REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

HAND DELIVERED
FEDERAL ELECTION COMMISSION
REPORTS ANALYSIS DIVISION

Dec 18 11 03 AM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported

1201 L STREET N.W.

CITY, STATE and ZIP CODE

WASHINGTON, DC 20005

2. FEC IDENTIFICATION NUMBER
C-00000660

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/1/95 through 11/30/95		
6. (a) Cash on Hand January 1, 19 95		$ 38,132.24
(b) Cash on Hand at Beginning of Reporting Period	$ 61,015.60	
(c) Total Receipts (from Line 19)	$ 54,444.74	$ 366,499.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 120,460.34	$ 404,631.31
7. Total Disbursements (from Line 30)	$ 11,955.74	$ 296,127.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 108,504.60	$ 108,504.60
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 WILLING, PhD

Signature of Treasurer: [signature]

Date: 12/18/95

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

FEC FORM 3X
(revised 9/93)

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

REPORT COVERING PERIOD FROM 11/1/95 TO: 11/30/95

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	51,747.50	288,707.88
ii. Unitemized	7432.50	75,549.84
iii. Total (add i and ii) ➤	59,180.00	364,257.72
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	264.74	2241.70
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	59,444.74	366,499.42
20. Total Federal Receipts (subtract line 18 from line 19) ➤	59,444.74	366,499.42
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	205.74	4152.71
c. Total Operating Expenditures (add a i, a ii, and b) ➤	205.74	4152.71
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,750.00	291,975.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,955.74	296,127.71
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,955.74	296,127.71
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. D E "Kit" Gamble PO Box 52389 Shreveport, LA 71135 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sambie Guest Care Center President	11/14/95 Aggregate Year-to-Date—$ 700.00	500.00
B. Wanda Bennington 2125 Royce St Portsmouth, OH 45662 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Golden Years Conval Center Administrator	11/10/95 Aggregate Year-to-Date—$ 300.00	100.00
C. Dennis Kamsitra 1995 E Rum River Dr S Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Dimensions Nursing Home Admin	11/06/95 Aggregate Year-to-Date—$ 600.00	100.00
D. Robert M Coury Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aristocrat Berea Administrator	11/10/95 Aggregate Year-to-Date—$ 1,100.00	100.00
E. Sandra Higgins PO Box 743 Madisonville, KY 42431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Senior Citizens Nrsg Owner/Administrator	11/06/95 Aggregate Year-to-Date—$ 500.00	200.00
F. Dale Thompson 1995 E Rum River Dr S Cambridge, MN 55008 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Health Dimensions Admin	11/14/95 Aggregate Year-to-Date—$ 2,100.00	2,000.00
G. David E Meillier PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pleasant Manor Inc President	11/06/95 Aggregate Year-to-Date—$ 1,130.00	100.00

SUBTOTAL of Receipts This Page (optional) 3,100.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Sansby 2319 W 7th St St Paul, MN 55116	Highland Chateau President	11/06/95	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**
Steven Chies 9899 Avocet St Coon Rapids, MN 55433	Park River Estates Care Ctr President	11/06/95	100.00
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**
Rick Carter 2850 Metro Dr #200 Bloomington, MN 55425	Providers of Minnesota Exec Dir	11/06/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date - $ 720.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jack Vetter 5010 S 118th St #250 Omaha, NE 68137	Vetter Health Services Admin	11/06/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,100.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jack Vetter 5010 S 118th St #250 Omaha, NE 68137	Vetter Health Services Admin	11/27/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,100.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Loren Jay Colman 7445 Glenwood Ave Golden Valley, MN 55427	Unicare Health Facilities Regional Director	11/06/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date - $ 700.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Phil Caldwell 9200 Keystone Crossing #800 Indianapolis, IN 46240	Nationwide Care VP/Operations	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date - $ 1,100.00		
SUBTOTAL of Receipts This Page (optional)			1,250.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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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
Paul Maggio 25 Schmenfeld Blvd Patchogue, NY 11772	Patchogue Nursing Center Admin	11/09/95	62.50
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**
J Craig Souza 5109 Bur Oak Cir Raleigh, NC 27612	North Carolina Health Care Fa Exec Dir	11/30/95	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**
William Dunn 195 Executive Dr Marion, OH 43302	Marion Manor Nursing Admin	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,170.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Dunn 195 Executive Dr Marion, OH 43302	Marion Manor Nursing Admin	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,170.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
L Bruce Levering 1076 Coshocton Rd Mt Vernon, OH 43050	Country Court Limited Admin	11/10/95	100.00
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**
Roger C. Lipitz 515 Fairmount Ave #800 Towson, MD 21286	Genesis Health Ventures Owner	11/06/95	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,000.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Frank Brown PO Box 190 Cullman, AL 35056	Age Inc President	11/06/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	400.00	
SUBTOTAL of Receipts This Page (optional)			1,262.50
TOTAL This Period (last page this line number only)			

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A. Esther Houston 1481 S Grant Ave PO Box 661 Crawfordsville, IN 47933 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ben Hur Nursing Home Occupation: Chairman of Board Aggregate Year-to-Date—$ 1,100.00	11/10/95	100.0
B. Esther Houston 1481 S Grant Ave PO Box 661 Crawfordsville, IN 47933 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ben Hur Nursing Home Occupation: Chairman of Board Aggregate Year-to-Date—$ 1,100.00	11/15/95	250.0
C. Lee Marchant PO Box 427 Bloomington, IN 47402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LJM Enterprises Occupation: Chief Exec Officer Aggregate Year-to-Date—$ 1,100.00	11/10/95	100.0
D. Lee Marchant PO Box 427 Bloomington, IN 47402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LJM Enterprises Occupation: Chief Exec Officer Aggregate Year-to-Date—$ 1,100.00	11/10/95	250.0
E. 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	11/06/95	50.0
F. Don Bedell PO Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Facilities Management Occupation: President Aggregate Year-to-Date—$ 1,000.00	11/06/95	250.0
G. Don Wessell 417 S. Main St. Oberlin, OH 44074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Welcome Nursing Home, Inc. Occupation: President Aggregate Year-to-Date—$ 750.00	11/10/95	100.0
SUBTOTAL of Receipts This Page (optional)			1,100.0
TOTAL This Period (last page this line number only)			

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Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Occupation: Admin Aggregate Year-to-Date-$ 650.00	11/06/95	125.00
Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Occupation: Admin Aggregate Year-to-Date-$ 650.00	11/18/95	100.00
Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Occupation: Admin Aggregate Year-to-Date-$ 650.00	11/28/95	50.00
Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Occupation: Owner/Adm Aggregate Year-to-Date-$ 2,000.00	11/06/95	500.00
Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Admin Aggregate Year-to-Date-$ 2,600.00	11/27/95	150.00
Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Admin Aggregate Year-to-Date-$ 2,600.00	11/27/95	200.00
Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Occupation: Admin Aggregate Year-to-Date-$ 2,600.00	11/27/95	400.00

SUBTOTAL of Receipts This Page (optional) 1,525.00

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A. 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 President	11/06/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		
B. 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 President	11/14/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
H Wes Handy 1005 Hill Rd Las Cruces, NM 88005	Mountain Shadows Nrsg Owner	11/10/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,600.00		
D. 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	11/06/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 520.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Finlay Matthews 2421 E Texas Ave Alexandria, LA 71301	Naomi Heights Nursing Home Owner/Administrator	11/14/95	4,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 4,880.00		
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	11/06/95	250.00
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**
Gail Clarkson 64500 Van Dyke Washington, MI 48095	Medilodge Chief Operating Off	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		

SUBTOTAL of Receipts This Page (optional) 5,375.00

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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Edward Brody 4712 Chester Ave Box 19990 Philadelphia, PA 19143	Park Pleasant Nursing Home Administrator	11/06/95	100.00
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**
John Vavenzia RR 4 Box 1B E River Rd Oswego, NY 13126	Fontvar Nursing Home Administrator	11/29/95	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Barry Baker 192 W Vienna Rd Clio, MI 48420	Beecher Manor Inc Admin	11/26/95	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 800.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Myrna Lee 55 Green Meadows Dr S Westerville, OH 43081	Ohio Health Care Association Executive Ass't	11/10/95	100.00
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**
Myrna Lee 55 Green Meadows Dr S Westerville, OH 43081	Ohio Health Care Association Executive Ass't	11/27/95	30.00
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**
Leonard Wiggins PO Box 670 Judsonia, AR 72081	Oakdale Nursing Home Owner/Administrator	11/06/95	130.00
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**
Robert Taylor 13721 Glenoaks Rd Sylmar, CA 91342	Admin	11/27/95	285.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 510.00		

SUBTOTAL of Receipts This Page (optional) 1,170.00

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

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Blaine Hendrickson 500 N State College Blvd #1250 Orange, CA 92668	Sun Mar Management Services President	11/27/95	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,750.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joy Hoy 2000 Domanik Dr Racine, WI 53404	Lincoln Lutheran Of Racine Admin	11/06/95	250.00
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**
Jack Markovitz 11630 S Grevillea Ave Hawthorne, CA 90250	Hawthorne Care Ctr President	11/27/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,100.00	
D. 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 Administrator	11/15/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
E. 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 Convy Home Inc Admin	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	475.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Mathies 10969 Trade Center Dr Rancho Cordova, CA 95670	Beverly Enterprises VP/Operations	11/08/95	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**
R Peter Madel 108 8th St NW Waseca, MN 56093	Lake Shore Inn Nursing Home Admin	11/10/95	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	

SUBTOTAL of Receipts This Page (optional)	1,430.00
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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
Robert Chup 7 Limestone Drive Williamsville, NY 14221	Elderwood Affiliates Inc President	11/06/95	500.00
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**
Warren Wolfson 3691 S Green Rd #102 Beachwood, OH 44122	Care Services Associates Admin.	11/06/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 400.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Warren Wolfson 3691 S Green Rd #102 Beachwood, OH 44122	Care Services Associates Admin	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 400.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Neil Pruitt PO Box 1210 Tocoa, GA 30577	Pruitt & Associates Admin	11/27/95	650.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,650.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jean Wells 1614 West Parrish Avenue Owensboro, KY 42301	VAHCF Chairwoman	11/10/95	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
George Couch 225 Russell Ave New Martinsville, WV 26155	New Martinsville Heal Owner/Administrator	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$ 475.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dawn Martin 442 E Hampton Stockton, CA 95204	Crestwood Rehab & Care Admin	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 400.00		

SUBTOTAL of Receipts This Page (optional) 1,950.00

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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
Dawn Martin 442 E Hampton Stockton, CA 95204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Crestwood Rehab & Convalescent Occupation: Admin Aggregate Year-to-Date—$ 400.00	11/14/95	175.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Sam Gunnerson 8620 Key Harbour Dr Indianapolis, IN 46236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Gunnerson Associates Occupation: Treasurer Aggregate Year-to-Date—$ 225.00	11/04/95	75.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Thomas Gault PO Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Harrison House Occupation: Executive Director Aggregate Year-to-Date—$ 2,750.00	11/10/95	200.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
A D Buffington 2506 Lakeland Dr PO Box 7575 Jackson, MS 39204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hillcrest Health Center Occupation: Owner Aggregate Year-to-Date—$ 600.00	11/06/95	150.00
E. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mound View Health Care Inc Occupation: Administrator Aggregate Year-to-Date—$ 500.00	11/15/95	125.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
G. Michael Leader 1079 W. Areba Ave. Hershey, PA 17033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Country Meadows Occupation: President Aggregate Year-to-Date—$ 300.00	11/06/95	75.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert Kern 243 Atlantic Ave PO Box 537 Lynbrook, NY 11563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: East Rockaway Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 2,700.00	11/27/95	200.00

SUBTOTAL of Receipts This Page (optional) 1,000.00

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

A. Full Name, Mailing Address and ZIP Code Gregory Chambery 100 Daniel Dr Webster, NY 14580	Name of Employer: Maplewood Nursing Home INC	Date (month, day, year): 11/06/95	Amount of Each Receipt this Period: 75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$: 325.00		
B. Full Name, Mailing Address and ZIP Code Gregory Chambery 100 Daniel Dr Webster, NY 14580	Name of Employer: Maplewood Nursing Home	Date (month, day, year): 11/27/95	Amount of Each Receipt This Period: 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Admin Aggregate Year-to-Date—$: 325.00		
C. Full Name, Mailing Address and ZIP Code Linda Siechover 6400 Uptown Blvd NE #520W Albuquerque, NM 87110	Name of Employer: New Mexico Health Care	Date (month, day, year):	Amount of Each Receipt This Period: 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Director Aggregate Year-to-Date—$: 340.00	11/27/95	
D. Full Name, Mailing Address and ZIP Code Dennis Christiano 525 Beahan Rd Rochester, NY 14624	Name of Employer: Westcoast Nursing Home	Date (month, day, year):	Amount of Each Receipt This Period: 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date—$: 1,350.00	11/06/95	
E. Full Name, Mailing Address and ZIP Code Joseph Wanner PO Box 3188 Bloomington, IL 61702	Name of Employer: Heritage Enterprises	Date (month, day, year):	Amount of Each Receipt This Period: 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date $: 1,000.00	11/15/95	
F. Full Name, Mailing Address and ZIP Code Frank Wronski 64500 Van Dyke Washington, MI 48095	Name of Employer: Meridian Group	Date (month, day, year):	Amount of Each Receipt This Period: 750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$: 1,200.00	11/06/95	
G. Full Name, Mailing Address and ZIP Code Frank Wronski 64500 Van Dyke Washington, MI 48095	Name of Employer: Meridian Group	Date (month, day, year):	Amount of Each Receipt This Period: 200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date—$: 1,200.00	11/27/95	
SUBTOTAL of Receipts This Page (optional)			1,725.00
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. Ted Greenberg 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Wilshire Foundation Inc Occupation: VP OF OPERATIONS Aggregate Year-to-Date—$ 300.00	11/27/95	275.00
B. Lee Morsey 2015 Prospect St Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lincoln Lutheran Occupation: Admin. Aggregate Year-to-Date—$ 750.00	11/14/95	250.00
C. Jim Klausman 3715 SW 29th Street, No. 200 Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Midwest Health Services Occupation: Owner-Adm Aggregate Year-to-Date—$ 400.00	11/27/95	300.00
D. John K. Gresham 431 S Washington Ave Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mississippi Extended Occupation: Admin Aggregate Year-to-Date—$ 500.00	11/06/95	125.00
E. William McReynolds 1430 Larimer St, #300 Denver, CO 80202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: TC Health Care Services Occupation: President Aggregate Year-to-Date—$ 700.00	11/06/95	200.00
F. Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ivy Hall Geriatric Ctr Occupation: President Aggregate Year-to-Date—$ 750.00	11/27/95	250.00
G. J Wayne Franklin 125 Springfield St #1 O'Fallon, IL 62269 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Franklin Healthcare Consultant Occupation: President Aggregate Year-to-Date—$ 350.00	11/27/95	100.00

SUBTOTAL of Receipts This Page (optional) 1,500.00

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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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Occupation: Admin Aggregate Year-to-Date—$ 1,000.00	11/22/95	200.00
B. Bradley Strong 22 Parrish Rd Conneaut, OH 44030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Inn Conneaut Health Center Occupation: Admin Aggregate Year-to-Date—$ 400.00	11/10/95	100.00
C. Bradley Strong 22 Parrish Rd Conneaut, OH 44030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Inn Conneaut Health Center Occupation: Admin Aggregate Year-to-Date—$ 400.00	11/14/95	300.00
D. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Occupation: President Aggregate Year-to-Date—$ 1,000.00	11/06/95	250.00
E. Edward Kuntz 15415 Katy Fwy #800 Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Occupation: Chairman & CEO Aggregate Year-to-Date—$ 1,000.00	11/15/95	250.00
F. Joseph Donchess 7921 Picardy Ave Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Louisiana Health Care Assoc. Occupation: Executive Director Aggregate Year-to-Date—$ 500.00	11/06/95	125.00
G. Richard Rau 10911 N Port Washington Rd Mequon, WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Occupation: Admin Aggregate Year-to-Date—$ 1,570.00	11/14/95	100.00
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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Rau 10911 N Port Washington Rd Mequon, WI 53092	Mequon Care Center Admin	11/27/95	40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 1,370.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Richard Rau 10911 N Port Washington Rd Mequon, WI 53092	Mequon Care Center Admin	11/27/95	80.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 1,370.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Neal 4239 War Memorial Dr #307 Peoria, IL 61614	Developmental Services President	11/27/95	235.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 1,345.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280	Spaugh & Co Owner	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 1,200.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280	Spaugh & Co Owner	11/27/95	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 1,200.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
James Clark PO Box 271 3147 County Line Rd Geneva, OH 44041	Lakeland Nursing Home Admin	11/06/95	75.00
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**
Kenneth Moyle 55475 Santa Fe Tr Yucca Valley, CA 92284	Moyle's Health Care Inc President	11/20/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 2,000.00		

SUBTOTAL of Receipts This Page (optional) 1,350.00

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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
Patti Turenne 407 S. McDonough St Montgomery, Al 36104	Turenne & Associates INC / Administrator	11/06/95	500.00
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**
John F Underwood 9403 Mill Brook Rd Louisville, KY 40223	KAHCF / Vice President	11/06/95	75.00
Receipt For ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 300.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Christina Renshaw 80 N 20th St Battle Creek, MI 49015	Merry Pavilion	11/27/95	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**
Abraham Gnaman 513 N Country Rd Palm Beach, FL 33480	Medistrust / Chairman of Board	11/15/95	250.00
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**
Terry Kuzman 1157 Enfield St Enfield, CT 06082	Parkway Pavilion / Administrator	11/26/95	50.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date-$ 745.00		
F. 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	11/27/95	175.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 745.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Don Chensvold 4090 1st Ave NE #103 Cedar Rapids, IA 52402	Health Care of Iowa INC / Vice President	11/27/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 400.00		
SUBTOTAL of Receipts This Page (optional)			1,350.00
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Name of Committee (in Full): American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Edward Hannan 1440 E Missouri #215 Phoenix, AZ 85014	Ariz Health Care Assn Occupation: State Exec	11/14/95	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**
Albert Zawicki 3130 Joppa Road Baltimore, MD 21234	Quality Care Occupation:	11/14/95	400.00
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**
Roch Carter 105 W Michigan 9th Fl Milwaukee, WI 53203	Innovare Health Partners Occupation: General Counsel	11/20/95	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**
Michael Barnody 455 North Indian Rock Road Belleair Bluff, FL 34640	Southern Management Occupation: Admin	11/20/95	800.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,900.00		
E. 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 Winds Occupation: General Manager	11/27/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,575.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Betty Solomonson 8111 Tiswell Dr Alexandria, VA 22306	Mt Vernon Nursing Ctr Occupation:	11/06/95	500.00
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**
Wilma Willard 9117 Cincinnati-Columbus Rd West Chester, OH 45069	West Chester Health Care Occupation: Owner	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		

SUBTOTAL of Receipts This Page (optional) 2,600.00

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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
Wilma Willard 9117 Cincinnati-Columbus Rd West Chester, OH 45069	West Chester Health Care Owner	11/14/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
B. 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	11/06/95	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	300.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dennis Sherman 2937 Wyndhend Boulevard Powell, OH 43065		11/27/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jan Thayer 404 Woodland Dr Grand Island, NE 68801	Riverside Lodge Owner/Admin	11/09/95	125.00
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**
Pearl Barnes 7900 Willows Rd., N.E. Redmond, WA 98052	Cascade Vista Cmty Ctr Administrator	11/06/95	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,000.00	
F. 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	11/06/95	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**
Jerome Britton 232 Academy St Boonville, NY 13309	Sunset Nursing Home Administrator	11/27/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
SUBTOTAL of Receipts This Page (optional)			2,625.00
TOTAL This Period (last page this line number only)			

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
Stan Jones 3107 Westhill Dr Wausau, WI 54401	Wausau Manor Occupation: Administrator	11/27/95	250.00
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**
John Elliot 901 Quarrier St #506 Charleston, WV 25301	AMFM Inc Occupation: CEO	11/06/95	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	3,300.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Terry Beyl One N Capitol #1115 Indianapolis, IN 46204	Indiana Health Care Assoc Occupation: Executive Vice Pres	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	150.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Daniel Houston Box 661 Crawfordsville, IN 47933	Ben Hur Home Occupation: President	11/10/95	100.00
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**
Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236	Nursing Care Management Occupation: Exec Vice President	11/06/95	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	400.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236	Nursing Care Management Occupation: Exec Vice President	11/10/95	100.00
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**
Ronald Smith 2045 Hwy 59 PO Box 204 Mandeville, LA 70448	Gulf South Medical Ent Occupation: President	11/15/95	900.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	2,000.00	

SUBTOTAL of Receipts This Page (optional) 3,505.00

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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
Burton C LeVee 1505 SE Carpenter Rd Lacey, WA 98503	Roylan Health Care Center President	11/06/95	1,730.00
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**
June Peach PO Box 12557 Alexandria, LA 71315	IMC Inc	11/14/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	800.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ron Floyd 565 Robert Rd Slidell, LA 70458	Greenbrier Nursing Home Administrator	11/27/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date—$	600.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Patrick T Kriner 3231 Manley Road Maumee, OH 43537	Riverwood Manor Owner	11/10/95	100.00
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**
Cathy Williams 11301 North 99th Avenue Peoria, AZ 85345	Camelot Care Center Executive Director	11/10/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	295.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701	Health Facilities Association Executive Director	11/27/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	575.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jim Truchan 4410 W 49th Ave Hobart, IN 46342	Gemini Heritage Manor Owner	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	400.00	
SUBTOTAL of Receipts This Page (optional)			2,630.00
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
Lorraine Dauhner 450 Lake St Mellen, WI 54546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mellen Manor Occupation: Administrator Aggregate Year-to-Date—$ 400.00	11/14/95	300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Mary Flynn 40 White Hall Road Rochester, NH 03867 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rochester Manor Occupation: Administrator Aggregate Year-to-Date—$ 200.00	11/27/95	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Theodore Lee 700 Hanover St Manchester, NH 03104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanover Hill Health Care Occupation: Owner/Administrator Aggregate Year-to-Date—$ 400.00	11/27/95	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Patricia Pawelski 130 S 1st St Ann Arbor, MI 48104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	International Health Care Management Occupation: Admin. Aggregate Year-to-Date—$ 500.00	11/14/95	500.00
E. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MM Invest Occupation: Partner Aggregate Year-to-Date—$ 500.00	11/15/95	125.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
James Branscum 37700 Harper Clinton Township, MI 48036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Point Villa Occupation: Administrator Aggregate Year-to-Date—$ 200.00	11/27/95	200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Paul Sadlon 2620 Princeton Dr Vestal, NY 13850 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Susquehanna Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 250.00	11/27/95	100.00
SUBTOTAL of Receipts This Page (optional)			1,425.00
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. Gerald Romano 7 Creek Ln Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Silver Creek Manor Occupation: Administrator Aggregate Year-to-Date—$ 535.00	11/27/95	100.00
B. Bobby Messina 10988 N. Harrells Ferry Rd. 12 Baton Rouge, LA 70816 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care and Rehab Occupation: Vice President Aggregate Year-to-Date—$ 300.00	11/27/95	300.00
C. Betty Knippers 314 Enoch St Tylertown, MS 39667 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Billdora Occupation: Administrator Aggregate Year-to-Date—$ 200.00	11/06/95	100.00
D. Ronald Knox 105 W Michigan St 9th Fl Milwaukee, WI 53202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Health Occupation: Sr V/P Operations Aggregate Year-to-Date—$ 700.00	11/10/95	100.00
E. Stephen Guillard 11 Powederhouse Road Dover, MA 02030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harborside Healthcare Occupation: President Aggregate Year-to-Date—$ 1,000.00	11/15/95	1,000.00
F. David Beck 1233 20th St NW #800 Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DC Health Care Association Occupation: Exec VP Aggregate Year-to-Date—$ 775.00	11/27/95	275.00
G. Aubrey Preston 422 1/2 Main Street Franklin, TN 37064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Denver Health Group Occupation: President Aggregate Year-to-Date—$ 500.00	11/06/95	125.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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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
Robert Murtha 27 E Russell St #200 Columbus, OH 43215	The MacIntosh Company President	11/10/95	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**
Joseph Birouard PO Box K Ludlow, VT 05149	Gill Odd Fellows Home Administrator	11/20/95	100.00
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**
Lynette Boutz PO Box 339 Mandeville, LA 70470	Pontchartrain Health Owner/Administrator	11/14/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gerald M Bodine 13314 Southeast 9th, No. 0-6 Vancouver, WA 98684	Cascade Care Centers CFO	11/14/95	1,250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
G. Edward Haywood 4928 Cherry Valley, S.E. Caledonia, MI 49316	Healthcare & Retirement Corp. Sr. Regional Mgr.	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,100.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dennis Anderson 2177 Youngman Ave., Ste. 200 St. Paul, MN 55116	Good Samaritan Society (Minn.) VP/Finance	11/10/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dennis Anderson 2177 Youngman Ave., Ste. 200 St. Paul, MN 55116	Good Samaritan Society (Minn.) VP/Finance	11/20/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
SUBTOTAL of Receipts This Page (optional)			2,850.00
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. Robert Dickson P.O. Box 3188 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hepstone Enterprises Occupation: Exec. Vice President Aggregate Year-to-Date—$ 300.00	11/06/95	75.00
B. John Rondot 2590 Fulton Ave. Lima, Ohio 45805.FL Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ARBOR HEALTH CARE CO Occupation: VP OF REIMB. Aggregate Year-to-Date—$ 200.00	11/10/95	100.00
C. Zaiga Moriarty 5010 S. 118th St., Ste. 250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vetter Health Services Occupation: Operations Super. Aggregate Year-to-Date—$ 400.00	11/06/95	150.00
D. Zaiga Moriarty 5010 S. 118th St., Ste. 250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vetter Health Services Occupation: Operations Super. Aggregate Year-to-Date—$ 400.00	11/10/95	100.00
E. Dawn Wetherbee 116 E. Hillview Winslow, AZ 86047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Winslow Convalescent Occupation: Asst. Admin. Aggregate Year-to-Date—$ 200.00	11/14/95	100.00
F. Paul Walczak 2401 PGA Blvd Suite 146 Palm Bch Gardens, FL 33410 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Continuum Care Corporation Occupation: PARTNER Aggregate Year-to-Date—$ 450.00	11/27/95	200.00
G. William Kinschner 4934 Valencia Dr. Toledo, OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$ 1,175.00	11/10/95	100.00
SUBTOTAL of Receipts This Page (optional)			825.00
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
William Kinschner 4934 Valencia Dr. Toledo, OH 43623		11/27/95	375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,175.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
William Kinschner 4934 Valencia Dr. Toledo, OH 43623		11/27/95	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,175.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Ian Gray 9650 Santiago Rd. Columbia, MD 21045		11/27/95	375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 375.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Juanita Kelley 721 Hiawatha Circle Pineville, LA 71360	Hilltop Nursing Center	11/29/95	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
Paul Guitreau PO Box 167 Ponchatoula, LA 70454	Belle Maison Administrator	11/29/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 475.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jackie Ettinger 17001 SW 78th Ave Miami, FL 33157		11/10/95	175.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 575.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jackie Ettinger 17001 SW 78th Ave Miami, FL 33157		11/10/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 575.00		
SUBTOTAL of Receipts This Page (optional)			2,475.00
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
Cecil Mitchell 214 South Munson Road Swanton, OH 43558 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Swanton Health Care Occupation: President Aggregate Year-to-Date—$ 300.00	11/06/95	225.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Philip Witker 2770 Albon Road Maumee, OH 43537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elizabeth Scott Manor Occupation: Administrator Aggregate Year-to-Date—$ 500.00	11/06/95	200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
W. Parker Tomlinson 513 E. Whitaker Mill Road Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bayview Convalescent Occupation: Vice President Aggregate Year-to-Date—$ 300.00	11/06/95	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Luis Flores 4031 S. Narcissus Way Denver, CO 80237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NovaCare Occupation: REGIONAL DIR. OF OPER. Aggregate Year-to-Date—$ 400.00	11/06/95	400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Robin Hillier 4780 Kirk Road Youngstown, OH 44515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AM-CARE Occupation: DIRECTOR OF REIMB Aggregate Year-to-Date—$ 800.00	11/27/95	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Robin Hillier 4780 Kirk Road Youngstown, OH 44515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AM-CARE Occupation: DIRECTOR OF REIMB. Aggregate Year-to-Date—$ 600.00	11/27/95	600.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Len Eisenberg 816 Bates Street Birmingham, MI 48009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 200.00	11/27/95	200.00
SUBTOTAL of Receipts This Page (optional)			2,025.00
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
Craig Conley 4755 South 48th Street Tacoma, WA 98409	ORCHARD PARK HEALTH CARE ADMINISTRATOR	11/18/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Stephen Maag 311 NE 117 Street Seattle, WA 98125		11/27/95	200.00
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
Barry White 115 Kalaimpua Place Honolulu, HI 96822		11/10/95	325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	325.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
William Hines 2008 Bedford Place Bossier City, LA 71111		11/28/95	500.00
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
Jan Wells 11546 Florida Boulevard Baton Rouge, LA 70815	Capitol Nursing Home OWNER	11/20/95	500.00
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
Gregory Boyes 16910 N. Dallas Parkway, #200 Dallas, TX 75126	Chartwell Healthcare REGIONAL CONTROLLER	11/27/95	40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,040.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Gregory Boyes 16910 N. Dallas Parkway, #200 Dallas, TX 75126	Chartwell Healthcare REGIONAL CONTROLLER	11/27/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,040.00	

SUBTOTAL of Receipts This Page (optional) 2,015.00

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gregory Boyes 16910 N. Dallas Parkway, #900 Dallas, TX 75124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hartwell Healthcare REGIONAL CONTROLLER Aggregate Year-to-Date—$ 1,040.00	11/27/95	250.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	51,747.00

Page 1 of 1 for
LINE NUMBER 12
(Use separate schedule(s) for each category of the Detailed Summary Page)

SCHEDULE A **ITEMIZED RECEIPTS**

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

Name of Committee (in full)
AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A. PO BOX 26150 RICHMOND, VA 23260 Receipt For: ☐ Primary ☐ General ☑ Other (specify) INTEREST	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 11/30/95	Amount of Each Receipt this Period 264.74
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			264.74

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Bill McCollum 1010 Cathy Drive Altamonte Spring, FL 32714	R-0008-FL 96 Primary	11/15/95	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☒ Primary ☐ General ☐ Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pat Roberts 1510 W. Beeson Dodge City, KS 67801	R-0001-KS 96 Primary	11/15/95	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☒ Primary ☐ General ☐ Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ralph Hall Post Office Box 711 Rockwall, TX 75087	D-0004-TX 96 Primary	11/15/95	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☒ Primary ☐ General ☐ Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ralph Hall Post Office Box 711 Rockwall, TX 75087	D-0004-TX 96 Primary	11/28/95	2,500.00
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**
Ted Stevens Box 879 Anchorage, AK 99501	R-SEN-AK 96 Primary	11/03/95	1,000.00
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**
Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	R-0006-CT 96 Primary	11/15/95	500.00
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**
Scott Klug P.O. Box 5619 Madison, WI 53705	R-0002-WI 96 Primary	11/15/95	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☒ Primary ☐ General ☐ Other (specify):**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tom Harkin 3213 South West 9th St Des Moines, IA 50315	D-SEN-IA 96 Primary	11/15/95	1,000.00
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**
Greg Laughlin , TX	D-0014-TX 96 Primary	11/03/95	500.00

SUBTOTAL of Disbursements This Page (optional) 7,500.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dennis Hastert P.O. Box 625 Batavia, IL 60510	R-0014-IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Price P O Box 1986 Raleigh, NC 27602	D-0004-NC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/15/95	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vic Fazio 722 B Main St Woodland, CA 96595	D-0003-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/03/95	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Lewis 1150 Brookside Ave. Redlands, CA 92373	R-0040-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Warner Atoka Farm, PO Box 1320 Middleburg, VA 22117	R-SEN-VA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Toby Roth 2234 Rayburn House Ofc Bldg , WI	R-0008-WI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Douglas "Pete" Peterson 109 W. College Ave., #2 Tallahassee, FL 32301	-0002-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Talent 955 Executive Pkwy., #201 St. Louis, MO 63141	R-0002-MO 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Talent 955 Executive Pkwy., #201 St. Louis, MO 63141	R-0002-MO 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	1,250.00
SUBTOTAL of Disbursements This Page (optional)			6,250.00
TOTAL This Period (last page this line number only)			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Nathan Deal P.O. Box 2522 Gainesville, GA 30503	D-0009-GA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/03/95	500.00
B. Full Name, Mailing Address and ZIP Code Russ Feingold P.O. Box 62 Middletown, WI 53562	D-SEN-WI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/07/95	1,000.00
C. Full Name, Mailing Address and ZIP Code David Minge 2630 S. First St. Willmar, MN 56201	D-0002-MN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	500.00
D. Full Name, Mailing Address and ZIP Code. Sam Farr 380 Alvarado St. Monterey, CA 93940	D-0017-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	500.00
E. Full Name, Mailing Address and ZIP Code Mike Ward 1250 Bardstown Rd,Midcity Mall Louisville, KY 40204	D-3 -KY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/03/95	500.00
F. Full Name, Mailing Address and ZIP Code John Baldacci 9 Palm St. Bangor, ME 04401	D-0002-ME 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	500.00
G. Full Name, Mailing Address and ZIP Code John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	R-1 -NV 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	500.00
H. Full Name, Mailing Address and ZIP Code Steve Largent , OK	R-1 -OK 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	500.00
I. Full Name, Mailing Address and ZIP Code Randy Tate , WA	R-9 -WA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/15/95	500.00
SUBTOTAL of Disbursements This Page (optional)			5,000.00
TOTAL This Period (last page this line number only)			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code J.C., Jr. Watts , OK	Purpose of Disbursement R-4 -OK 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 11/15/95	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Rick White , WA	Purpose of Disbursement R-1 -WA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 11/15/95	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00
TOTAL This Period (last page this line number only)			19,750.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code JACK REED 11 BRADFORD RD. CRANSTON, RI 02910	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/30/95	(500.00)
B. Full Name, Mailing Address and ZIP Code JACK REED 11 BRADFORD RD. CRANSTON, RI 02910	96 PRIMARY Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	11/30/95	(500.00)
C. Full Name, Mailing Address and ZIP Code DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 430 SOUTH CAPITOL ST. WASHINGTON DC 20003	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/30/95	(2000.00)
D. Full Name, Mailing Address and ZIP Code BILL FRIST 825 HART SOB WASHINGTON DC	94 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	11/30/95	(3000.00)
E. Full Name, Mailing Address and ZIP Code BILL FRIST 825 HART SOB WASHINGTON DC	94 GENERAL Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	11/30/95	(2000.00)
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)			(8000.00)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 1 of 1 for
LINE NUMBER 21b
(Use separate schedule(s) for each category of the Detailed Summary Page)

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

Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A. PO BOX 26150 RICHMOND, VA 23260	Disbursement for: ☐ Primary ☐ General ☑ Other (specify): BANK FEES	11/30/95	200.74
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)			200.74

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 12-18-95
☐	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

PREPARER

12-19-95
DATE PREPARED

FEC FORM 70-2 (12/92)