REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

AUG 20 11 59 AM '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 7/1/96 through 7/31/96		
6. (a) Cash on Hand January 1, 19 96		$ 86,167.07
(b) Cash on Hand at Beginning of Reporting Period	$ 29,180.19	
(c) Total Receipts (from Line 18)	$ 38,176.10	$ 211,671.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 67,356.29	$ 297,838.89
7. Total Disbursements (from Line 30)	$ 22,626.88	$ 253,109.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 44,729.41	$ 44,729.41
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 DAVE LONG

Signature of Treasurer

Date 8/20/96

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)
FE4AN101

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 7/1/96 TO 7/31/96

	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)	25,927.21	163,094.77	11(a)(i)
ii. Unitemized	12,078.89	39,760.34	11(a)(ii)
iii. Total (add i and ii) ➤	38,006.10	202,855.11	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	170.00	170.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	38,176.10	203,025.11	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		8000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)		646.71	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	38,176.10	211,671.82	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	38,176.10	211,671.82	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	382.00	3053.32	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	382.00	3053.32	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,244.88	249,056.16	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			28(a)
28. Refunds of Contributions To:		1000.00	28(b)
a. Individuals/Persons Other Than Political Committees			28(c)
b. Political Party Committees			28(d)
c. Other Political Committees (such as PACs)		1000.00	29
d. Total Contribution Refunds (add a, b and c) ➤			30
29. Other Disbursements	22,626.88	253,109.48	31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	22,626.88	253,109.48	
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE4AN101

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. Linda DeRuvo Keegan 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Health Care Assn. Occupation: VP PR & Prof Svcs Aggregate Year-to-Date—$ 750.00	07/09/96	250.00
B. Eugene Bishop PO Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Services Centers Occupation: President Aggregate Year-to-Date—$ 750.00	07/10/96	250.00
C. Robert M Coury Two Berea Commons #1 Berea, OH 44017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Aristocrat Berea Occupation: Administrator Aggregate Year-to-Date—$ 750.00	07/30/96	250.00
D. Jerry Sansby 2319 W 7th St St Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Highland Chateau Occupation: President Aggregate Year-to-Date—$ 750.00	07/22/96	250.00
E. J Craig Souza 5109 Bur Oak Cir Raleigh, NC 27612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: North Carolina Health Care Fa Occupation: Exec Dir Aggregate Year-to-Date—$ 500.00	07/18/96	500.00
F. William Dunn 195 Executive Dr Marion, OH 43302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Marion Manor Nursing Ctr Inc Occupation: Admin Aggregate Year-to-Date—$ 750.00	07/30/96	250.00
G. William Levering 4 New Market Dr Delaware, OH 43015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Delaware Court Health Care Ctr Occupation: Administrator Aggregate Year-to-Date—$ 300.00	07/05/96	300.00

SUBTOTAL of Receipts This Page (optional) 2,050.00

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

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. Jerry Hill 3211 SW John Sevier Parkway Knoxville, TN 37920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Williamsburg Development Occupation: Owner Aggregate Year-to-Date—$ 375.00	07/30/96	125.00
B. Roger C. Lipitz 515 Fairmount Ave #800 Towson, MD 21286 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Health Ventures Occupation: Owner Aggregate Year-to-Date—$ 1,500.00	07/30/96	500.00
C. Fred Watson 3735 Memorial Dr Decatur, GA 30032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Georgia Health Care Assoc Occupation: Executive VP Aggregate Year-to-Date—$ 1,100.00	07/26/96	100.00
D. Steven Wolf 820 S 59th St Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Eldercare Inc Occupation: President Aggregate Year-to-Date—$ 1,500.00	07/19/96	1,000.00
E. Larry Juhl 104 GlenOaks Dr Box 31 New London, MN 56273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: GlenOaks Care Center Occupation: Administrator Aggregate Year-to-Date—$ 1,000.00	07/30/96	500.00
F. Don Bedell PO Box 1210 Sikeston, MO 63801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Facilities Mgmt Corp Occupation: President Aggregate Year-to-Date—$ 750.00	07/19/96	250.00
G. Cecil Barcelo 411 Alabama League City, TX 77573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Baywind Village Occupation: Admin Aggregate Year-to-Date—$ 225.00	07/30/96	75.00
SUBTOTAL of Receipts This Page (optional)			2,550.00
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. Herman Conaway 2312 Highland Avenue Parkersburg, WV 26101 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mound View Health Care, Inc. Occupation: Administrator Aggregate Year-to-Date—$ 375.00	07/05/96	375.00
B. Gary Toth PO Box 640 246 N Broadway Geneva, OH 44041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Manor Home Mgmt Occupation: Admin Aggregate Year-to-Date—$ 500.00	07/30/96	500.00
C. Glenn Adrian 1369 Stewartstown Rd Morgantown, WV 26505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Glenmark Associates Inc Occupation: President Aggregate Year-to-Date—$ 225.00	07/26/96	225.00
D. Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Occupation: Owner/Adm Aggregate Year-to-Date—$ 1,500.00	07/30/96	500.00
E. James Judy 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kentucky Assn of Hlth Care Fac Occupation: Exec VP Aggregate Year-to-Date—$ 528.54	07/05/96	214.27
F. James Judy 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kentucky Assn of Hlth Care Fac Occupation: Exec VP Aggregate Year-to-Date—$ 528.54	07/26/96	100.00
G. Marlow Baar 17732 Corinthian Drive Encino, CA 91316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Haskin & Baar Occupation: Owner Aggregate Year-to-Date—$ 250.00	07/30/96	125.00
SUBTOTAL of Receipts This Page (optional)			2,039.27
TOTAL This Period (last page this line number only)			

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Meillier 27 Brand Ave PO Box 446 Faribault, MN 55021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pleasant Manor Inc Occupation: Social Services Dir Aggregate Year-to-Date—$: 225.00	07/30/96	225.00
B. Patricia Snyder 421 S 9th St #137 Lincoln, NE 68508 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Nebraska Health Care Assn Occupation: Executive Director Aggregate Year-to-Date—$: 400.00	07/30/96	100.00
C. Gail Clarkson 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Medilodge Occupation: Chief Operating Off Aggregate Year-to-Date—$: 750.00	07/30/96	250.00
D. Edward Brody 4712 Chester Ave Box 19990 Philadelphia, PA 19143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Park Pleasant Nursing Home Occupation: Administrator Aggregate Year-to-Date—$: 225.00	07/30/96	75.00
E. Julius Cox PO Box 1629 Marshall, TX 75671 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Marshall Manor Nursing Home Occupation: Administrator Aggregate Year-to-Date—$: 225.00	07/22/96	75.00
F. Gerry Baker 192 W Vienna Rd Clio, MI 48420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Beecher Manor Inc Occupation: Admin Aggregate Year-to-Date—$: 2,300.00	07/30/96	100.00
G. Craig Rowley 307 Plaza Drive Dover, NH 03820 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Dover House Occupation: Administrator Aggregate Year-to-Date—$: 200.00	07/09/96	100.00

SUBTOTAL of Receipts This Page (optional) 925.00

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. Herbert Heflich 857 Vasseller Ave Martinsville, NJ 08836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bey Lea Village Occupation: Owner Aggregate Year-to-Date—$ 2,100.00	07/30/96	100.00
B. John K Smith PO Box 311 Commerce, TX 75429 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Smith Investments Occupation: Owner Aggregate Year-to-Date—$ 250.00	07/05/96	125.00
C. Sharon Flippen 4107 Spicewood Road, No. 216 Austin, TX 78759 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation: Dir. Government Re Aggregate Year-to-Date—$ 375.00	07/30/96	210.00
D. Troy Athon PO Box 497 Conyers, GA 30207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Geriatric Health Services Occupation: President Aggregate Year-to-Date—$ 1,250.00	07/30/96	250.00
E. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Conv Home Inc Occupation: Admin Aggregate Year-to-Date—$ 375.00	07/30/96	125.00
F. Edmond Fortune 101 Glover Lane Milton, FL 32571 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sandy Ridge Care Center Occupation: Owner Aggregate Year-to-Date—$ 200.00	07/12/96	100.00
G. Peter Gordon 45 Coffey St Dorchester, MA 02122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Neponset Circle Occupation: President Aggregate Year-to-Date—$ 1,000.00	07/26/96	1,000.00

SUBTOTAL of Receipts This Page (optional) 1,910.00

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American Health Care Association - Political Action Committee

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Neil Pruitt PO Box 1219 Toccoa, GA 30577	Pruitt & Associates Inc		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin	07/30/96	250.00
	Aggregate Year-to-Date—$	750.00	
B. Full Name, Mailing Address and ZIP Code David Long 1201 L St NW , AH	Name of Employer American Health Care Assn	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice Pres	07/30/96	269.29
	Aggregate Year-to-Date—$	500.11	
C. Full Name, Mailing Address and ZIP Code G. Michael Leader 1070 W. Areba Ave. Hershey, PA 17033	Name of Employer Country Meadows of West Shore	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President	07/05/96	150.00
	Aggregate Year-to-Date—$	225.00	
D. 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)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin	07/30/96	75.00
	Aggregate Year-to-Date—$	225.00	
E. Full Name, Mailing Address and ZIP Code Michelle Schneider 4307 Bridgetown Rd Cincinnati, OH 45211	Name of Employer Hillebrand Nursing Center	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Administrator	07/26/96	1,000.00
	Aggregate Year-to-Date—$	1,000.00	
F. Full Name, Mailing Address and ZIP Code Paul Willging 1201 L St NW , AH	Name of Employer American Health Care Assn	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Exec VP	07/30/96	538.51
	Aggregate Year-to-Date—$	1,100.09	
G. Full Name, Mailing Address and ZIP Code Robert Deane 1201 L St NW , AH	Name of Employer American Health Care Assn	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Chief Economist	07/30/96	269.29
	Aggregate Year-to-Date—$	500.11	
SUBTOTAL of Receipts This Page (optional)			2,552.09
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
Jim Klausman 3715 SW 29th Street, No. 200 Topeka, KS 66614	Midwest Health Services Owner/Adm	07/26/96	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 275.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Timothy Chies 9899 Avocet St Coon Rapids, MN 55433	Park River Estates Care Cntr Office Manager	07/22/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Darell R Cammack 1300 Windlass Dr Baltimore, MD 21220	Ivy Hall Geriatric Ctr President	07/05/96	1,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,000.00		
D. 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	07/26/96	250.00
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**
Gerald Reilly 2120 State St NE #102 Olympia, WA 98506	Washington Health Care Assoc Executive Director	07/30/96	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 225.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
David Beckman 1201 L St NW , AH	American Health Care Assoc VP Regulatory	07/30/96	134.68
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.12		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Bruce Yarwood 200 P St #F31 Sacramento, CA 95814	Yarwood and Associates Gov Rel Consultant	07/18/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 2,834.68

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 / Aggregate Year-to-Date—$	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 President 375.00	07/26/96	125.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William White Vauxhall St PO Box 308 New London, CT 06320 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HealthCare Visions Inc. Admin/Owner 300.00	07/26/96	300.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Pointe Woods General Manager 2,022.27	07/30/96	100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Betty Solomonson 8111 Tiswell Dr Alexandria, VA 22306 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mt Vernon Nursing Ctr ADMINISTRATOR 500.00	07/05/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Dennis Sherman 2237 Wyndbend Boulevard Powell, OH 43065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LAUREL HC CORP. PRESIDENT 500.00	07/05/96	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Freddie Franklin 1329 Abraham St Tallahassee, FL 32304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Miracle Hill Nursing Home Administrator 700.00	07/09/96	100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Michael Scharfenberger 7265 Kenwood Rd #300 Cincinnati, OH 45236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nursing Care Management Exec Vice President 225.00	07/30/96	75.00

SUBTOTAL of Receipts This Page (optional) 1,450.00

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

Page ___ of ___ for
LINE NUMBER _____
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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Health Facilities Assn of MD Occupation: Executive Director Aggregate Year-to-Date-$ 400.00	07/30/96	100.00
B. Mary Flynn 40 White Hall Road Rochester, NH 03867 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rochester Manor Occupation: Administrator Aggregate Year-to-Date-$ 300.00	07/09/96	200.00
C. Robert Lohr P.O. Box 10805 Pittsburgh, PA 15236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Jefferson Hills Manor Occupation: EXECUTIVE DIRECTOR Aggregate Year-to-Date-$ 750.00	07/09/96	250.00
D. Mark Tobin 50 Christy Place Brockton, MA 02401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Pointe Group Occupation: President Aggregate Year-to-Date-$ 1,000.00	07/26/96	1,000.00
E. John Sims 707 Center Street Columbus, GA 31901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbus Regional Health Care Occupation: Senior Vice Pres Aggregate Year-to-Date-$ 1,100.00	07/26/96	1,100.00
F. Dwight Sowerby PO Box 540 27 Rt 101A Amherst, NH 03031 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Sowerby Consulting Group Inc Occupation: Owner/Administrator Aggregate Year-to-Date-$ 200.00	07/09/96	200.00
G. Gerald Romano 7 Creek Ln Bristol, RI 02809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Silver Creek Manor Occupation: Administrator Aggregate Year-to-Date-$ 1,000.00	07/09/96	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,850.00

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

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. Jean Filer 1633 Cypress Ln Paradise, CA 95969 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CACH Inc. Occupation: Administrator Aggregate Year-to-Date-$: 500.00	07/26/96	500.00
B. Barbra McClung 3710 W Mineral King Avenue Visalia, CA 93291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Moyle's Central Valley HC Occupation: Vice President Aggregate Year-to-Date-$: 1,500.00	07/09/96	500.00
C. George Hunt III 6000 Lake Forest Drive, #225 Atlanta, GA 30328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Capitol Care Occupation: VP Human Resources Aggregate Year-to-Date-$: 500.00	07/05/96	500.00
D. Harold & Debra Stewart PO Box 974 Apalachicola, FL 32329 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Senior Care Properties Occupation: President Aggregate Year-to-Date-$: 1,500.00	07/18/96	500.00
E. Faroop Khan 163 Quinnipine Ave North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Montower Health Care Ctr Occupation: President Aggregate Year-to-Date-$: 375.00	07/30/96	125.00
F. Sally Gearhart-Schnabel PO Box 845 Barnegat Light, NJ 08006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Crown Nursing Home Occupation: Administrator Aggregate Year-to-Date-$: 500.00	07/30/96	500.00
G. Robert Hartwell 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AHCA Occupation: Dir Political Aff. Aggregate Year-to-Date-$: 499.98	07/30/96	269.22

SUBTOTAL of Receipts This Page (optional) 2,894.22

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ruth Phillips 2730 Curlew Rd. Clearwater, FL 34621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Curlew Care Home II Occupation: Administrator Aggregate Year-to-Date—$ 100.00	07/26/96	100.00
B. Lynda Conaway Kirk P.O. Box 200 Harrisville, WV 26362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pine View Continuous Care Occupation: Administrator Aggregate Year-to-Date—$ 375.00	07/30/96	125.00
C. 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—$ 200.00	07/26/96	100.00
D. Jackie Ettinger 17001 SW 78th Ave Miami, FL 33177 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	X-RAY + MEDICAL SERVICE OF FLORIDA Occupation: Administrator Aggregate Year-to-Date—$ 200.00	07/18/96	100.00
E. Curtis Lovett 38 Sunrise Terrace Stoughton, MA 02072 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AMR/ASA Occupation: VP Corp Development Aggregate Year-to-Date—$ 200.00	07/09/96	200.00
F. John Schaeffler 1201 L St NW AHCA, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AHCA Occupation: Lobbyist Aggregate Year-to-Date—$ 200.05	07/30/96	26.95
G. Mary Lynne Bailey 2112 West Laburnum Avenue, 206 Richmond, VA 23227 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Virginia Health Care Assoc. Occupation: Assistant Aggregate Year-to-Date—$ 375.00	07/18/96	125.00

SUBTOTAL of Receipts This Page (optional) 776.95

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

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LINE NUMBER _____
(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	Name of Employer / Occupation / Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt this Period
John Sims PO Box 1129 Turlock, CA 95381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Elness Convalescent Hospital Administrator 1,000.00	07/26/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Joan White 932 Ward Avenue, Suite 430 Honolulu, HI 96814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Assoc. of Hawaii EXEC. V-PRESIDENT 225.00	07/09/96	75.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
James Freeburn 24 Spring Lane Farmington, CT 06032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gold Star Medical Services VP/GM 420.00	07/18/96	420.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Norm Beachesne , NH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NEW HAMPSHIRE HEALTH CARE ASSOCIATION 200.00	07/09/96	200.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Beverly Widger , NH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	200.00	07/30/96	200.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Phyllis Saunders 3754 N. Eagle Road Wilmar, MN 56201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Regional Supervisor 200.00	07/22/96	200.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date—$**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 2,095.00

TOTAL This Period (last page this line number only) 25,937.21

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LINE NUMBER 11C
(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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RHODE ISLAND HEALTH CARE ASSOC. POLITICAL ACTION COMMITTEE 57 KILVERT ST. WARWICK, RI 02885	Occupation	7/18/96	70.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 170.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
RHODE ISLAND HEALTH CARE ASSOC. POLITICAL ACTION COMMITTEE 57 KILVERT ST WARWICK, RI 02885	Occupation	7/19/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 170.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$		

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

TOTAL This Period (last page this line number only) 170.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify): IN KIND CONT.	07/26/96	469.19
B. Larry Craig 9008 Donny Brook Court Boise, ID 83709	R-SEN-ID 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/16/96	2,500.00
C. Robert Torricelli 160 Overlook Avenue Hackensack, NJ 07601	D-0009-NJ 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/01/96	1,000.00
D. Newt Gingrich 221 Upper Riverdale Road Jonesboro, GA 30236	R-0006-GA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/26/96	5,000.00
E. Frank Wolf 1651 Old Meadow Rd., Ste. 115 McLean, VA 22102	R-0010-VA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/01/96	1,000.00
F. John Boehner 7908 Cincinnati-Dayton Rd. West Chester, OH 45069	R-0008-OH 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/26/96	3,000.00
G. President's Forum NRCC 320 First St., S.E. Washington, DC 20003	R- -DC Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/01/96	5,000.00
H. Nathan Deal P.O. Box 2522 Gainesville, GA 30503	R-0009-GA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	07/26/96	500.00
I. Ted Strickland P.O. Box 580 Lucasville, OH 45648	D-0006-OH 96 General Disbursement for: ☒ Primary ☐ General ☐ Other (specify): IN KIND CONT.	07/26/96	275.69
SUBTOTAL of Disbursements This Page (optional)			18,744.88
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 Greg Ganske 5907 Grand Ave. Des Moines, IA 50312	Purpose of Disbursement R-0004-IA 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 07/26/96	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Richard Burr P.O. Box 4169 Winston-Salem, NC 27115	Purpose of Disbursement R-0005-NC 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 07/26/96	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Richard Burr P.O. Box 4169 Winston-Salem, NC 27115	Purpose of Disbursement R-0005-NC 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 07/26/96	Amount of Each Disbursement This Period 500.00
D. 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) 07/26/96	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Fred Heineman PO Box 19609 Raleigh, NC 27619	Purpose of Disbursement R-4 -NC 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Ed Whitfield , KY	Purpose of Disbursement R-1 -KY 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 07/26/96	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Richard Venable 109 Clay Street Kingsport, TN 37660	Purpose of Disbursement -TN 96 Primary Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 07/26/96	Amount of Each Disbursement This Period 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
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)			3,500.00
TOTAL This Period (last page this line number only)			22,244.98

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK PO BOX 85024 RICHMOND, VA 23285-5024	Purpose of Disbursement BANK FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 7/31/96	Amount of Each Disbursement This Period 382.00
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)			
TOTAL This Period (last page this line number only)			382.00

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 8-20-96
☐	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

JMH
PREPARER

8/20/96
DATE PREPARED

FEC FORM 70-2 (12/92)