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)

00000000 110394 p 209
GERALD L BAKER
AMERICAN HEALTH CARE ASSOCIATI
ON POLITICAL ACTION COMMITTEE
1201 L STREET NW
WASHINGTON DC 20005

DEC 5 9 01 PM '94

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 11/8/94 in the State of all

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

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SUMMARY

5. Covering Period 10/20/94 through 11/8/94

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1994		$ 89,913.07
(b) Cash on Hand at Beginning of Reporting Period	$ 117,406.01	
(c) Total Receipts (from Line 19)	$ 28,862.41	$360,014.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 146,268.42	$449,927.94
7. Total Disbursements (from Line 30)	$ 109,342.61	$413,002.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 36,925.81	$ 36,925.81
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

Date 11/29/94

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)

4-00173

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 10/20/94 TO: 11/8/94

	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)	23,055.00	260,077.29	11(a)(i)
ii. Unitemized	5,450.50	92,490.99	11(a)(ii)
iii. Total (add i and ii) ➤	28,505.50	352,568.28	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) ➤	28,505.50	357,568.28	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.)	356.91	2,446.59	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	28,862.41	360,014.87	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	28,862.41	360,014.87	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	13,792.61	18,447.13	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	13,792.61	18,447.13	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	95,425.00	394,055.00	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	50.00	425.00	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) ➤	50.00	425.00	28(d)
29. Other Disbursements	75.00	75.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	109,342.61	413,002.13	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	109,342.61	413,002.13	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	28,505.50	357,568.28	32
33. Total Contribution Refunds (from line 28d)	50.00	425.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	28,455.50	357,143.28	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	13,792.61	18,447.13	35
36. Offsets to Operating Expenditures (from line 15)	--	--	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	13,792.61	18,447.13	37

4-00173

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SCHEDULE A — **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Wade PO Box H Uvalde, TX 78801	Amistad Nursing Home Vice President	10/21/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Eugene Bishop PO Box 397 Roswell, GA 30077	Health Services Center President	10/31/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
John Snyder 135 S Morgan St Rushville, IL 62681	Snyders Vaughn Haven Inc Administrator	11/07/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Sandra Higgins PO Box 743 Madisonville, KY 42431	Senior Citizens Nrsg Home Owner/Administrator	11/22/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 600.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David E Meillier PO Box 446 Faribault, MN 55021	Pleasant Manor Inc President	11/07/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,250.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Rick Carter 2850 Metro Dr #200 Bloomington, MN 55425	Providers of Minnesota Exec Dir	11/08/94	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,200.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
James Durante 526 Altamont Ave Schenectady, NY 12303	Hallmark Nursing Centre Admin	10/21/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		

SUBTOTAL of Receipts This Page (optional) 2,125.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Morris 401 Snyder Ave Barberton, OH 44203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant View Health Care Occupation: Admin Aggregate Year-to-Date-$ 300.00	10/21/94	75.00
Charles Olsen 719 Ocampo Dr Pacific Palisade, CA 90272 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	California Assoc of Hlth Fac Occupation: Legislative Advocat Aggregate Year-to-Date-$ 500.00	10/31/94	500.00
Steven Wolf 820 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare Inc Occupation: President Aggregate Year-to-Date-$ 500.00	10/31/94	125.00
Larry Juhl 104 GlenOaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GlenOaks Care Center Occupation: Administrator Aggregate Year-to-Date-$ 1,100.00	11/07/94	250.00
Don Weissell 417 S. Main St. Oberlin, OH 44074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Welcome Nursing Home Inc Occupation: President Aggregate Year-to-Date-$ 400.00	11/22/94	75.00
Herman Conaway PO Box F Moundsville, WV 26041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care Occupation: President Aggregate Year-to-Date-$ 600.00	10/31/94	125.00
John Austin 7774 Warner Rd PO Box 429 Madison, OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stewart Lodge Nursing Home Occupation: Admin Aggregate Year-to-Date-$ 600.00	10/31/94	125.00
SUBTOTAL of Receipts This Page (optional)			1,275.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James Judy 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Kentucky Assn of Hlth Care Fac Exec VP Aggregate Year-to-Date-$ 1,000.00	10/31/94	250.00
B. Bruce Baldwin 2151 NE Coachman Rd Clearwater, FL 34625 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Baldwin Thomas & Associates President Aggregate Year-to-Date-$ 1,550.00	10/21/94	500.00
C. Philip Schumacher PO Box 971 Virginia, MN 55792 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Arrowhead Health Care Ctr President Aggregate Year-to-Date-$ 500.00	11/22/94	500.00
D. H Wes Handy 1005 Hill Rd Las Cruces, NM 88005 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Mountain Shadows Nrsg Ctr Owner Aggregate Year-to-Date-$ 2,100.00	10/21/94	500.00
E. William Chunyk PO Box 2295 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Quad "C" Health Care Centers President Aggregate Year-to-Date-$ 600.00	11/22/94	125.00
F. Martin Stott PO Box 945 Clinton, LA 70722 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Grace Nursing Home President Aggregate Year-to-Date-$ 200.00	10/21/94	100.00
G. Patricia Snyder 421 S 9th St #137 Lincoln, NE 68508 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Nebraska Health Care Assn Executive Director Aggregate Year-to-Date-$ 225.00	11/22/94	75.00
SUBTOTAL of Receipts This Page (optional)			2,050.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A

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A. John Vivenzio RR 4 Box 1B E River Rd Oswego, NY 13126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pontiac Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 675.00	10/21/94	125.00
B. Ronald Kayne 1800 38th St., Ste. 200 Boulder, CO 80301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pharmacy Corp. of America Occupation: President Aggregate Year-to-Date—$ 1,000.00	11/08/94	1,000.00
C. Elton Beebe 3900 Lakeland Dr #400 Jackson, MS 39208 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Magnolia Management Corp Occupation: President Aggregate Year-to-Date—$ 1,000.00	10/21/94	250.00
D. Robert Hill PO Box 6159 Kinston, NC 28501 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Britthaven Inc Occupation: Sr. Vice President Aggregate Year-to-Date—$ 900.00	10/31/94	750.00
E. Brick Nelson 313 Allen Memorial Dr SW Milledgeville, GA 31061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Green Acres Inc Occupation: Admin Aggregate Year-to-Date—$ 300.00	10/31/94	75.00
F. Gail Horrigan 1016 E Couley Dr #G Colton, CA 92324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Horrigan Enterprises Occupation: Owner Aggregate Year-to-Date—$ 1,000.00	11/22/94	250.00
G. Steven Reissman 11266 Washington Pl Culver City, CA 90232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Country Villa Service Corp Occupation: Admin Aggregate Year-to-Date—$ 600.00	10/31/94	250.00
SUBTOTAL of Receipts This Page (optional)			2,700.00
TOTAL This Period (last page this line number only)			

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Joy Moy 2000 Domanik Dr Racine, WI 53404	Lincoln Lutheran Of Racine Occupation: Admin	11/07/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jack Markovitz 11630 S Grevillea Ave Hawthorne, CA 90250	Hawthorne Care Ctr Occupation: President	11/22/94	700.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
V Richard Miller PO Box 498 Plymouth, IN 46563	Millers Merry Manor Inc Occupation: CEO	10/21/94	650.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,150.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lorraine Raffel 5750 Executive Dr #200 Baltimore, MD 21228	Raffel Healthcare Group Occupation: Administrator	11/07/94	62.50
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**
Ronald Squillace 301 Union St Hackensack, NJ 07601	Wellington Hall Nursing Home Occupation: Administrator	10/31/94	75.00
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**
Troy Athon PO Box 497 Conyers, GA 30207	Geriatric Health Services Occupation: President	11/22/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608	Mayview Conv Home Inc Occupation: Admin	10/21/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
SUBTOTAL of Receipts This Page (optional)			1,862.50
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Donel Sprenger PO Box 343 Amherst, OH 44001	Lorain Manor Partnership General Partner	11/22/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
James Unverferth 2615 Ft Amanda Rd Lima, OH 45804	Health Care Facilities INC Director	11/07/94	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jack Wells 725 Harvard Dr. Owensboro, KY 42301	Wells Health Systems President	10/21/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 1,500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Kennon S Shea 75 Court St PO Box U Quincy, CA 95971	California Convalescent Hosp Admin	10/31/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 525.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Janet Eisenbeis 801 K St., 23rd Floor Sacramento, CA 95814	Hunter, McCray, Rickey & Brewer Asst VP	11/22/94	75.00
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
Coy Williamson 2645 Whiting St NW Atlanta, GA 30318	Imperial Health Care Centers President/Owner	10/21/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Larry Conaway PO Box F Hancock Park Moundsville, WV 26041	Mound View Health Care Inc Administrator	10/31/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 500.00		

SUBTOTAL of Receipts This Page (optional) 1,375.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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Larry Bradley 587 Rio Lindo Ave Chico,CA 95926	Crestwood Conval Hosp Admin	10/31/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Paul Dioguardi 574 Fulton St Farmingdale,NY 11735	Daleview Nursing Home Executive Director	10/21/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	350.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Riley 926 S 59th St Belleville,IL 62223	Professional Therapy Services President	10/21/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Morey 2015 Prospect St Racine,WI 53404	Lincoln Lutheran Admin	10/31/94	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Howard Lipschutz 1304 Laurel Oak Rd Voorhees,NJ 08433	HBA Management VP	10/31/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Darell R Cammack 1300 Windlass Dr Baltimore,MD 21220	Ivy Hall Geriatric Ctr President	11/22/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	875.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Peter Gendron 31 Overton Rd Ossining,NY 10562	Briar Crest Nursing Home Owner	10/21/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
SUBTOTAL of Receipts This Page (optional)			1,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A

ITEMIZED RECEIPTS

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544	Rapp Health Facilities Admin	10/21/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 2,000.00		
B. Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094	Living Centers of America Chairman & CEO	10/31/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 1,000.00		
C. Abraham Morse 990 Washington St #207S Dedham, MA 02026	Mass Fed Of Nursing Homes Inc Exec VP	11/22/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 225.00		
D. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092	Mequon Care Center Admin	11/07/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 1,050.00		
E. Earl Carlson 236 Metro Dr Jefferson City, MO 65109	Missouri Health Care Assn Exec Dir	10/21/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 375.00		
F. Lawrence Garatoni 315 W Jefferson Blvd South Bend, IN 46601	Health Quest Corporation Exec Off	10/31/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
G. Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309	HBA Corporation Administrator	10/31/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 1,200.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Abraham Gosman 513 N Country Rd Palm Beach, FL 33480	Meditrust Chairman of Board	11/07/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Terry Kuzman 1157 Enfield St Enfield, CT 06082	Parkway Pavilion Administrator	11/07/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 835.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Marvin Fried 400 Brittany Farms Rd New Britain, CT 06053	Brittany Farms Health Ctr	10/31/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 235.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Sue Damrell 2840 W Clay St Charles, MO 63301	Claywest House Admin	10/21/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 700.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Don Duncan 515 Fairmount Ave. Towson, MD 21286	Meridian Healthcare VP Operations	11/22/94	62.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Mark Hamister 651 Delaware Ave Buffalo, NY 14202	National Health Care Affiliates President/CEO	10/21/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231	Lake Pointe Woods General Manager	10/31/94	65.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 405.00		

SUBTOTAL of Receipts This Page (optional) 1,052.50

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Melody Chatelle 4315 Guadalupe #300 Austin, TX 78751	Living Centers of America Dir/Gov Relations	10/31/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	400.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Daniel French 2120 State Ave NE #102 Olympia, WA 98506	Washington Health Care Assoc Assoc Exec Dir	11/08/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Al Robbins PO Box 1110 Quincy, FL 32353	Riverchase Care Center Administrator	10/31/94	65.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	330.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Matros 2742 Dow Ave Tustin, CA 92680	Care Enterprises President	11/07/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Conley 401 E 27th PO Box 2295 Tacoma, WA 98401	Quad-C Owner	11/22/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stan Jones 3107 Westhill Dr Wausau, WI 54401	Wausau Manor Administrator	10/21/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Carl Lyons 6202 E 61st St Tulsa, OK 74136	Skyline Terrace Nursing Ctr Admin	10/21/94	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	

SUBTOTAL of Receipts This Page (optional) 765.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. Jerry Halley 50 Crestwood Exec Ctr #202 Crestwood, MO 63126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises VP/Operations Aggregate Year-to-Date—$ 500.00	11/07/94	125.00
B. Barbara Cormier 10101 Lagrima de Oro NE Albuquerque, NM 87111 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Mission Manor Health Care Ctr Admin Aggregate Year-to-Date—$ 250.00	10/21/94	25.00
C. Mary Flynn White Hall Rd Rochester, NH 03867 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Rochester Manor Administrator Aggregate Year-to-Date—$ 400.00	11/07/94	300.00
D. Theodore Lee 700 Hanover St Manchester, NH 03104 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Hanover Hill Health Care Owner/Administrator Aggregate Year-to-Date—$ 1,475.00	11/07/94	1,370.00
E. Robert Lohr P.O. Box 10805 Pittsburgh, PA 15236 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Jefferson Hills Manor Aggregate Year-to-Date—$ 450.00	11/07/94	200.00
F. Melvin Harris 413 N Wash Marksville, LA 71351 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Colonial Manor Owner Aggregate Year-to-Date—$ 400.00	11/22/94	75.00
G. R James Miller 922 S Buffalo St Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM Invest Partner Aggregate Year-to-Date—$ 500.00	10/31/94	125.00
SUBTOTAL of Receipts This Page (optional)			2,220.00
TOTAL This Period (last page this line number only)			

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date—$	Amount of Each Receipt this Period
A. Patricia Ramsey 928 South St Portsmouth, NH 03801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Edgewood Center Occupation: Owner/Administrator	11/07/94 300.00	300.00
B. DeWitt Crawford PO Box 109 Louisville, MS 39339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	TP Management Cot Inc Occupation: VP/Treasurer	10/21/94 250.00	100.00
C. Joe Stephens PO Drawer 1130 Magee, MS 39111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millcreek Management Inc Occupation: CEO	10/31/94 500.00	125.00
D. Wayne Ekren 36338 US 19 N Palm Harbor, FL 34684 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Functional Abilities Inc Occupation: President	10/31/94 495.00	65.00
E. Michael Batza 515 Fairmount Ave Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meridian Healthcare Occupation: Partner	11/22/94 1,000.00	250.00
F. Kim & Larry Simpson PO Box 3539 Luskin, TX 75903 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Twin Oaks Conv Center Occupation: Owners	10/31/94 400.00	25.00
G. Kim & Larry Simpson PO Box 3539 Luskin, TX 75903 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Twin Oaks Conv Center Occupation: Owners	11/08/94 400.00	300.00
SUBTOTAL of Receipts This Page (optional)			1,165.00
TOTAL This Period (last page this line number only)			

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Fortier 131 Chad Rd Manchester, NH 03104	NHHCA Consultant Pharm	11/07/94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
B. Gary Nutter 120 Nashua Rd Bedford, NH 03102	NH Healthcare Owner	11/07/94	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
C. Eliezer Mendelsohn 103 Eisenhower Parkway Roseland, NJ 07068	Long Term Care Management Principle	10/31/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
D. Dave Rogge 5129 Hilltop Rd Everett, WA 98203	Forest View Transitional LLC President	11/22/94	550.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
E. Lynda Conaway Kirk P.O. Box 200 Harrisville, WV 26362	Pine View continuous Administrator	10/21/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
F. John Brennan 2431 Directors Row, Ste. B Indianapolis, IN 46241	Golden Care, Inc.	10/21/94	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
G. Thomas O'Neill 2370 Albury Ave. Deltona, FL 32738		10/31/94	260.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	260.00	

SUBTOTAL of Receipts This Page (optional) 2,535.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jerry Bilodeau 7 Mira Ave. Derry, NH 03038 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: New Hampshire Health Care Assn Occupation: Health Care Admin. Aggregate Year-to-Date—$ 315.00	11/07/94	315.00
B. William Henry 203 Pine Hill Rd. Hollis, NH 03049 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NH Health Care Occupation: Financial Service S Aggregate Year-to-Date—$ 300.00	11/07/94	300.00
C. Christopher Stawasz 2562 Bartemus Trail Nashua, NH 03063 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NH Ambulance Service Occupation: Executive Director Aggregate Year-to-Date—$ 300.00	11/07/94	300.00
D. A. Peter Kohl 64 Londonderry Rd. Windham, NH 03087 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: NH Healthcare Assoc. Occupation: Consultant Pharmaci Aggregate Year-to-Date—$ 315.00	11/07/94	315.00
E. John DeSisto 27 Kirkland Dr. Stow, MA 01775 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: New Hampshire Health Care Assn Occupation: Administrator Aggregate Year-to-Date—$ 300.00	11/07/94	300.00
F. Julie Shadinger 1703 Hoover Ave. South Bend, IN 46615 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Airway Mgmt. Co., Inc. Occupation: President Aggregate Year-to-Date—$ 200.00	11/22/94	200.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			1,730.00
TOTAL This Period (last page this line number only)			23,055.00

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NAME OF COMMITTEE (In Full) American Health Care Association - Political Action Committee (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Knutson White Oak Center Box 68 White, SD 57276	Refund of over-payment	10/20/94	(50.00)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

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NAME OF COMMITTEE (In Full) American Health Care Association - Political Action Committee (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Richmond, VA	Interest earned for period	10/1/94-10/31/94	356.91
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

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SCHEDULE B — **ITEMIZED DISBURSEMENTS**

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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
Craig Thomas P.O. Box 51580 Casper, WY 82602	R-SEN-WY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	5,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Frank Pallone Suite 11B, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/24/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Peter Hoagland 8601 W. Dodge, Ste. 12 Omaha, NE 68114	D-0002-NE 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/24/94	2,500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sam Gejdenson P.O. Box 1818 Bozrah, CT 06334	D-0002-CT 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
E. 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):	10/25/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dave McCurdy 811 Red Bird Lane Norman, OK 73071	D-0004-OK 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	3,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Thomas J. Bliley, Jr. 408 Henri Road Richmond, VA 23226	R-0007-VA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/24/94	1,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Slade Gorton 2366 Eastlake Ave., E., #313 Seattle, WA 98102	R-SEN-WA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/24/94	800.00

SUBTOTAL of Disbursements This Page (optional) 14,800.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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
Bill Paxon P.O. Box 1995 Williamsville, NY 14231	R-0027-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/24/94	1,000.00
Frank McCloskey 120 W. 7th St., Ste. 208 Bloomington, IN 47403	D-0008-IN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	1,000.00
D. Full Name, Mailing Address and ZIP Code Bill Zeliff P.O. Box 818 Manchester, NH 03105	Purpose of Disbursement R-0001-NH 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/25/94	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Michael DeWine 8 East Broad St., 15th Fl. Columbus, OH 43215	Purpose of Disbursement R-0007-OH 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/24/94	Amount of Each Disbursement This Period 1,000.00
F. 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) 10/24/94	Amount of Each Disbursement This Period 2,000.00
G. Full Name, Mailing Address and ZIP Code Rick Santorum 2nd Floor, 640 Rodi Rd. Pittsburgh, PA 15235	Purpose of Disbursement R-0018-PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/21/94	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code John Spratt PO Box 830 (233 Kings Mtn St) York, SC 29745	Purpose of Disbursement D-0005-SC 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/25/94	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional) $11,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Scott Klug P.O. Box 5619 Madison, WI 53705	R-0002-WI 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Wise, Jr. P O Box 5336 Charleston, WV 25361	D-0002-WV 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Lightfoot 312 West Street Shenandoah, IA 51601	R-0003-IA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	300.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sam Gibbons 940 S. Sterling Tampa, FL 33629	D-0011-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/24/94	1,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barry Studds 12 Granite St. Quincy, MA 02169	D-0010-MA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/24/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Carr Suite 1, 2848 E. Grand River East Lansing, MI 48823	D-0008-MI 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	5,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Hefner 245 Country Club Drive #3 Concord, NC 28025	D-0008-NC 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Sawyer 411 Wolf Ledges Pkwy, Ste. 400 Akron, OH 44311	D-0014-OH 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James Inhofe 3035 N.W. 63rd, Ste. 201N Oklahoma City, OK 73116	R-SEN-OK 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	5,000.00

SUBTOTAL of Disbursements This Page (optional) 15,500.00

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

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

SCHEDULE B — **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William Thomas 4003 Federal Bldg. Casper, CA 82601	R-0021-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/24/94	2,500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Olympia Snowe P.O. Box 441 Portland, ME 04112	R-SEN-ME 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Paul Gillmor 120 Jefferson Street, 2nd fl Port Clinton, OH 43452	R-0005-OH 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/24/94	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Charles Robb PO Box 9903 McLean, VA 22102	D-SEN-VA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Earl Pomeroy P.O. Box 746 Bismarck, ND 58502	D-0001-ND 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	2,500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ben Cardin Maryland Campaign94 P.O. Box 65056 Baltimore, MD 21209	- -MD 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	11/07/94	1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jon Fox 625 Swede St. Norristown, PA 19401	- -PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	1,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Kreidler P.O. Box 4839 Federal Way, WA 98063	D-0009-WA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/24/94	2,000.00
SUBTOTAL of Disbursements This Page (optional)			12,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Maria Cantwell P.O. Box 144 Mountlake Terrac, WA 98043	D-0001-WA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dianne Feinstein 909 Montgomery St., Sta. 404 San Francisco, CA 94133	D-SEN-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	11/03/94	2,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dan Hamburg 1330 Boonville Rd. Ukiah, CA 94582	D-0001-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Joe Hogsett 445 N. Pennsylvania, Ste. 908 Indianapolis, IN 46204	D-Sen -IN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/27/94	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Elaine Baxter 223 S. Walnut St., Ste. D Ames, IA 50010	- -IA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Maurice Hinchey 19 Chenango St., Ste. 404 Binghampton, NY 13901	D-26 -NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
David Minge 2630 S. First St. Willmar, MN 56201	D-0002-MN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ken Calvert P.O. Box 5-1992 Riverside, CA 92517	R-0043-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	1,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tom Barlow P.O. Box 1422 Paduch, KY 42001	D-0001-KY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
SUBTOTAL of Disbursements This Page (optional)			8,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

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
A. Sherrod Brown Elyria, OH	D-0013-OH 94 General Disbursement for: ☐ Primary X ☐ General	10/24/94	2,500.00
B. Jay Inslee P.O. Box 686 Selah, WA 98943	D-0004-WA 94 General Disbursement for: ☐ Primary X ☐ General	10/25/94	1,000.00
C. Carolyn Maloney 49 E. 92nd St., Apt. 1A New York City, NY 10128	D-14 -NY 94 General Disbursement for: ☐ Primary X ☐ General	10/25/94	1,000.00
D. Sam Farr 380 Alvarado St. Monterey, CA 93940	D-0017-CA 94 General Disbursement for: ☐ Primary X ☐ General		
E. Ted Kennedy % Mass. Dem. Party 45 Bromfield St., 7th Floor Boston, MA 02108	D- -MA 94 General Disbursement for: ☐ Primary X ☐ General	10/25/94	1,000.00
F. Robert Ney 112 Overlook Cr. St. Clairsville, OH 43950	R-18 -OH 94 General Disbursement for: ☐ Primary X ☐ General	10/25/94	5,000.00
G. Robert Erhlich P.O. /Box 932 Hunt Valley, MD 21030	R- -MD 94 General Disbursement for: ☐ Primary X ☐ General	10/25/94	1,000.00
H. Mark Foley P.O. Box 19536 West Palm Beach, FL 33416	R-16 -FL 94 General Disbursement for: ☐ Primary X ☐ General	10/25/94	500.00
I. Ron Lewis 1705 N. Dixie Star PLaza, #73 ?Elizabethtown, KY 42701	Purpose of Disbursement -0002-KY 94 General Disbursement for: ☐ Primary X ☐ General	10/25/94	500.00
SUBTOTAL of Disbursements This Page (optional)			13,500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marjorie Margolies-Mezvinsky , PA	-0013-PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/24/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Burr P.O. Box 4169 Winston-Salem, NC 27115	-0005-NC 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ann Wynia 1916 University St. Paul, MN 55104	-SEN -MN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	3,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ann Wynia 1916 University St. Paul, MN 55104	-SEN -MN 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	11/04/94	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Charles Bass , NH	-0002-VT 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Vince Whibbs 1602 N. Ninth Ave. Pensacola, FL 32503	- -FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/31/94	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
James Maloney 185 Main St. Danbury, CT 06810	D-0005-CT 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/20/94	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rodney Frelinghuysen P.O. Box 712 Morristown, NJ 07963	R-0011-NJ 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/20/94	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rodney Frelinghuysen P.O. Box 712 Morristown, NJ 07963	R-0011-NJ 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00

SUBTOTAL of Disbursements This Page (optional) 8,500.00

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

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

Dave Weldon 1805 S. Babcock St. Melbourne, FL 32901	R-0015-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	day, year) 10/20/94	Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Oliver North P.O. Box 10851 Chantilly, VA 22021	Purpose of Disbursement R-SEN-VA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/25/94	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code. Spencer Abraham P.O. Box 1468 Royal Oak, MI 48068	Purpose of Disbursement R-SEN-MI 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/25/94	Amount of Each Disbursement This Period 5,000.00
E. Full Name, Mailing Address and ZIP Code Robert Connors 1037 S. Florida Ave., Ste. 106 Lakeland, FL 33803	Purpose of Disbursement D-0012-FL 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/25/94	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Ken Bentsen 3260 S. Loop W. Houston, TX 77025	Purpose of Disbursement - -TX 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/25/94	Amount of Each Disbursement This Period 250.00
G. Full Name, Mailing Address and ZIP Code John McCarty P.O. Box 11728 Pittsburgh, PA 15228	Purpose of Disbursement - -PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 10/25/94	Amount of Each Disbursement This Period 500.00

Mike Doyle P.O. Box 117426 Pittsburgh, PA 15235	- -PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	day, year) 10/25/94	Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			8,750.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bart Stupak P.O. Box 143 Menominee, MI 49858	D-0001-MI 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harriet Spanel 3506 Broadway Everett, WA 98206	-WA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Tierney 76 Lafayette St. Salem, MA 01970	-MA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Catherine Webber P.O. Box 2007 Salem, OR 97398	-OR 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Alice Acevedo 355 Third Ave., Ste. C Chula Vista, CA 91910	-CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sam Brownback P.O. Box 2008 Topeka, KS 66601	-KS 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Coburn P.O. Box 504 Muskogee, OK 74402	-OK 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sue Kelly 187 Jay St. Katonah, NY 10536	-NY 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Norwood 3643 Walton Way Ext. Augusta, GA 30909	-GA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00

SUBTOTAL of Disbursements This Page (optional) 5,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George Radanovich 2377 W. Shaw, Ste. 204 Fresno, CA 93711	- -CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rich Sybert 19936 1/2 Ventura Blvd. Woodland Hills, CA 91364	- -CA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	10/25/94	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Philip English P.O. Box 1940 Erie, PA 16512	R-0021-PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	11/02/94	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			1,500.00
TOTAL This Period (last page this line number only)			98,550

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Operating Expenses

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)

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
A. Jerry Tretwold 200 River Plaza Brewster, WA	prize	10/20/94	250.00
B. Daniel Cammack 1300 Windlass Drive Baltimore, MD	prize	10/20/94	100.00
C. Kris Baldok 8028 Richie Highway Pasadena, MD	prize	10/27/94	1,000.00
D. Sarah Malloy Glen Oak Road Danbury, CT	prize	10/31/94	10,000.00
E. Suranu Kuzman 1157 Enfield Street Enfield, CT 06082	prize	10/31/94	1,000.00
F. Finly Mathews 2421 E. Texas Avenue Alexandria, LA	prize	10/31/94	1,000.00
G.			
H.			
I.			

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

TOTAL This Period (last page this line number only) 13,350.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Franks (CT) PO Box 2743 Waterburg, CT	check not cashed Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 94P	12/6/93	(500.00)
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bill Brewster for Congress PO Box 10 Medil, OK	check lost Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 94P	11/5/93	(25.00)
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sherrad Brown Elyria, OH	check lost Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 94P	11/1/93	(500.00)
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Fazio Campaign Committee 722B Main Street Woodland, CA	check lost Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 94P	10/6/93	(100.00)
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Jerry Kleczka 3268 S. 19th Street Milwaukee, WI	check lost Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 94P	6/8/94	(500.00)
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Stokes for Congress PO Box 99358 Cleveland, OH	check lost Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 94P	6/3/93	(500.00)
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Moorhead for Congress 420 N. Broad Glendale, CA	check lost Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 94P	5/5/93	(500.00)
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Hall for Congress PO Box 711 Rockway, TX	check lost Disbursement for: ☒ Primary ☐ General ☐ Other (specify): 94P	5/5/93	(500.00)
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		

SUBTOTAL of Disbursements This Page (optional) . . . . . (3,125.00)

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

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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 Richmond, VA	Bank fees for period Disbursement for ☐ Primary ☐ General ☐ Other (specify):	10/1/94- 10/31/94	442.61
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)			

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

FEC Processing Memo

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 12-7-94
☐	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

PREPARER

12-7-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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