SCHEDULE A **ITEMIZED RECEIPTS**

RECEIVED
OHIO ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION

REVISED 12/5/95

REVISED 8/95 REPORT

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DEC 7 10 52 AM '95

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

A. Full Name, Mailing Address and ZIP Code David L Guillot 7921 Picardy Ave. Baton Rouge, LA 70809	Name of Employer David L Guillot Inc	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President Aggregate Year-to-Date—$	08/07/95 850.00	500.00
B. Full Name, Mailing Address and ZIP Code Wanda Bennington 2125 Royce St Portsmouth, OH 45662	Name of Employer Golden Years Conval	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator Aggregate Year-to-Date—$	08/07/95 300.00	200.00
C. Full Name, Mailing Address and ZIP Code Eugene Bishop PO Box 397 Roswell, GA 30077	Name of Employer Health Services Center	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President Aggregate Year-to-Date—$	08/10/95 1,000.00	500.00
D. Full Name, Mailing Address and ZIP Code Jack Vetter 5010 S 118th St #250 Omaha, NE 68137	Name of Employer Vetter Health Services	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin Aggregate Year-to-Date—$	08/07/95 2,100.00	730.00
E. Full Name, Mailing Address and ZIP Code Robert Friedman 5600 Wisconsin Ave #1301 Chevy Chase, MD 20815	Name of Employer Self Employed	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Consultant Aggregate Year-to-Date—$	08/14/95 250.00	250.00
F. Full Name, Mailing Address and ZIP Code Dorothy Sullivan 1950 Las Vegas Trail S Ft Worth, TX 76108	Name of Employer West Side Care Center	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation General Manager Aggregate Year-to-Date—$	08/03/95 200.00	100.00
G. Full Name, Mailing Address and ZIP Code William Dunn 195 Executive Dr Marion, OH 43302	Name of Employer Marion Manor Nursing	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin Aggregate Year-to-Date—$	08/15/95 1,170.00	250.00
SUBTOTAL of Receipts This Page (optional)			2,530.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

SUBTOTAL of Receipts This Page (optional) 1,800.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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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
Michael Maistros 42350 National Rd Belmont, OH 43718	Bell Nursing Home Inc Admin	08/10/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	650.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**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 Exec VP	08/07/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,600.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Bruce Baldwin 2151 NE Coachman Rd Clearwater, FL 34625	Baldwin Thomas & Associates President	08/28/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,200.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Philip Schumacher PO Box 971 Virginia, MN 55792	Arrowhead Health Care Center President	08/28/95	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,100.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Chunyk PO Box 2295 Tacoma, WA 98401	Quad "C" Health Care President	08/30/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	520.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gail Clarkson 64500 Van Dyke Washington, MI 48095	Medilodge Chief Operating Off	08/14/95	480.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,100.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Julius Cox PO Box 1629 Marshall, TX 75671	Marshall Manor Nursing Home Administrator	08/14/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	325.00	
SUBTOTAL of Receipts This Page (optional)			2,580.00
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
Gerry Baker 192 W Vienna Rd Clio, MI 48420	Beecher Manor Inc Occupation: Admin	08/28/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 820.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Elton Beebe 3900 Lakeland Dr #400 Jackson, MS 39206	Magnolia Management Corp Occupation: President	08/14/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Brick Nelson 313 Allen Memorial Dr SW Milledgeville, GA 31061	Green Acres Inc Occupation: Admin	08/07/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gail Horrigan 1016 E Couley Dr #G Colton, CA 92324	Horrigan Enterprises Occupation: Owner	08/23/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Sharon Flippen 5301 Duval Rd., Ste. 100 Austin, TX 78727	Beverly Enterprises Occupation: Dir., Government Re	08/03/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 325.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Boyd Hendrickson PO Box 3324 Ft Smith, AR 72913	Beverly Enterprises Occupation: President	08/14/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gary Bowers 9311 San Pedro #1103 San Antonio, TX 78216	Health Care Administrators Occupation: Vice President	08/07/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 750.00		
SUBTOTAL of Receipts This Page (optional)			1,550.00
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. Gary Bowers 9311 San Pedro #1103 San Antonio, TX 78216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care Administration Occupation: Vice President Aggregate Year-to-Date—$ 750.00	08/07/95	250.00
B. David Banks PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beverly Enterprises Occupation: Chairman/President Aggregate Year-to-Date—$ 750.00	08/23/95	500.00
C. John Barber 2407 S Pine St PO Box 3347 Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: White Oak Manor Occupation: Executive VP/CFO Aggregate Year-to-Date—$ 1,650.00	08/30/95	150.00
D. George Couch 225 Russell Ave New Martinsville, WV 26155 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: New Martinsville Healthcare Occupation: Owner/Administrator Aggregate Year-to-Date—$ 475.00	08/15/95	300.00
E. Kennon S Shea 75 Court St PO Box U Quincy, CA 95971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: California Convalescent Hosp Occupation: Admin Aggregate Year-to-Date—$ 725.00	08/10/95	75.00
F. Kennon S Shea 75 Court St PO Box U Quincy, CA 95971 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: California Convalescent Hosp Occupation: Admin Aggregate Year-to-Date—$ 725.00	08/17/95	500.00
G. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Braswell Enterprises Occupation: Owner/Administrator Aggregate Year-to-Date—$ 3,160.00	08/14/95	100.00
SUBTOTAL of Receipts This Page (optional)			1,875.00
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. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509	Braswell Enterprises Inc Owner/Administrator	08/23/95	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	3,160.00	
B. Ruth Braswell 3674 Pacific Ave Riverside, CA 92509	Braswell Enterprises Inc Owner/Administrator	08/23/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Aggregate Year-to-Date—$	3,160.00	
C. Thomas Gault PO Box 11327 Cincinnati, OH 45211	Harrison House Executive Director	08/14/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,750.00	
D. Larry Conaway PO Box F Hancock Park Moundsville, WV 26041	Mound View Health Care Administrator	08/23/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
E. Rose Boritzer 3400 Cannon Pl Bronx, NY 10463	Kingsbridge Heights Nursing Home Admin	08/10/95	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Aggregate Year-to-Date—$	225.00	
F. Dennis Christiano 525 Beahan Rd Rochester, NY 14624	Westgate Nursing Home Proprietor	08/15/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,100.00	
G. Joseph Warner PO Box 3188 Bloomington, IL 61702	Heritage Enterprises President	08/17/95	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
SUBTOTAL of Receipts This Page (optional)			2,150.00
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
Frank Wronski 64500 Van Dyke Washington, MI 48095	Medilodge Group Admin	08/23/95	210.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Dick Stebbins 600 E Whaley Longview, TX 75601	Stebbins Five Companies Managing Partner	08/03/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	850.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Dick Stebbins 600 E Whaley Longview, TX 75601	Stebbins Five Companies Managing Partner	08/17/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	850.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Terry Mundy 2633 W Rumble Rd Modesto, CA 95350	English Oaks Convalescent Hosp Administrator/Owner	08/10/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
William McReynolds 1430 Larimer St, #300 Denver, CO 80202	LTC Health Care Services Inc President	08/14/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	700.00	
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	08/14/95	210.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	625.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212	Wilshire Foundation President	08/07/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	

SUBTOTAL of Receipts This Page (optional) 1,520.00

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. Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094	Living Centers of America Occupation: Chairman & CEO	08/07/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
B. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092	Name of Employer: Mequon Care Center Occupation: Admin	08/14/95	1,125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,470.00		
C. Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280	Name of Employer: Spaugh & Co Occupation: Owner	08/17/95	425.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,200.00		
D. Kensett Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284	Name of Employer: Moyle's Health Care Occupation: President	08/10/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
E. Patrick J Meillier 2007 Paulis Dr Faribault, MN 55021	Name of Employer: Pleasant Manor Occupation: Administrator	08/07/95	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 475.00		
F. Sandy Klein PO Box 571317 Houston, TX 77257	Name of Employer: Living Ctrs of America Occupation: Regional Manager	08/03/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
G. William White Vauxhall St PO Box 308 New London, CT 06320	Name of Employer: HealthCare Visions Inc Occupation: Admin/Owner	08/14/95	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
SUBTOTAL of Receipts This Page (optional)			2,700.00
TOTAL This Period (last page this line number only)			

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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
F Leonard Herberth 4447 Stoneridge Drive Pleasanton, CA 94588	Herberth & Nettleton Partner	08/23/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Paul Allen 501 S Palm Ave Palatka, FL 32177	Putman Memorial Nursing Home Administrator	08/28/95	300.00
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**
Roch Carter 105 W Michigan 9th Fl Milwaukee, WI 53203	Unicare Health Facilities General Counsel	09/23/95	250.00
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**
Thomas E Kalkhof 5511 Baum Blvd Pittsburgh, PA 15232	Collins Nursing Home Owner	08/07/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	450.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jeanne Sanders Rt 104 Box 51 RFD 3 Meredith, NH 03253	Golden View Health Care Ctr Administrator	08/30/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	750.00	
F. 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	08/28/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,475.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Abrams 2131 Rt 33, Lexington Square Trenton, NJ 08690	NJAHCF Vice President	08/15/95	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	

SUBTOTAL of Receipts This Page (optional) 1,375.00

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Al Braswell 3674 Pacific Riverside, CA 92509	Bridges Inc President	08/14/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
B. Al Braswell 3674 Pacific Riverside, CA 92509	Bridges Inc President	08/23/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
C. William Conley 401 E 27th PO Box 2295 Tacoma, WA 98401	Quad-C Owner	08/30/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
D. Bill R Hatley 300 Medical Center Dr Clanton, AL 35045	Hatley Health Care Inc Admin	08/14/95	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,350.00	
E. Michael T Jalacki 2815 Michigan St Grand Rapids, MI 49506	MIKO Enterprises Inc VP/Finance	08/14/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	520.00	
F. Joanne Drubbs 3735 Memorial Dr Decatur, GA 30032	Georgia Nursing Homes Dir Reg Affairs	08/07/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,100.00	
G. Bruce Bonsel 2151 NE Coachman Road Clearwater, FL 34625	United Southern Health Group General Manager	08/28/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	

SUBTOTAL of Receipts This Page (optional) 2,925.00

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
R James Miller 922 S Buffalo St Warsaw, IN 46580	MMM Invest Partner	08/28/95	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**
Francis Feltham 1200 Talisman Dr North Augusta, SC 29841	Fane Management Inc President	08/07/95	500.00
Receipt For ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Melanie Rapp 22822 Myrtle St Hayward, CA 94541	St Christopher Conv Hospital Administrator	08/14/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Aubrey Preston 422 1/2 Main Street Franklin, TN 37064	Denver Health Group President	08/02/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Amy Suter 2503 Bishop Estates Rd Jacksonville, FL 32259	Suter Health Care Admin	08/28/95	150.00
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**
Mary Love 401 Orange Pl Wauchula, FL 33873	Hardee Manor Care Center Administrator	08/14/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mary Love 401 Orange Pl Wauchula, FL 33873	Hardee Manor Care Center Administrator	08/28/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
SUBTOTAL of Receipts This Page (optional)			1,500.00
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
Hugh Franklin 865 North St. Jackson, MS 39212	Franklin Nursing & Conv. Home Owner	08/14/95	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Wallace Roberts 2811 Colonial Circle McKinney, TX 75070	Wallace Nursing Home Nursing home owner	08/17/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 750.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lucy Rogers PO Box 44037 Eatonton, GA 31024	Geriatric Health Services Administrator	08/10/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stephen Gregson 9848 Nob Hill Lane Sunrise, FL 33351	Florida Membership Services Vice President	08/28/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Karen Taylor 1999 Old Maultrie Rd. St. Augustine, FL 32086	Ponce de Leon Care Center Administrator	08/28/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Susan Farris 2108 15th St Bridgeport, TX 76426	Park Haven Healthcare Administrator	08/03/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Douglas M. Wright P.O. Box 3667 Tupelo, MS 38803	Right Care, Inc. President/CEO	08/23/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,550.00		
SUBTOTAL of Receipts This Page (optional)			1,359.00
TOTAL This Period (last page this line number only)			

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frank Butts 425 W. Capitol, Suite 3300 Little Rock, AR 72201	Frost & Company Partner	08/14/95	250.00-
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Paul Guitreau PO Box 167 Ponchatoula, LA 70454	Belle Maison Administrator	08/23/95	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 475.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ray Bolt 672 N. Glenn Dr. Altamonte Spring, FL 32701	Lovelace, Roby & Co. Partner	09/29/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ronnie Rollins PO Box 63 Macon, GA 31202	CareMore President	08/17/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Julia Starr 1204 Market Street Sunbury, PA 17801	Mansion Nursing Home Administrator	08/07/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 550.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Julia Starr 1204 Market Street Sunbury, PA 17801	Mansion Nursing Home Administrator	08/14/95	450.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 550.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Russell Twigg 101 W Third Street Williamsport, PA 17701	CHG CEO	08/14/95	850.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 850.00		
SUBTOTAL of Receipts This Page (optional)			2,325.00
TOTAL This Period (last page this line number only)			

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Henry Bowers 12142 Apricot Drive San Antonio, TX 78247	Health Care Admin Vice President	08/07/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Bowers 13327 La Vista San Antonio, TX 78216	Health Care Administration Co. Vice President	08/07/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Paul A. Granger 209 Bellefontaine Avenue Marion, OH 43302	Maplewood Administrator	08/14/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 350.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Harry Baum 13232 N. Tatum Blvd Phoenix, AZ	Phoenix Mountain Nursing Ctr Dir of Operations	08/14/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Jones 3082 Pleasant Court Tallahassee, FL 32303	Lovelace Roby & Company	08/28/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
SUBTOTAL of Receipts This Page (optional)			1,100.00
TOTAL This Period (last page this line number only)			27,280.00

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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
☑	First Class Mail	POSTMARKED 12/5/95
☐	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

J.A.D.
PREPARER

12/7/95
DATE PREPARED

FEC FORM 70-2 (12/92)

95030094755