REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

MAR 20 3 16 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
1201 L STREET, NW

CITY, STATE and ZIP CODE
WASHINGTON, DC 20005

2. FEC IDENTIFICATION NUMBER
C-0000-6080

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 02/01/96 through 02/29/96		
6. (a) Cash on Hand January 1, 19____		$ 86,167.07
(b) Cash on Hand at Beginning of Reporting Period	$ 87,002.38	
(c) Total Receipts (from Line 19)	$ 16,675.57	$ 18,923.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 103,677.95	$ 105,090.34
7. Total Disbursements (from Line 30)	$ 64,577.96	$ 65,990.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 39,099.99	$ 39,099.99
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
Ed Ryan

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

Type or Print Name of Treasurer PAUL WILLGING, PHD

Signature of Treasurer [signature]

Date 3/20/96

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

FEC FORM 3X
(revised 9/93)

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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 02/01/96 TO 02/29/96

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)	13,237.50	14,987.50
ii. Unitemized	2,747.50	3,011.50
iii. Total (add i and ii) ➤	15,985.00	17,999.00
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	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	190.57	424.27
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	16,675.57	18,923.27
20. Total Federal Receipts (subtract line 18 from line 19) ➤	16,675.57	18,923.27
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	305.68	718.07
c. Total Operating Expenditures (add a i, a ii, and b) ➤	305.68	718.07
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	64,272.28	65,272.28
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) ➤	64,577.96	65,990.35
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	64,577.96	65,990.35
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) ➤		

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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
Donald Devries 221 County Rd Cresskill, NJ 07626	Dunnaven Nursing Home Occupation: Administrator	02/22/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 100.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
James Westbury 922 McDonough Rd Jackson, GA 30233	Westbury Medical Care Home Inc Occupation: President	02/27/96	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**
David E Meillier PO Box 446 Faribault, MN 55021	Pleasant Manor Inc Occupation: President	02/27/96	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**
Roger C. Lipitz 315 Fairmount Ave #800 Towson, MD 21286	Genesis Health Ventures Occupation: Owner	02/29/96	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**
Winthrop Cashdollar 1201 L St NW , AH	American Health Care Occupation: Legislative Rep	02/09/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Louis Serna 2525 Pennsylvania Ave Weirton, WV 26062	Weirton Convalescent Home Occupation: Owner/Adm	02/29/96	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**
Harlan Knudson 319 Seward St Juneau, AK 99801	Health Assn of Alaska Occupation: Executive Director	02/06/96	300.00
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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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Tretwold Box 829 200 River Plaza Brewster, WA 98812	Harmony House Owner	02/29/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
Richard Stazesky 1013 Centre Rd #101 Wilmington, DE 19805	Peninsula United Methodist H President	02/13/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
Martin Spriglio, RN/Lic Adm 7903 Main St Stratford, CT 06497	Lord Chamberlain Nsg Facility Administrator	02/29/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00		
Jean Wells 1614 West Parrish Avenue Owensboro, KY 42301	KAHCF Chairwoman	02/26/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
Ruth Braswell 3674 Pacific Ave Riverside, CA 92509	Vista Pacifica Enterprises Owner/Administrator	02/26/96	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
Linda Sechovec 6400 Uptown Blvd NE #520W Albuquerque, NM 87110	New Mexico Health Care Assn Executive Director	02/06/96	450.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 450.00		
Jack MacDonald 620 Herndon Parkway, Ste. 200 Herndon, VA 22070	Wilmac, Inc. President	02/09/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
SUBTOTAL of Receipts This Page (optional)			4,100.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Dicker 182-15 Hillside Ave Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Occupation: Exec Dir Aggregate Year-to-Date—$ 2,000.00	02/27/96	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**
Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Occupation: Admin Aggregate Year-to-Date—$ 250.00	02/27/96	250.00
C. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mequon Care Center Occupation: Admin Aggregate Year-to-Date—$ 125.00	02/22/96	125.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Thomas Moore 14 S Carroll St #200 Madison, WI 53703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wisconsin Health Care Assoc. Occupation: Exec Dir Aggregate Year-to-Date—$ 300.00	02/06/96	300.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Corporation Occupation: Administrator Aggregate Year-to-Date—$ 312.50	02/06/96	312.50
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Howard Groff 9201 Bloomington Frwy #FF Bloomington, MN 55420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tealwood Care Centers Inc Occupation: President Aggregate Year-to-Date—$ 250.00	02/27/96	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Barody 455 North Indian Rock Road Belleair Bluff, FL 34640 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern Management Services Occupation: Admin Aggregate Year-to-Date—$ 2,000.00	02/29/96	2,000.00
SUBTOTAL of Receipts This Page (optional)			5,237.50
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Dana 5010 S. 118th St., Ste. 250 Omaha, NE 68137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vetter Health Services Occupation: Executive V.P. Aggregate Year-to-Date-$	02/26/96	300.00
William Kinschner 4934 Valencia Dr. Toledo, OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Care & Ret Group Occupation: VP of Bus Planning Aggregate Year-to-Date-$ 300.00	02/22/96	300.00
Kris Baldock 8028 Ritchie Hwy., Ste. 210B Pasadena, MD 21122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Future Care Health Mgmt. Occupation: President Aggregate Year-to-Date-$ 300.00	02/22/96	300.00
Reginald Carter PO Box 89059 Lansing, MI 48909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HCAM Occupation: Executive Vice Pres Aggregate Year-to-Date-$ 300.00	02/13/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only) 13,237.50

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Page 1 of 1 for
LINE NUMBER 76
(Use separate schedule(s) for each category of the Detailed Summary Page)

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 REELECT CONGRESSMAN BILL BAKER P.O. BOX 4544 WALNUT CREEK, CA 91596 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REFUND	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			500.00

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SCHEDULE A

ITEMIZED RECEIPTS

Page 1 of 1 for
LINE NUMBER 17
(Use separate schedule(s) for each category of the Detailed Summary Page)

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

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A. P.O. BOX 26150 RICHMOND, VA 23260 Receipt For: ☐ Primary ☐ General ☒ Other (specify): INTEREST	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year) 02/29/96	Amount of Each Receipt (this Period) 190.57
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)			190.57

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	02/22/96	500.00
B. Full Name, Mailing Address and ZIP Code Bill McCollum 1019 Cathy Drive Altamonte Spring, FL 32714	R-0008-FL 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	02/22/96	2388.94
C. Full Name, Mailing Address and ZIP Code Judd Gregg Box L Greenfield, NH 03047	R-SEN-NH 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	02/09/96	1,000.00
D. Full Name, Mailing Address and ZIP Code. Bill Paxon P.O. Box 1995 Williamsville, NY 14231	R-0027-NY 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	02/02/96	1000.00 ~~500.00~~
E. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	02/02/96	15,000.00
F. Full Name, Mailing Address and ZIP Code Dan Schaefer 10755 W Iliff Avenue Lakewood, CO 80227	R-0006-CO 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	02/22/96	1,000.00
G. Full Name, Mailing Address and ZIP Code Jim Nussle , IA	R-0002-IA 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	02/22/96	500.00
H. Full Name, Mailing Address and ZIP Code Richard Durbin PO BOX 1949 Springfield, IL 62704	D-0020-IL 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	02/02/96	1,000.00
I. Full Name, Mailing Address and ZIP Code Dave Camp 135 Ashman Midland, MI 48640	R-0004-MI 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	02/22/96	500.00
SUBTOTAL of Disbursements This Page (optional)			20,288.94
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
John Bryant 8035 E. RL Thurton Fwy,#310 Dallas, TX 75228	D-0005-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Greg Laughlin , TX	D-0014-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tom DeLay PO Box 101 Sugar Land, TX 77487	R-0022-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Henry Waxman Suite 600, 8436 W. 3rd St. Los Angeles, CA 90048	D-0029-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	5,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Amo Houghton 33 East Third Street Corning, NY 14830	R-0031 NY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tim Johnson 102 No. Plum St Vermillion, SD 57069	D-0001-SD 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	2,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Martin Frost P.O. Box 4219 Dallas, TX 75208	D-0024-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Vic Fazio 722 B Main St Woodland, CA 95695	D-0003-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	1,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DNC WASHINGTON, DC 20036	D-0002-DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	02/21/96	15,000.00
SUBTOTAL of Disbursements This Page (optional)			27,000.00
TOTAL This Period (last page this line number only)			

9 4 0 3 0 5 2 9 1 6

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code DSCC 450 South Capitol St., SE Washington, DC 20003	-SEN-DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	02/02/96	5,000.00
B. Full Name, Mailing Address and ZIP Code James Walsh P.O. Box 1974 Syracuse, NY 13201	Purpose of Disbursement R-0025-NY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/02/96	1,000.00
C. Full Name, Mailing Address and ZIP Code Earl Pomeroy P.O. Box 746 Bismarck, ND 58502	Purpose of Disbursement D-0001-ND 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/09/96	500.00
D. Full Name, Mailing Address and ZIP Code. Jennifer Dunn P.O. Box 40110 Bellevue, WA 98004	Purpose of Disbursement R-0009-WA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	500.00
E. Full Name, Mailing Address and ZIP Code Sherrod Brown Elyria, OH	Purpose of Disbursement D-0013-OH Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	02/22/96	233.34
F. Full Name, Mailing Address and ZIP Code Jim Miller P.O. Box 8496 Richmond, VA 23226	Purpose of Disbursement -SEN-VA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	1,000.00
G. Full Name, Mailing Address and ZIP Code Greg Ganske 5907 Grand Ave. Des Moines, IA 50312	Purpose of Disbursement R-0004-IA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify).	02/22/96	500.00
H. Full Name, Mailing Address and ZIP Code Bart Stupak P.O. Box 143 Menominee, MI 49858	Purpose of Disbursement D-0001-MI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	500.00
I. Full Name, Mailing Address and ZIP Code Philip English P.O. Box 1940 Erie, PA 16512	Purpose of Disbursement R-0021-PA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	02/22/96	500.00
SUBTOTAL of Disbursements This Page (optional)			9,733.34
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code Fred Thompson 521 Dirksen Washington, DC	Purpose of Disbursement R-SEN-DC 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/22/96	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Brian Bilbray , CA	Purpose of Disbursement R-49 -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/22/96	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Pat Sullivan 2411 19th Avenue Greeley, CO 80631	Purpose of Disbursement - -CO 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/02/96	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Ben Graber PO Box 1459 Tallahassee, FL 32302	Purpose of Disbursement -19 -FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/09/96	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Ben Graber PO Box 1459 Tallahassee, FL 32302	Purpose of Disbursement -19 -FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/29/96	Amount of Each Disbursement This Period 750.00
F. Full Name, Mailing Address and ZIP Code Alan Boyd , FL	Purpose of Disbursement - -FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/21/96	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Jim Rogan , CA	Purpose of Disbursement - -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/22/96	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Wes Watkins , OK	Purpose of Disbursement - -OK 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/22/96	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Weygand , RI	Purpose of Disbursement - -RI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/22/96	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			5,750.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code Rudy Boschwitz , MN	Purpose of Disbursement - -MN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 02/22/96	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00
TOTAL This Period (last page this line number only)			~~61,772.28~~

64,272.28

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CRESTAR BANK, N.A. P.O. BOX 26150 RICHMOND, VA 23260	Disbursement for: ☐ Primary ☐ General ☒ Other (specify): BANK FEES	02/29/96	305.68
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)			305.68

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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 3-20-96
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

3-21-96
DATE PREPARED

FEC FORM 70-2 (12/92)

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