0 3 9 0 3 4 7 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. Chet Edwards 5006 Lakeland Circle Waco, TX 76710	D-11 -TX 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	500.00
B. Vic Fazio 722 B Main St Woodland, CA 96595	D-0003-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	250.00
C. Jerry Lewis 1150 Brookside Ave. Redlands, CA 92373	R-0040-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/23/94	500.00
D. Richard Neal , MA	D-0002-MA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
E. Olympia Snowe 114 Nottingham Road Auburn, ME 04210	R-0002-ME 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/16/94	1,000.00
F. Thomas J. Manton 46-12 Queens Blvd., #210A Sunnyside, NY 11104	D-0007-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	1,000.00
G. Michael McNulty Albany, NY	D-0021-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	500.00
H. Eliot Engel 115 D St., SE, Apt. 102 Washington, DC, NY	D-0017-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	500.00
I. Harry Johnston P O Box 19724 West Palm Beach, FL 33416	D-0019-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
SUBTOTAL of Disbursements This Page (optional)			5,250.00
TOTAL This Period (last page this line number only)			

9 4 0 3 9 3 3 4 7 3 7

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 / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Douglas "Pete" Peterson 109 W. College Ave., #2 Tallahassee, FL 32301	-0002-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):		
Robert Andrews 16 Somerdale Somerdale, NJ 08083	0001-NJ 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	R-0006-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
Earl Pomeroy P.O. Box 746 Bismarck, ND 58502	D-0001-ND 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
Peter Deutsch P.O. Box 26778 Tamarac, FL 33320	D-0020-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
Eddie Bernice Johnson 1005 W. Jefferson St., #302 Dallas, TX 75208	D-0030-TX 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	500.00
Steve Buyer 103 W. Broadway Monticello, IN 47960	R-0005-IN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
Blanche Lambert 44 Waverly Wood Helena, AR 72917	D-0001-AR 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/09/94	500.00
Peter King 1442 Roth Rd Seaford, NY 11783	R-0003-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/02/94	500.00
SUBTOTAL of Disbursements This Page (optional)			4,500.00
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)

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Peter King 1442 Roth Rd Seaford, NY 11783	R-0003-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	500.00
B. Full Name, Mailing Address and ZIP Code John McHugh 683 S. Hamilton St. Watertown, NY 13601	R-94 -NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	500.00
C. Full Name, Mailing Address and ZIP Code Dianne Feinstein 909 Montgomery St., Ste. 404 San Francisco, CA 94133	Purpose of Disbursement D-SEN-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/02/94	1,000.00
D. Full Name, Mailing Address and ZIP Code. Bill Baker 2411 Old Crow Canyon Rd. San Ramon, CA 94583	Purpose of Disbursement R-0010-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/16/94	250.00
E. Full Name, Mailing Address and ZIP Code Bill Baker 2411 Old Crow Canyon Rd. San Ramon, CA 94583	Purpose of Disbursement R-0010-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	250.00
F. Full Name, Mailing Address and ZIP Code Bob Franks 219 South St. New Providence, NJ 07974	Purpose of Disbursement R-0007-NJ 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
G. Full Name, Mailing Address and ZIP Code Mike Crapo 1177 W. State St. Boise, ID 83402	Purpose of Disbursement R-0007-ID 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
H. Full Name, Mailing Address and ZIP Code David Minge 2630 S. First St. Willmar, MN 56201	Purpose of Disbursement D-0002-MN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/16/94	500.00
I. Full Name, Mailing Address and ZIP Code Lynn Woolsey 1301 Redwood Way., Ste. 110 Petaluma, CA 94954	Purpose of Disbursement D-0006-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/16/94	250.00
SUBTOTAL of Disbursements This Page (optional)			4,750.00
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)

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. Tim Hutchinson P.O. Box 933 Benonville, AR 72712	R-0003-AR 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/29/94	2,000.00
B. Corrine Brown , FL	D-0003-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
C. Sherrod Brown Elyria, OH	D-0013-OH 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/02/94	1,000.00
D. John Mica , FL	R-0007-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
E. Jack Quinn , NY	R-30 -NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/94	500.00
F. Karen Thurman , FL	-0005-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	500.00
G. Fund/Dem. Leadership P.O. Box 1347 Sacramento, CA 95812	D- -CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	1,000.00
H. Jerry Weller 1800 N. Division St., Ste. 212 Morris, IL 60450	R-11 -IL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/09/94	500.00
I. Jerry Weller 1800 N. Division St., Ste. 212 Morris, IL 60450	R-11 -IL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/22/94	1,000.00

SUBTOTAL of Disbursements This Page (optional) 7,500.00

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

9 4 0 3 9 3 3 4 7 4 0

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 Tom Davis 3817 Plaza Drive Fairfax, VA 22030	Purpose of Disbursement R-- --VA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/16/94	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Roger Wicker P.O. Box 874 Tupelo, MS 38802	Purpose of Disbursement R-1 --MS 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/22/94	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Marjorie Margolies-Mezvinsky , PA	Purpose of Disbursement --0013 PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/22/94	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Jay Bradford , AR	Purpose of Disbursement D-4 --AR 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/02/94	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Vince Whibbs 1602 N. Ninth Ave. Pensacola, FL 32503	Purpose of Disbursement -- --FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/22/94	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Vince Whibbs 1602 N. Ninth Ave. Pensacola, FL 32503	Purpose of Disbursement --FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/22/94	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Ray LaHood Peoria, IL	Purpose of Disbursement -- --IL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/22/94	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Wes Cooley , OR	Purpose of Disbursement -- --OR 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/22/94	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Susan Stokes P.O. Box 6714 Louisville, KY 40206	Purpose of Disbursement R-- --KY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/27/94	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			6,500.00
TOTAL This Period (last page this line number only)			

9 4 0 3 9 5 3 4 7 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

A. Full Name, Mailing Address and ZIP Code Bill Wheeler , MS	Purpose of Disbursement -- --MS 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/27/94	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code FRANK LAUTENBERG NJ COMMITTEE , NJ	Purpose of Disbursement - --NJ 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/27/94	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code FRANK LAUTENBERG NJ COMMITTEE , NJ	Purpose of Disbursement -- --NJ 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/29/94	Amount of Each Disbursement This Period 1,000.00
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)			2,500.00
TOTAL This Period (last page this line number only)			60,650.00

9 4 0 3 9 3 3 4 7 4 2

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 10/20/94
☐	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

PKY

PREPARER

10/20/94

DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 5 3 4 7 4 3