REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

OCT 18 9 39 AM '96

RAND DEC 21 1996

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

5. Covering Period 9/1/96 through 9/30/96

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 96		$ 86,167.07
(b)	Cash on Hand at Beginning of Reporting Period	$ 53,202.68	
(c)	Total Receipts (from Line 19)	$ 43,142.71	$ 280,163.18
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 96,345.39	$ 366,330.25
7.	Total Disbursements (from Line 30)	$ 71,529.90	$ 341,514.76
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 24,815.49	$ 24,815.49
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: Paul Willging

Date: 10/18/96

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)
FE4ANL01

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

RECEIVED FEDERAL ELECTION COMMISSION REPORTS ANALYSIS DIVISION

HAND DELIVERED

(revised 1/1/91)

NAME OF COMMITTEE: AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 8/1/96 TO: 9/20/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	35027.00	216671.77	11(a)(i)
ii. Unitemized	7859.27	48702.11	11(a)(ii)
iii. Total (add i and ii) ➤	42,886.27	265,373.88	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	600.00	5770.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	42,886.27	271,143.88	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		8000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	256.44	10019.30	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	43,142.71	280,163.18	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	43,142.71	280,163.18	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	779.90	4363.35	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	779.90	4363.35	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	70,750.00	336,151.41	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		1000.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤		1000.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	71,529.90	341,514.76	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	71,529.90	341,514.76	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

FE4AN101

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	Date (month, day, year)	Amount of Each Receipt this Period
Donald Franco 274 Hemingway Ave. East Haven, CT 06512	Paragon Group, Inc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date—$ 1,000.00	09/25/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Linda DeRuvo Keegan 1201 L St NW Washington, AH	AHCA		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP PR & Prof Svcs Aggregate Year-to-Date—$ 1,000.00	09/30/96	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Eugene Bishop PO Box 397 Roswell, GA 30077	Health Services Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date—$ 850.00	09/25/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
James Westbury 922 McDonough Rd Jackson, GA 30233	Westbury Medical Care Home Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date—$ 2,100.00	09/30/96	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dale Thompson 1995 E Rum River Dr S Cambridge, MN 55008	Health Dimensions		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$ 2,100.00	09/17/96	2,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dale Thompson 1995 E Rum River Dr S Cambridge, MN 55008	Health Dimensions		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$ 2,100.00	09/30/96	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David E Meillier PO Box 446 Faribault, MN 55021	Pleasant Manor, Inc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date—$ 1,350.00	09/10/96	250.00
SUBTOTAL of Receipts This Page (optional)			3,800.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David E Meillier PO Box 446 Faribault, MN 55021	Pleasant Manor Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President Aggregate Year-to-Date—$	09/30/96 1,350.00	100.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven Chies 9899 Avocet St Coon Rapids, MN 55433	Park River Estates Care Ctr		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President Aggregate Year-to-Date—$	09/30/96 350.00	100.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jenean Erickson 16051 Northwood Rd., N.W. Prior Lake, MN 55372	Jade Enterprises		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin Aggregate Year-to-Date—$	09/30/96 600.00	100.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rick Carter 2850 Metro Dr #200 Bloomington, MN 55425	Providers of Minnesota		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Exec Dir Aggregate Year-to-Date—$	09/20/96 700.00	500.00

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rick Carter 2850 Metro Dr #200 Bloomington, MN 55425	Providers of Minnesota		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Exec Dir Aggregate Year-to-Date—$	09/30/96 700.00	100.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Durante 526 Altamont Ave Schenectady, NY 12303	Hallmark Nursing Center		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin Aggregate Year-to-Date—$	09/03/96 750.00	250.00

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Dunn 195 Executive Dr Marion, OH 43302	Marion Manor Nursing Home Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin Aggregate Year-to-Date—$	09/03/96 1,100.00	100.00

SUBTOTAL of Receipts This Page (optional)	1,250.00
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	Name of Employer / Occupation / Aggregate Year-to-Date	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 1,100.00	09/10/96	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
L Bruce Levering 1076 Coshocton Rd Mt Vernon, OH 43050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Court Limited Admin 350.00	09/03/96	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Levering 4 New Market Dr Delaware, OH 43015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delaware Court Health Care Ctr Administrator 400.00	09/03/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**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 1,100.00	09/12/96	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Wolf 820 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare Inc President 1,700.00	09/10/96	200.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Marchant PO Box 427 Bloomington, IN 47402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LJM Enterprises Chief Exec Officer 850.00	09/05/96	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Larry Juhl 104 GlenOaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GlenOaks Care Center Administrator 1,100.00	09/30/96	100.00

SUBTOTAL of Receipts This Page (optional)	1,850.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Mosca 150 Fayetteville St Mall #2700 Raleigh, NC 27601	AdvoCare of North Carolina		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President	09/03/96	100.00
	Aggregate Year-to-Date—$: 2,100.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Herman Conaway 2312 Highland Avenue Parkersburg, WV 26101	Mound View Health Care, Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator	09/03/96	100.00
	Aggregate Year-to-Date—$: 475.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Maistros 42350 National Rd Belmont, OH 43718	Bell Nursing Home Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin	09/03/96	100.00
	Aggregate Year-to-Date—$: 475.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Judy 9403 Mill Brook Rd Louisville, KY 40223	Kentucky Assn of Hlth Care Fac		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Exec VP	09/10/96	140.00
	Aggregate Year-to-Date—$: 1,168.50		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Judy 9403 Mill Brook Rd Louisville, KY 40223	Kentucky Assn of Hlth Care Fac		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Exec VP	09/10/96	500.00
	Aggregate Year-to-Date—$: 1,168.50		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carol Lee Fox 888 S Hillhurst Rd Ridgefield, WA 98642	Carolee's Mountain View		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner	09/10/96	100.00
	Aggregate Year-to-Date—$: 200.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter Clendenin 125 Airport Rd Concord, NH 03301	New Hampshire Health Care Assn		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Exec VP	09/03/96	1,237.00
	Aggregate Year-to-Date—$: 2,337.00		

SUBTOTAL of Receipts This Page (optional)	2,277.00
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	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
H Wes Handy 1817 Imperial Ridge Las Cruces,NM 88011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mountain Shadows Nrsg Ctr Owner 2,000.00	09/25/96	2,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Franks 124 S Elm Pl Broken Arrow,OK 74102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Blvd Inc Owner 2,350.00	09/03/96	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gail Clarkson 64500 Van Dyke Washington,MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Medilodge Group Vice President 850.00	09/03/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Tretwold Box 829 200 River Plaza Brewster,WA 98812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harmony House Owner 1,350.00	09/10/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Tretwold Box 829 200 River Plaza Brewster,WA 98812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harmony House Owner 1,850.00	09/10/96	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Tretwold Box 829 200 River Plaza Brewster,WA 98812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harmony House Owner 1,850.00	09/25/96	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Herbert Heflich 857 Vasseller Ave Martinsville,NJ 08836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bey Lea Village Owner 2,200.00	09/10/96	100.00

SUBTOTAL of Receipts This Page (optional) 3,300.00

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brick Nelson 313 Allen Memorial Dr SW Milledgeville, GA 31061	Green Acres Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin	09/30/96	100.00
	Aggregate Year-to-Date—$	400.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668	Sun Mar Management Services		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	09/20/96	500.00
	Aggregate Year-to-Date—$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gail Horrigan 1016 E Cooley Dr #G Colton, CA 92324	Horrigan Enterprises		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Owner	09/03/96	100.00
	Aggregate Year-to-Date—$	1,100.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jack Markovitz 11630 S Grevillea Ave Hawthorne, CA 90250	Hawthorne Care Ctr		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	09/20/96	500.00
	Aggregate Year-to-Date—$	1,500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Troy Athon PO Box 497 Conyers, GA 30207	Geriatric Health Services		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	09/25/96	300.00
	Aggregate Year-to-Date—$	1,650.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Troy Athon PO Box 497 Conyers, GA 30207	Geriatric Health Services		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	09/25/96	100.00
	Aggregate Year-to-Date—$	1,650.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Terry Miller 1704 Cottonwood Dr Princeton, IN 47670	Southeastern Healthcare Svcs		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Owner	09/03/96	100.00
	Aggregate Year-to-Date—$	200.00	
SUBTOTAL of Receipts This Page (optional)			1,700.00
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	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Robert Chur 7 Limestone Drive Williamsville, NY 14221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elderwood Affiliates, Inc President 1,500.00	09/10/96	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Neil Pruitt PO Box 1210 Toccoa, GA 30577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pruitt & Associates Inc Admin 1,250.00	09/10/96	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	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 250.00	09/03/96	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vista Pacifica Enterprises Owner/Administrator 2,200.00	09/03/96	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Phillip Fogg, Sr. 6623 NE 82nd Ave Portland, OR 97220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Prestige Care Inc Administrator 2,100.00	09/10/96	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Phillip Fogg, Sr. 6623 NE 82nd Ave Portland, OR 97220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Prestige Care, Inc Administrator 2,100.00	09/20/96	1,500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
Coy Williamson 165 Winston Drive Athens, GA 30607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grandview Care Center President/Owner 350.00	09/25/96	100.00
SUBTOTAL of Receipts This Page (optional)			2,900.00
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	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Boling 4900 Eagle St Anchorange, AK 99503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Our Lady of Compassion Admin 200.00	09/10/96	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Thomas Gault PO Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison House Executive Director 2,100.00	09/03/96	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Larry Bradley PO Box 799 Durham, CA 95938 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Integrated Health Services Inc Admin 475.00	09/10/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joseph Warner PO Box 3188 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprises President 600.00	09/03/96	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Frank Wronski 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Group Admin 750.00	09/03/96	750.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Donald Griggs 55 Grand St New Britain, CT 06052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Walnut Hill Conv Home Administrator 250.00	09/30/96	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Howard Lipschutz 1304 Laurel Oak Rd. Voorhees, NJ 08433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Management VP 312.50	09/25/96	125.00
SUBTOTAL of Receipts This Page (optional)			1,175.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of 2 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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Terry Mundy 2633 W. Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	English Oaks Convalescent Hosp Administrator/Owner 850.00	09/03/96	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Earl Carlson 236 Metro Dr Jefferson City, MO 65109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Missouri Health Care Assn Exec Dir 375.00	09/25/96	125.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gerald Reilly 2120 State St NE #102 Olympia, WA 98506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Health Care Assoc Executive Director 325.00	09/10/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spaugh & Co Owner 700.00	09/03/96	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Kenneth Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moyle's Health Care Inc President 1,100.00	09/03/96	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Bruce Yarwood 200 P St #F31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Gov Rel Consultant 1,250.00	09/12/96	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Barton Weisman 5310 NW 33rd Ave #211 Ft. Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Corporation Administrator 812.50	09/25/96	250.00

SUBTOTAL of Receipts This Page (optional)	1,025.00
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	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Administrator 385.00	09/20/96	300.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ava Vogel Smith 2325 South Miller Street Shelbyville, IN 46176 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Haven Center Owner 400.00	09/03/96	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ana Raley 4601 Martin Luther King Ave SW Washington, DC 20032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hadley Hospital Skilled Unit Administrator 300.00	09/10/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Thomas E Kalkhof 5511 Baun Blvd Pittsburgh, PA 15232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Collins Nursing Home Owner 300.00	09/10/96	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Terry Friese P.O. Box 857 Rhinelander, WI 54501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Petersen Health Care CEO 1,000.00	09/25/96	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jan Thayer 404 Woodland Dr Grand Island, NE 68801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverside Lodge Owner/Admin 375.00	09/03/96	125.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Brant 101 S Belt W Belleville, IL 62220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Four Fountains Conv Administrator 750.00	09/20/96	750.00

SUBTOTAL of Receipts This Page (optional)	2,475.00
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 committees.

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Al Braswell 3674 Pacific Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bridges Inc President Aggregate Year-to-Date—$ 300.00	09/03/96	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Al Braswell 3674 Pacific Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bridges Inc President Aggregate Year-to-Date—$ 300.00	09/03/96	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Al Braswell 3674 Pacific Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bridges Inc President Aggregate Year-to-Date—$ 300.00	09/30/96	50.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stan Jones 3107 Westhill Dr. Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Administrator Aggregate Year-to-Date—$ 375.00	09/03/96	125.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Terry Beyl One N Capitol #1115 Indianapolis, IN 46204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Indiana Health Care Assoc Executive Vice Pres Aggregate Year-to-Date—$ 400.00	09/03/96	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joseph Sousa 100 Wampanog Trail East Providence, RI 02915 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Havens Nursing Cente Administrator Aggregate Year-to-Date—$ 250.00	09/30/96	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dee G Klausman 3715 SW 29th St Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Svcs Admin/Dir Aggregate Year-to-Date—$ 375.00	09/20/96	125.00
SUBTOTAL of Receipts This Page (optional)			1,000.00
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	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
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	09/03/96	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
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	09/10/96	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Burton C. LeVee 1505 SE Carpenter Rd. Lacey,WA 98503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Roolan Health Care Center President Aggregate Year-to-Date—$ 2,000.00	09/25/96	2,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Patrick T Kriner 3231 Manley Road Maumee,OH 43537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ridgewood Manor Owner Aggregate Year-to-Date—$ 400.00	09/03/96	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Adele Wilzack 10010 Junction Drive #116N Annapolis,MD 20701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Assn. of MD Executive Director Aggregate Year-to-Date—$ 1,600.00	09/03/96	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Al Santos 57 Kilvert Street, Ste. 200 Warwick,RI 02886 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rhode Island Health Care Assoc Exec. Dir./PAC Dir. Aggregate Year-to-Date—$ 500.00	09/30/96	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mary Flynn 40 White Hall Road Rochester,NH 03867 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rochester Manor Administrator Aggregate Year-to-Date—$ 375.00	09/10/96	25.00
SUBTOTAL of Receipts This Page (optional)			3,825.00
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	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Richard Greer P.O. Box 30100 Shreveport, LA 71130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Capital Inc President 1,100.00	09/17/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joanne Grubbs 3735 Memorial Dr Decatur, GA 30032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Georgia Nursing Home Assoc Dir Reg Affairs 600.00	09/25/96	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Lohr P.O. Box 19805 Pittsburgh, PA 15236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jefferson Hills Manor Executive Director 850.00	09/10/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Francis Feltham 1200 Talisman Dr North Augusta, SC 29841 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fane Management Inc President 350.00	09/25/96	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Sims 707 Center Street Columbus, GA 31901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbus Regional Health Care Senior Vice Pres 1,200.00	09/25/96	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Don Isetti 7590 Shoreline Stockton, CA 95219 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Pharm Svcs President 350.00	09/25/96	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Terry Troxell 3608 East Woodland Drive Phoenix, AZ 85044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sunquest Health Care VP Congressional Sv 300.00	09/03/96	300.00
SUBTOTAL of Receipts This Page (optional)			1,950.00
TOTAL This Period (last page this line number only)			

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

SCHEDULE A **ITEMIZED RECEIPTS**

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 Susan Bailis 400 Centre Street Newton, MA 02158 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer The ADS Group Occupation President Aggregate Year-to-Date—$	Date (month, day, year) 09/17/96 1,000.00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Stephen Johnson 4558 Clyde Morris Blvd Port Orange, FL 32119 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Southeastern Health Care Mgmt Occupation President Aggregate Year-to-Date—$	Date (month, day, year) 09/12/96 1,100.00	Amount of Each Receipt This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Dale Hahn 1808 S. Beretania St Honolulu, HI 96826 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Oahu Care Facility Occupation Business Manager Aggregate Year-to-Date—$	Date (month, day, year) 09/10/96 200.00	Amount of Each Receipt This Period 100.00
D. Full Name, Mailing Address and ZIP Code Jesse Samples 8 Capitol St #700 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer West Virginia Health Care Assn Occupation Dir Gov't Rel Aggregate Year-to-Date—$	Date (month, day, year) 09/03/96 200.00	Amount of Each Receipt This Period 100.00
E. Full Name, Mailing Address and ZIP Code Jesse Samples 8 Capitol St #700 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer West Virginia Health Care Assn Occupation Dir Gov't Rel Aggregate Year-to-Date—$	Date (month, day, year) 09/18/96 200.00	Amount of Each Receipt This Period 100.00
F. Full Name, Mailing Address and ZIP Code Hal and Elaine Sarff 14819 E. Mission Spokane, WA 99216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Colonial Care Occupation Ass't Administrator Aggregate Year-to-Date—$	Date (month, day, year) 09/10/96 1,100.00	Amount of Each Receipt This Period 100.00
G. Full Name, Mailing Address and ZIP Code Samuel Thompson 900 E. 9th Metropolis, IL 62960 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Southgate Health Care Occupation Vice President Aggregate Year-to-Date—$	Date (month, day, year) 09/10/96 250.00	Amount of Each Receipt This Period 250.00
SUBTOTAL of Receipts This Page (optional)			2,650.00
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	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Anderson 2177 Youngman Ave., Ste. 200 St. Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Good Samaritan Society/Minn VP/Finance 200.00	09/30/96	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Judy Abel 7472 SW Mohawk Tualatin, OR 97062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Abel Health Care Network President 300.00	09/20/96	300.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Herbert Yim PO Box 797 Lanai City, HI 96763 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanai Community Hospital Administrator 275.00	09/12/96	200.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Paul A. Granger 209 Bellefontaine Avenue Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maplewood Administrator 250.00	09/10/96	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Clark Peek 505 N. 5th Avenue Rome, GA 30165 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fifth Avenue Healthcare Owner/Administrator 600.00	09/25/96	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joan Gallegos 1319 South Emigration Street Salt Lake City, UT 84108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Utah Health Care Assn State Executive 400.00	09/10/96	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Phil McLaughlin 425 West Capitol, Suite 3300 Little Rock, AR 72201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moore, Stephens, Frosty Director 2,000.00	09/10/96	1,000.00

SUBTOTAL of Receipts This Page (optional)	2,050.00
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 Rosemary Anderson 16134 East Blenpoint Drive Fountain Hills, AZ 85268 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Life Care Centers of America Occupation Executive Director Aggregate Year-to-Date—$ 500.00	Date (month, day, year) 09/03/96	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Richard Gurka 3600 E. Woodland Drive Phoenix, AZ 85044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$ 300.00	Date (month, day, year) 09/03/96	Amount of Each Receipt This Period 300.00
C. Full Name, Mailing Address and ZIP Code Bill Pinnica 8601 Ridge Ponds Drive Victoria, MN 55386 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Sandoz Nutrition Occupation Aggregate Year-to-Date—$ 500.00	Date (month, day, year) 09/10/96	Amount of Each Receipt This Period 500.00
D. Full Name, Mailing Address and ZIP Code Chaim Kaminetzky PO Box 537 Lynbrook, NY 11563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer East Rockaway Progressive Care Occupation Executive Director Aggregate Year-to-Date—$ 500.00	Date (month, day, year) 09/12/96	Amount of Each Receipt This Period 500.00
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)			1,800.00
TOTAL This Period (last page this line number only)			35,027.00

SCHEDULE A **ITEMIZED RECEIPTS**

Page 1 of 1 for
LINE NUMBER 17
(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 ASSOC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, NA PO BOX 85024 RICHMOND, VA 23285-5024 Receipt For: ☐ Primary ☐ General ☑ Other (specify): INTEREST	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 9/30/96	Amount of Each Receipt this Period 256.44
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			256.44

Page 1 of 1 for
LINE NUMBER - 18
(Use separate schedule(s) for each category of the Detailed Summary Page)

SCHEDULE A **ITEMIZED RECEIPTS**

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

Name of Committee (in Full)
AMERICAN HEALTH CARE ASSOC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code DC HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE 5444 NEVADA AVE NW WASHINGTON DC 20015-1728 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$ 600.00	Date (month, day, year) 9/10/96	Amount of Each Receipt this Period 600.00
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)			
TOTAL This Period (last page this line number only)			600.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
Clay Shaw, Jr. 2929 E. Commercial Blvd. Fort Lauderdale, FL 33308	R-0022-FL 96 General ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
B. Full Name, Mailing Address and ZIP Code Bill Emerson 1310 Lexington Cape Girardeau, MO 63701	Purpose of Disbursement R-0008-MO 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/11/96	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Richard Zimmer 3131 Princeton Pike Lawrenceville, NJ 08648	Purpose of Disbursement D-0012-NJ 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Frank Riggs PO Box 598 Windsor, CA 95492	Purpose of Disbursement R-0001-CA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Gary A. Condit 920 12 Street Modesto, CA 95354	Purpose of Disbursement D-0018-CA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	Purpose of Disbursement R-0006-CT 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/06/96	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	Purpose of Disbursement R-0006-CT 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Michael Bilirakis P.O. Box 1077 Tarpon Springs, FL 34688	Purpose of Disbursement R-0009-FL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Jim Nussle PO Box 524 Manchester, IA 52057	Purpose of Disbursement R-0002-IA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			5,000.00
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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Durbin PO BOX 1949 Springfield, IL 62704	D-0020-IL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	1,000.00
B. Full Name, Mailing Address and ZIP Code Mitch McConnell 1930 Bishop Lane, Ste 1018 Louisville, KY 40218	Purpose of Disbursement R-SEN-KY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	1,000.00
C. Full Name, Mailing Address and ZIP Code Robert Torricelli 160 Overlook Avenue Hackensack, NJ 07601	Purpose of Disbursement D-0009-NJ 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	1,000.00
D. Full Name, Mailing Address and ZIP Code John Kasich 5910 Cleveland Avenue Columbus, OH 43229	Purpose of Disbursement R-0012-OH 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	1,000.00
E. Full Name, Mailing Address and ZIP Code Scott Klug P.O. Box 5619 Madison, WI 53705	Purpose of Disbursement R-0002-WI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/17/96	500.00
F. Full Name, Mailing Address and ZIP Code Tom Harkin 3213 South West 9th St Des Moines, IA 50315	Purpose of Disbursement D-SEN-IA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/26/96	1,000.00
G. Full Name, Mailing Address and ZIP Code John Kerry 326 Beacon St Boston, MA 02116	Purpose of Disbursement D-SEN-MA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	5,000.00
H. Full Name, Mailing Address and ZIP Code Joe Barton PO Box 1444 Ennis, TX 75120	Purpose of Disbursement R-0005-TX 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	1,000.00
I. Full Name, Mailing Address and ZIP Code Gerald Kleczka 3268 South 9th Street Milwaukee, WI 53215	Purpose of Disbursement D-0004-WI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/04/96	1,000.00
SUBTOTAL of Disbursements This Page (optional)			12,500.00
TOTAL This Period (last page this line number only)			

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dennis Hastert P.O. Box 625 Batavia, IL 60510	R-0014-IL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/04/96	500.00
B. Full Name, Mailing Address and ZIP Code Joseph Kennedy 73 Bigelow St Brighton, MA 02135	Purpose of Disbursement D-0008-MA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Benjamin Cardin 2509 Shelleydale Road Baltimore, MD 21209	Purpose of Disbursement D-0003-MD 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/03/96	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Dale Kildee 316 W. Water St. Flint, MI 48503	Purpose of Disbursement D-0009-MI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/13/96	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code John Dingell 5467 Schaefer Road Dearborn, MI 48126	Purpose of Disbursement D-0016-MI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/13/96	Amount of Each Disbursement This Period 2,000.00
F. Full Name, Mailing Address and ZIP Code John Dingell 5467 Schaefer Road Dearborn, MI 48126	Purpose of Disbursement D-0016-MI 96 General Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Harold Volkmer 719 Country Club Dr. Hannibal, MO 63401	Purpose of Disbursement D-0009-MO 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/09/96	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code David Price P O Box 1986 Raleigh, NC 27602	Purpose of Disbursement D-0004-NC 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/03/96	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Donald Pease PO Box 837 Loraine, OH 44052	Purpose of Disbursement D-0013-OH 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/26/96	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)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Joseph McDade 307 Clark Avenue Clarks Summit, PA 18411	R-0010-PA 96 General	09/24/96	500.00
B. Full Name, Mailing Address and ZIP Code Tim Johnson 102 No. Plum St Vermillion, SD 57069	Purpose of Disbursement D-0001-SD 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Vic Fazio 722 B Main St Woodland, CA 96595	Purpose of Disbursement D-0003-CA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Jerry Lewis 1150 Brookside Ave. Redlands, CA 92373	Purpose of Disbursement R-0040-CA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code John Porter 1099 Merril Street Winnetka, IL	Purpose of Disbursement R-0010-IL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/03/96	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Gerald Solomon PO Box 459 Saratoga Springs, NY 12866	Purpose of Disbursement R-0022-NY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/09/96	Amount of Each Disbursement This Period 3,000.00
G. Full Name, Mailing Address and ZIP Code Michael McNulty 6 Swann Street Green Island, NY 12183	Purpose of Disbursement D-0021-NY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Eliot Engel 115 D St., SE, Apt. 102 Washington, DC, NY	Purpose of Disbursement D-0017-NY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Collin Peterson 928 Lake Ave. Detroit Lakes, MN 56501	Purpose of Disbursement D-0007-MN 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 09/24/96	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			8,000.00
TOTAL This Period (last page this line number only)			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
James Walsh P.O. Box 1974 Syracuse, NY 13201	R-0025-NY 96 General ☐ Primary ☒ General ☐ Other (specify):	09/17/96	3,000.00
B. Full Name, Mailing Address and ZIP Code James Walsh P.O. Box 1974 Syracuse, NY 13201	Purpose of Disbursement R-0025-NY 96 General ☐ Primary ☒ General ☐ Other (specify):	09/24/96	3,000.00
C. Full Name, Mailing Address and ZIP Code Jim Talent 955 Executive Pkwy., #201 St. Louis, MO 63141	Purpose of Disbursement R-0002-MO 96 General ☐ Primary ☒ General ☐ Other (specify):	09/09/96	500.00
D. Full Name, Mailing Address and ZIP Code Jim Talent 955 Executive Pkwy., 0201 St. Louis, MO 63141	Purpose of Disbursement R-0002-MO 96 General ☐ Primary ☒ General ☐ Other (specify):	09/24/96	2,000.00
E. Full Name, Mailing Address and ZIP Code Nathan Deal P.O. Box 2522 Gainesville, GA 30503	Purpose of Disbursement D-0009-GA 96 General ☐ Primary ☒ General ☐ Other (specify):	09/24/96	1,000.00
F. Full Name, Mailing Address and ZIP Code Charles Stenholm P.O. Box 1032 Stamford, TX 79553	Purpose of Disbursement D-017 -TX 96 General ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
G. Full Name, Mailing Address and ZIP Code Jon Fox 36 W. Skippack Ambler, PA 19002	Purpose of Disbursement R-13 -PA 96 General ☐ Primary ☒ General ☐ Other (specify):	09/03/96	500.00
H. Full Name, Mailing Address and ZIP Code Peter King 1442 Roth Rd Seaford, NY 11783	Purpose of Disbursement R-0003-NY 96 General ☐ Primary ☐ General ☐ Other (specify):	09/24/96	250.00
I. Full Name, Mailing Address and ZIP Code Bob Franks 219 South St. New Providence, NJ 07974	Purpose of Disbursement R-0007-NJ 96 General ☐ Primary ☐ General ☐ Other (specify):	09/06/96	500.00
SUBTOTAL of Disbursements This Page (optional)			11,250.00
TOTAL This Period (last page this line number only)			

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Crapo 1177 W. State St. Boise, ID 83402	R-0002-ID 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
B. Full Name, Mailing Address and ZIP Code Ken Calvert P.O. Box 5-1992 Riverside, CA 92517	Purpose of Disbursement R-0043-CA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
C. Full Name, Mailing Address and ZIP Code Mac Collins P.O. Box 35 Jonesboro, GA 30237	Purpose of Disbursement R-0003-GA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/30/96	500.00
D. Full Name, Mailing Address and ZIP Code Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Purpose of Disbursement D-0013-OH 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
E. Full Name, Mailing Address and ZIP Code Rick Lazio PO Box 5063 , NY Bay Shore, NY 11718	Purpose of Disbursement R-0002-NY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	500.00
F. Full Name, Mailing Address and ZIP Code Jack Quinn po Box 2012 , NY Blasdell, NY 14219	Purpose of Disbursement R-30 -NY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/26/96	500.00
G. Full Name, Mailing Address and ZIP Code Karen Thurman po Box 5058 , FL Inverness, FL 34450	Purpose of Disbursement -0005-FL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
H. Full Name, Mailing Address and ZIP Code Greg Ganske 5907 Grand Ave. Des Moines, IA 50312	Purpose of Disbursement R-0004-IA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
I. Full Name, Mailing Address and ZIP Code Charlie Bass 136 N. Main Street, Ste 4 Concord, NH 03301	Purpose of Disbursement R-0002-NH 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/06/96	1,000.00
SUBTOTAL of Disbursements This Page (optional)			5,000.00
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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
James Maloney 185 Main St. Danbury, CT 06810	D-0005-CT 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/26/96	500.00
B. Full Name, Mailing Address and ZIP Code Rodney Frelinghuysen P.O. Box 712 Morristown, NJ 07963	Purpose of Disbursement R-0011-NJ 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	1000.00
C. Full Name, Mailing Address and ZIP Code Lynn Rivers 1945 Pauline Blvd., Rm. 11 Ann Arbor, MI	Purpose of Disbursement D-0013-MI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
D. Full Name, Mailing Address and ZIP Code Bart Stupak P.O. Box 143 Menominee, MI 49858	Purpose of Disbursement D-0001-MI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	500.00
E. Full Name, Mailing Address and ZIP Code Tom Coburn P.O. Box 504 Muskogee, OK 74402	Purpose of Disbursement R-2 -OK 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/26/96	1,000.00
F. Full Name, Mailing Address and ZIP Code Charles Norwood PO Box 499 Evans, GA 30809	Purpose of Disbursement R-10 -GA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	1,000.00
G. Full Name, Mailing Address and ZIP Code George Radanovich 2377 W. Shaw, Ste. 204 Fresno, CA 93711	Purpose of Disbursement R-19 -CA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	500.00
H. Full Name, Mailing Address and ZIP Code Philip English P.O. Box 1940 Erie, PA 16512	Purpose of Disbursement R-0021-PA 96 General Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	09/24/96	500.00
I. Full Name, Mailing Address and ZIP Code John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	Purpose of Disbursement 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
SUBTOTAL of Disbursements This Page (optional)			5,500.00
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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Bilbray PO Box 84946 San Diego, CA 92138	R-49 -CA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	1,000.00
B. Full Name, Mailing Address and ZIP Code Dick Chrysler PO Box 1518 Brighton, MI 48116	Purpose of Disbursement R-8 -MI 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/13/96	500.00
C. Full Name, Mailing Address and ZIP Code Robert (Jr.) Ehrlich 1527 York Road Ste 705 Lutherville, MD 21093	Purpose of Disbursement R-2 -MD 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
D. Full Name, Mailing Address and ZIP Code Steve Largent 2424 East 21 Street Tulsa, OK 74114	Purpose of Disbursement R-1 -OK 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
E. Full Name, Mailing Address and ZIP Code Todd Tiahrt 225 N Rock Rd #118-228 -KS Wichita, KS 67202	Purpose of Disbursement R-4 -KS 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	500.00
F. Full Name, Mailing Address and ZIP Code JC Watts PO Box 6545 Norman, OK 73070	Purpose of Disbursement R-4 -OK 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
G. Full Name, Mailing Address and ZIP Code Ed Whitfield PO Box 391 -KY Hopkinsville, KY 42241	Purpose of Disbursement R-1 -KY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
H. Full Name, Mailing Address and ZIP Code Rick White PO Box 8156 Kirkland, WA 98034	Purpose of Disbursement R-1 -WA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	1,000.00
I. Full Name, Mailing Address and ZIP Code Gordon Smith 5285 SW Meadows Road No. 181 Lake Oswego, OR 97035	Purpose of Disbursement OR 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	500.00
SUBTOTAL of Disbursements This Page (optional)			5,500.00
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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gordon Smith 5285 SW Meadows Road No. 181 Lake Oswego, OR 97035	-OR 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
B. Full Name, Mailing Address and ZIP Code Allen Boyd PO Box 15703 Tallahassee, FL 32317	Purpose of Disbursement D- -FL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	500.00
C. Full Name, Mailing Address and ZIP Code John Peterson PO Box 195 Pleasantville, PA 16341	Purpose of Disbursement R- -PA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	500.00
D. Full Name, Mailing Address and ZIP Code John Frieden 3530 SW Hodges Rd Topeka, KS 66614	Purpose of Disbursement D- -KS 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
E. Full Name, Mailing Address and ZIP Code Chip Pickering 661 Highway 51 North Ridgeland, MS 39157	Purpose of Disbursement R- -MS 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/03/96	500.00
F. Full Name, Mailing Address and ZIP Code Ben Nelson 2912 South 84th Street Omaha, NE 68124	Purpose of Disbursement - -NE 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	1,000.00
G. Full Name, Mailing Address and ZIP Code Kevin Quigley 1029 Springbrook Road Lake Stevens, WA 98258	Purpose of Disbursement - -WA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/04/96	1,000.00
H. Full Name, Mailing Address and ZIP Code Chuck Getty PO Box 25366 Chattanooga, TN 37422	Purpose of Disbursement -TN 96 General Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	09/04/96	500.00
I. Full Name, Mailing Address and ZIP Code Robert Dexter 2500 North Military Trail Boca Raton, FL 33431	Purpose of Disbursement 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/06/96	1,000.00
			6,000.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William Pascrell 63 Court Lane Paterson, NJ 07501	D- -NJ 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
B. Full Name, Mailing Address and ZIP Code Jerry Moran 1011 Main Hays, KS 67601	Purpose of Disbursement -KS 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
C. Full Name, Mailing Address and ZIP Code Walter Minnick 815 Park Blvd., #13 Boise, ID 83712	Purpose of Disbursement -ID 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	1,000.00
D. Full Name, Mailing Address and ZIP Code Kathy Karpan 1807 Capital Avenue, Ste. 100 Cheyenne, WY 82001	Purpose of Disbursement -WY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	1,000.00
E. Full Name, Mailing Address and ZIP Code Roy Blunt 2740-B East Sunshine Street Springfield, MO 65804	Purpose of Disbursement -MO 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
F. Full Name, Mailing Address and ZIP Code Chris John PO Box 971 Crowley, LA 70527	Purpose of Disbursement D- -LA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
G. Full Name, Mailing Address and ZIP Code Mike McIntyre PO Box 1 Lumberton, NC 28359	Purpose of Disbursement D- -NC 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	500.00
H. Full Name, Mailing Address and ZIP Code Mary Landrieu 841 Carondelet New Orleans, LA 70130	Purpose of Disbursement -LA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	2,500.00
I. Full Name, Mailing Address and ZIP Code Wayne Parker 4906 Whitesburg Drive Huntsville, AL 35802	Purpose of Disbursement AL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/24/96	1,000.00
SUBTOTAL of Disbursements This Page (optional)			8,000.00
TOTAL This Period (last page this line number only)			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Tom Allen PO Box 17766 Portland, ME 04112	D- -ME 96 General Disbursement for: ☐Primary ☒General ☐ Other (specify):	09/24/96	1,000.00
B. Full Name, Mailing Address and ZIP Code Virginia Blankenbaker 425 Massachusetts Ave Indianapolis, IN 46204	Purpose of Disbursement R- -IN 96 General Disbursement for: ☐Primary ☒General ☐ Other (specify):	09/26/96	500.00
C. Full Name, Mailing Address and ZIP Code Capitol PAC 9115 Westholme Way Vienna, VA 22182	Purpose of Disbursement - -VA Disbursement for: ☐Primary ☐General ☐ Other (specify):	09/30/96	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)			75,750.00

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A. PO BOX 85024 RICHMOND, VA 23285	Purpose of Disbursement BANKING FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 9/30/96	Amount of Each Disbursement This Period 543.23
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)			543.23

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 1 of 1 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 ASSOC. POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code FRIENDS OF NEWT GINGRICH 221 UPPER RIVERDALE RD. JONESBORO, GA 30236	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	8/30/96	(5000.00)
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)			(5000.00)
TOTAL This Period (last page this line number only)			(5000.00)

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
☐	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

MM — PREPARER

10-18-96 — DATE PREPARED

FEC FORM 70-2 (12/92)