REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

OCT 16 1 39 PM '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 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 9/1/95 through 9/30/95		
6. (a) Cash on Hand January 1, 1995		$ 38,132.89
(b) Cash on Hand at Beginning of Reporting Period	$ 95,755.07	
(c) Total Receipts (from Line 19)	$ 26,880.16	$ 288,271.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 122,635.23	$ 326,404.22
7. Total Disbursements (from Line 30)	$ 42,160.38	$ 245,929.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 80,474.85	$ 80,474.85
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 WILLOUGHBY

Signature of Treasurer: [signature]

Date: 10/16/95

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)

9503002191 2

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: AMERICAN HEALTH CARE ASSN. POLITICAL ACTION CMTE.

REPORT COVERING PERIOD FROM 9/1/95 TO 9/30/95

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	22,816.98	223,775.38
ii. Unitemized	3,836.40	62,742.34
iii. Total (add i and ii) ➤	26,653.38	286,517.72
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.)	226.78	1753.61
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	26,880.16	288,271.33
20. Total Federal Receipts (subtract line 18 from line 19) ➤	26,880.16	288,271.33
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	410.38	3554.37
c. Total Operating Expenditures (add a i, a ii, and b) ➤	410.38	3554.37
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	41,750.00	242,375.00
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) ➤	42,160.38	245,929.37
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	42,160.38	245,929.37
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)

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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
Gary Kreidt 100 Elm Ave New Salem, ND 58563	Elm Crest Manor Administrator	09/15/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 260.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David E Meillier PO Box 446 Faribault, MN 55021	Pleasant Manor Inc President	09/08/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,030.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Hill 2034 Cochran Rd Maryville, TN 37801	Colonial Hills Owner	09/20/95	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 450.00		
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 515 Fairmount Ave #800 Towson, MD 21286	Genesis Health Ventures Owner	09/20/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,850.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Bill Phelan PO Box 1459 Tallahassee, FL 32302	Florida Health Care Assn Exec Dir	09/30/95	100.00
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**
Harvey Wertlieb 4041 Powder Mill Rd #410 Calverton, MD 20705	Global Health Management Admin	09/20/95	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**
Daniel Salmon 85 Beaumont Dr Northbridge, MA 01534	Beaumont Nursing Home Admin	09/29/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,450.00		

SUBTOTAL of Receipts This Page (optional) 1,000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
LINE NUMBER _____
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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John Austin 7774 Warner Rd PO Box 429 Madison, OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Stewart Lodge Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 375.00	09/30/95	250.00
B. Bruce Baldwin 2151 NE Coachman Rd Clearwater, FL 34625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Baldwin Thomas & Associates Occupation: President Aggregate Year-to-Date—$ 2,100.00	09/08/95	1,000.00
C. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Quality Care Health Centers Occupation: Admin Aggregate Year-to-Date—$ 1,850.00	09/29/95	250.00
D. Jerry Franks 124 S Elm Pl Broken Arrow, OK 74102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Park Blvd Inc Occupation: Owner Aggregate Year-to-Date—$ 2,600.00	09/11/95	250.00
E. Mark Finkelstein 955 South Main Street Middletown, CT 06457 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Connecticut Subacute Care Occupation: Aggregate Year-to-Date—$ 240.00	09/08/95	100.00
F. Alan Solomont 300 Brickstone Square Andover, MA 01810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ADS Management Inc Occupation: President Aggregate Year-to-Date—$ 2,220.00	09/08/95	100.00
G. Alan Solomont 300 Brickstone Square Andover, MA 01810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ADS Management Inc Occupation: President Aggregate Year-to-Date—$ 2,220.00	09/29/95	100.00
SUBTOTAL of Receipts This Page (optional)			2,050.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Lawson 1013 Centre Rd #101 Wilmington, DE 19805 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delaware Health Care Fac Assn Occupation: State Executive Aggregate Year-to-Date—$ 220.00	09/08/95	100.00
B. Richard G Miller 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Assoc Occupation: Senior Lobbyist Aggregate Year-to-Date—$ 730.93	Date (month, 09/15/95	Amount of Each Receipt This Period 269.29
C. Richard G Miller 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Assoc Occupation: Senior Lobbyist Aggregate Year-to-Date—$ 730.93	Date (month, 09/27/95	Amount of Each Receipt This Period 230.82
D. William Mathies 10969 Trade Center Dr Rancho Cordova, CA 95670 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beverly Enterprises Occupation: VP/Operations Aggregate Year-to-Date—$ 750.00	Date (month, day, year) 09/08/95	Amount of Each Receipt This Period 250.00
E. William Mathies 10969 Trade Center Dr Rancho Cordova, CA 95670 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beverly Enterprises Occupation: VP/Operations Aggregate Year-to-Date—$ 750.00	Date (month, day, year) 09/27/95	Amount of Each Receipt This Period 400.00
F. Jean Wells 1614 West Parrish Avenue Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: KAHCF Occupation: Chairwoman Aggregate Year-to-Date—$ 1,600.00	Date (month, day, year) 09/29/95	Amount of Each Receipt This Period 100.00
G. David Long 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Assn Occupation: Vice Pres Aggregate Year-to-Date—$ 720.00	Date (month, day, year) 09/15/95	Amount of Each Receipt This Period 280.00

SUBTOTAL of Receipts This Page (optional) 1,630.11

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David Long 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Vice Pres Aggregate Year-to-Date—$ 720.00	09/27/95	240.00
B. Stewart Seitz Rt 2 Box 5 Charlotte Hall,MD 20622 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Charlotte Hall Veterans Home Occupation: Executive Director Aggregate Year-to-Date—$ 390.00	09/15/95	250.00
C. Stewart Seitz Rt 2 Box 5 Charlotte Hall,MD 20622 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Charlotte Hall Veterans Home Occupation: Executive Director Aggregate Year-to-Date—$ 390.00	09/20/95	100.00
D. Paul Willging 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Exec VP Aggregate Year-to-Date—$ 1,461.67	09/15/95	538.51
E. Paul Willging 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Exec VP Aggregate Year-to-Date—$ 1,461.67	09/27/95	461.58
F. Robert Deane 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Chief Economist Aggregate Year-to-Date—$ 731.50	09/15/95	269.50
G. Robert Deane 1201 L St NW ,AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Chief Economist Aggregate Year-to-Date—$ 731.50	09/27/95	231.00

SUBTOTAL of Receipts This Page (optional) 2,090.59

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John K. Gresham 431 S Washington Ave Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Extended Care Occupation: Admin Aggregate Year-to-Date—$ 175.00	09/15/95	125.00
B. Roland & Sally Rapp 23950 Mission Blvd Hayward, CA 94544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rapp Health Facilities Occupation: Admin Aggregate Year-to-Date—$ 500.00	09/08/95	250.00
C. David Seckman 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assoc Occupation: VP Regulatory Aggregate Year-to-Date—$ 365.56	09/15/95	134.68
D. David Seckman 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assoc Occupation: VP Regulatory Aggregate Year-to-Date—$ 365.56	09/27/95	115.44
E. Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Developmental Services Occupation: President Aggregate Year-to-Date—$ 750.00	09/08/95	480.00
F. Charles Shelton Jr 189 Alps Rd Branford, CT 06405 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Branford Hills Health Care Ctr Occupation: Admin Aggregate Year-to-Date—$ 270.00	09/11/95	100.00
G. Howard Brott 9201 Bloomington Frwy #FF Bloomington, MN 55420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healwood Care Centers Inc Occupation: President Aggregate Year-to-Date—$ 375.00	09/08/95	230.00

SUBTOTAL of Receipts This Page (optional) 1,435.12

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

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A. Patrick J Meillier 2007 Paulis Dr Faribault, MN 55021	Pleasant Manor Administrator	09/08/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	475.00	
B. Dirk Anjewierden 4035 S 500 E Salt Lake City, UT 84107	Alta Care Center Admin	09/28/95	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	400.00	
C. Abraham Gosman 513 N Country Rd Palm Beach, FL 33480	Meditrust Chairman of Board	09/15/95	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	750.00	
D. Terry Kuzman 1157 Enfield St Enfield, CT 06082	Parkway Pavilion Administrator	09/11/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	520.00	
E. Ana Raley 4601 Martin Luther King Ave SW Washington, DC 20032	Hadley Hospital Skilled Unit Administrator	09/28/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,400.00	
F. Ana Raley 4601 Martin Luther King Ave SW Washington, DC 20032	Hadley Hospital Skilled Unit Administrator	09/29/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,400.00	
G. Robert Van Dyk 304 South Van Dien Ave. Ridgewood, NJ 07450	Van Dyk Manor President/CEO	09/08/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	350.00	
SUBTOTAL of Receipts This Page (optional)			2,700.00
TOTAL This Period (last page this line number only)			

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A. John Chapple PO Box 1072 Burlington, VT 05402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlin Management Service Corp President Aggregate Year-to-Date—$ 1,500.00	09/28/95	500.00
B. Shelly Warner 120 W Thayer Ave Bismarck, ND 58501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Dakota LTC Association Executive Director Aggregate Year-to-Date—$ 240.00	09/15/95	100.00
C. Dennis Sherman 2237 Wyndbend Boulevard Powell, OH 43065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date—$ 500.00	09/11/95	500.00
D. Hollis Helgeson 520 1st St NE Sartell, MN 56377 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Country Manor Chief Executive Off Aggregate Year-to-Date—$ 300.00	09/30/95	300.00
E. Freddie Franklin 1329 Abraham St Tallahassee, FL 32304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Miracle Hill Nursing Home Administrator Aggregate Year-to-Date—$ 300.00	09/28/95	100.00
F. Richard Matros 2742 Dow Ave Tustin, CA 92680 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Enterprises President Aggregate Year-to-Date—$ 500.00	09/06/95	250.00
G. Terry Dayl One N Capitol #1115 Indianapolis, IN 46204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Indiana Health Care Assoc Executive Vice Pres Aggregate Year-to-Date—$ 750.00	09/08/95	250.00
SUBTOTAL of Receipts This Page (optional)			2,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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Louis E Cottrell Jr PO Box 189 Killen, AL 35645	Lauderdale Christian Adm Administrator	09/08/95	125.00
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**
Adele Wilzack 229 Hanover St Annapolis, MD 21401	Health Facilities Assn of MD Executive Director	09/20/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	265.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Al Santos 57 Kilvert Street, Ste. 200 Warwick, RI 02886	Rhode Island Health Care Assoc Exec. Dir./PAC Dir.	09/29/95	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,035.00	
D. 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	Sebo's Heritage Manor Owner	09/08/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	350.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mark Tobin 111 Headwaters Dr Harwich, MA 02645	Cranberry Pointe	09/29/95	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**
Bruce Bonsel 2151 NE Coachman Road Clearwater, FL 34625	United Southern Health Group General Manager	09/15/95	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**
Brad Stebbins 600 E Whaley Longview, TX 75601	Stebbins Five Companies Owner	09/11/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	550.00	

SUBTOTAL of Receipts This Page (optional) 1,925.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER _____
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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. 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—$ 600.00	09/29/95	500.00
B. Eric Schaffer 12949 Alcosta Blvd #200 San Ramon, CA 94583 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Schaffer Lab Occupation: Owner/Admin Aggregate Year-to-Date—$ 450.00	09/08/95	250.00
C. Susan Bailis 300 Brickstone Sq., 5th Floor Andover, MA 01810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ADS Management Inc Occupation: Aggregate Year-to-Date—$ 200.00	09/29/95	100.00
D. 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—$ 225.00	09/29/95	100.00
E. Wayne Ekren 1254 S. Pinellas Ave Tarpon Springs, FL 34689 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Functional Abilities Occupation: President Aggregate Year-to-Date—$ 200.00	09/28/95	100.00
F. Vanessa Dazio 36338 US 19 N Palm Harbor, FL 34684 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Functional Abilities Occupation: President Aggregate Year-to-Date—$ 200.00	09/28/95	100.00
G. Michael Weiderstein 4635 Georgetown Pkwy Stockton, CA 95207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crestwood Hospitals Occupation: V/P Aggregate Year-to-Date—$ 375.00	09/06/95	375.00
SUBTOTAL of Receipts This Page (optional)			1,525.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Amy Suter 2503 Bishop Estates Rd Jacksonville, FL 32259 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Suter Health Care Occupation: Admin Aggregate Year-to-Date—$ 250.00	09/29/95	100.00
B. Hal and Elaine Sarff 14819 E Mission Spokane, WA 99216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Care Occupation: Ass't Administrator Aggregate Year-to-Date—$ 1,400.00	09/11/95	500.00
C. Hal and Elaine Sarff 14819 E Mission Spokane, WA 99216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Care Occupation: Ass't Administrator Aggregate Year-to-Date—$ 1,400.00	09/28/95	300.00
D. Hal and Elaine Sarff 14819 E Mission Spokane, WA 99216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colonial Care Occupation: Ass't Administrator Aggregate Year-to-Date—$ 1,400.00	09/28/95	500.00
E. Robert Hartwell 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Dir Political Aff Aggregate Year-to-Date—$ 611.16	09/15/95	277.80
F. Robert Hartwell 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Dir Political Aff Aggregate Year-to-Date—$ 611.16	09/27/95	333.36
G. Wallace Roberts 2811 Colonial Circle McKinney, TX 75070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wallace Nursing Home Occupation: Nursing home owner Aggregate Year-to-Date—$ 750.00	09/28/95	500.00
SUBTOTAL of Receipts This Page (optional)			2,511.16
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
Stephen Gregson 9848 Nob Hill Lane Sunrise, FL 33351	Florida Membership Services		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vice President Aggregate Year-to-Date—$ 250.00	09/28/95	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Douglas M. Wright P.O. Box 3667 Tupelo, MS 38803	Right Care, Inc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	President/CEO Aggregate Year-to-Date—$ 1,550.00	09/28/95	300.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Martha Everett Meng 179 Wildwood Avenue Madison, CT 06443			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00	09/08/95	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Ruth Murphy 100 St. Claire Dr. Hockessin, DE 19707			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00	09/08/95	100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Douglas Noble 50 Cabot Street Needham, MA 02194	Commonwealth Companies		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 700.00	09/28/95	100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dion Schrack 2021 4th Avenue Grinnell, IA 50112			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00	09/08/95	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Steven Jones 3082 Pleasant Court Tallahassee, FL 32303	Lovelace Roby & Company		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 200.00	09/28/95	100.00

SUBTOTAL of Receipts This Page (optional) 1,050.00

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
Jack Orlov 1207 Hidden Lake Drive Buffalo Grove, IL 60089		09/08/95	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
Patrick Trotta 1 N. Charles St, No. 100 Baltimore, MD 21201	Sachs, McGibney & Trotta	09/08/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 600.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Patrick Trotta 1 N. Charles St, No. 100 Baltimore, MD 21201	Sachs, McGibney & Trotta	09/28/95	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
Christopher Sprenger 3905 Oberlin Avenue Lorain, OH 44053	Autumn Aegis Nursing Home	09/08/95	300.00
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
Scott Marber , PA		09/28/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Kevin Stuck , PA		09/28/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Rick Moreland 14611 North 25th Street Phoenix, AZ 85032	Keane Health Care	09/28/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		

SUBTOTAL of Receipts This Page (optional) 1,900.00

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. C. Randall Betz 4200 James River Road New Albany, OH 43054 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Keane, Inc. Occupation Aggregate Year-to-Date—$	09/28/95 250.00	250.00
B. Pete Spornhauer 3009 County Road 38 Auburn, IN 46706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Betz Nursing Home, Inc. Occupation Aggregate Year-to-Date—$	09/28/95 250.00	250.00
C. Tom Mabry PO Box 553 Gainsboro, TN 38562 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	09/29/95 250.00	250.00
D. Morris Fergispm 1413 Baddour Parkway Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	09/29/95 250.00	250.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	22,816.98

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

	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
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—$	9/29/95	226.78
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)			226.78

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Clay Shaw, Jr. 2929 E. Commercial Blvd. Fort Lauderdale, FL 33308	R-0022-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/13/95	500.00
B. W.J. Tauzin Rienzi Apartments #5B Thibodaux, LA 70301	D-0003-LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/13/95	500.00
C. Ralph Hall Post Office Box 711 Rockwall, TX 75087	D-0004-TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/13/95	1,000.00
D. Thomas J. Bliley, Jr. 408 Henri Road Richmond, VA 23226	R-0007-VA Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	09/07/95	445.10
E. Thomas J. Bliley, Jr. 408 Henri Road Richmond, VA 23226	R-0007-VA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/07/95	5,000.00
F. Thomas J. Bliley, Jr. 408 Henri Road Richmond, VA 23226	R-0007-VA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/07/95	3,554.90
G. DCCC 430 South Capitol St Washington, DC 20003	- -DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	09/20/95	5,000.00
H. Frank Riggs , CA	R-0001-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/13/95	500.00
I. Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	R-0006-CT 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/20/95	250.00
SUBTOTAL of Disbursements This Page (optional)			16,750.00
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim McCrery Suite 350, 6425 Youree Dr. Shreveport, LA 71105	R-0005-LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/20/95	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**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 Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/13/95	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bob Graham 700 North Adams St Tallahassee, FL 32301	D-SEN-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/26/95	1,000.00
D. 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):	09/20/95	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ann Houghton 33 East Third Street Corning, NY 14830	R-0031-NY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/20/95	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**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):	09/20/95	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
William Thomas 4003 Federal Bldg. Casper, CA 82601	R-0021-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/13/95	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
William Thomas 4003 Federal Bldg. Casper, CA 82601	R-0021-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	09/18/95	4,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
William Thomas 4003 Federal Bldg. Casper, CA 82601	R-0021-CA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	09/18/95	5,000.00
SUBTOTAL of Disbursements This Page (optional)			14,500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Richard Neal , MA	Purpose of Disbursement D-0002-MA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/13/95	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Ed Royce P.O. Box 6765 Fullerton, CA 92634	Purpose of Disbursement R-39 -CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/13/95	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code DSCC 450 South Capitol St., SE Washington, DC 20003	Purpose of Disbursement -SEN-DC Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/20/95	Amount of Each Disbursement This Period 5,000.00
D. Full Name, Mailing Address and ZIP Code. Dan Miller 1111 3rd Ave., West, Ste. 100 Bradenton, FL 34205	Purpose of Disbursement -0013-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/20/95	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Mike Crapo 1177 W. State St. Boise, ID 83402	Purpose of Disbursement R-0002-ID 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/20/95	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Ken Calvert P.O. Box 5-1992 Riverside, CA 92517	Purpose of Disbursement R-0043-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/20/95	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Jennifer Dunn P.O. Box 40110 Bellevue, WA 98004	Purpose of Disbursement R-0008-WA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/13/95	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Bill Luther 1399 Geneva Ave., N., #103 Oakdale, MN 56201	Purpose of Disbursement D-6 -MN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/18/95	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Bart Stupak P.O. Box 143 Memominee, MI 49858	Purpose of Disbursement D-0001-MI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 09/20/95	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			9,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	Purpose of Disbursement R-1 -NV 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	Date (month, day, year) 09/13/95	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	Purpose of Disbursement R-1 -NV 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	Date (month, day, year) 09/20/95	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	Purpose of Disbursement R-1 -NV 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	Date (month, day, year) 09/20/95	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code. Blue Dog PAC 1155 21st Street NW #300 Washington, DC 20036	Purpose of Disbursement - -DC Disbursement for: ☐Primary ☐General ☐ Other (specify):	Date (month, day, year) 09/20/95	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Evan Bayh 1 North Capitol, Suite 1100 Indianapolis, IN 46204	Purpose of Disbursement - -IN 96 Primary Disbursement for: ☒Primary ☐General ☐ Other (specify):	Date (month, day, year) 09/21/95	Amount of Each Disbursement This Period 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
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)			3,000.00
TOTAL This Period (last page this line number only)			43,250.00

95030021931

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page 1 of 1 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 CLAY SHAW JR. 2909 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308	96 PRIMARY Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	9/30/95	(500.00)
B. Full Name, Mailing Address and ZIP Code DOUGLAS "PETE" PETERSON 109 W. COLLEGE AVE. #2 TALLAHASSEE, FL 32301	96 PRIMARY Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	9/30/95	(500.00)
C. Full Name, Mailing Address and ZIP Code BENJAMIN CARDIN 2509 SHELLEYDALE RD. BALTIMORE, MD 21209	96 PRIMARY Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	9/30/95	(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
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)			(1500.00)

9 5 0 3 0 0 2 1 9 7 2

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page 1 of 1 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 CRESTAR BANK, NA PO BOX 26150 RICHMOND, VA 23260	BANK FEES Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	9/29/95	410.38
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
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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)			410.38

95030021973

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 10-16-95
☐	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

JMN
PREPARER

10-16-95
DATE PREPARED

FEC FORM 70-2 (12/92)

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