REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

JUN 19 3 41 PM '96

HAND DELIVERED

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 5/1 through 5/31/96		
6. (a) Cash on Hand January 1, 19 96		$ 86,167.07
(b) Cash on Hand at Beginning of Reporting Period	$ 42,741.94	
(c) Total Receipts (from Line 19)	$ 40,059.04	$ 153,373.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 82,800.98	$ 239,540.30
7. Total Disbursements (from Line 30)	$ 30,332.06	$ 187,071.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 52,468.92	$ 52,468.92
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 WILLGING

Signature of Treasurer [signature] Date 6/19/96

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 5/1/96 TO: 5/31/96

	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)	33,818.25	122,542.56
ii. Unitemized	6195.26	24,228.95
iii. Total (add i and ii) ➤	40,013.51	146,771.51
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		6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	45.53	601.72
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	40,059.04	153,373.23
20. Total Federal Receipts (subtract line 18 from line 19) ➤	40,059.04	153,373.23
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	332.06	2049.10
c. Total Operating Expenditures (add a i, a ii, and b) ➤	332.06	2049.10
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	29,000.00	184,022.28
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	1000.00	1000.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	1000.00	1000.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	30,332.06	187,071.38
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	30,332.06	187,071.38
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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt (this Period)
A. Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community Centre Group President Aggregate Year-to-Date—$ 500.00	05/20/96	250.00
B. Michael Maistros 42350 National Rd Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc Admin Aggregate Year-to-Date—$ 225.00	05/20/96	125.00
C. Louis Serra 2525 Pennsylvania Ave Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Owner/Adm Aggregate Year-to-Date—$ 1,000.00	05/03/96	500.00
D. James Judy 9403 Mill Brook Rd Louisville, KY 40223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kentucky Assn of Hlth Care Fac Exec VP Aggregate Year-to-Date—$ 214.27	05/03/96	214.27
E. Dixie Taylor 932 Baddour Pkwy Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quality Care Health Center Admin Aggregate Year-to-Date—$ 1,000.00	05/13/96	500.00
F. Philip Schumacher PO Box 971 Virginia, MN 55792 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Arrowhead Health Care Ctr President Aggregate Year-to-Date—$ 1,000.00	05/20/96	1,000.00
G. Gail Clarkson 64500 Van Dyke Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medilodge Chief Operating Off Aggregate Year-to-Date—$ 500.00	05/20/96	250.00

SUBTOTAL of Receipts This Page (optional) 2,339.27

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
L Bruce Levering 1076 Coshocton Rd Mt Vernon, OH 43050	Country Court Limited Admin	05/03/96	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**
Kenneth Morris 401 Snyder Ave Barberton, OH 44203	Pleasant View Health Care Admin	05/20/96	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**
Mel Lynn 2560 Lawrence Ave Park Falls, WI 54552	Park Manor Admin	05/31/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 750.00		
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	05/03/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Lee Marchant PO Box 427 Bloomington, IN 47402	LJM Enterprises Chief Exec Officer	05/03/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Larry Juhl 104 GlenOaks Dr Box 31 New London, MN 56273	GlenOaks Care Center Administrator	05/15/96	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**
Don Bedell PO Box 1210 Sikeston, MO 63801	Health Facilities Mgmt Corp President	05/03/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		

SUBTOTAL of Receipts This Page (optional) 2,750.00

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

96030563902

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)
Dennis Kamstra 1995 E Rum River Dr S Cambridge, MN 55008	Health Dimensions Nursing Home Admin	05/15/96	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**
Linda DeRuvo Keegan 1201 L St NW ,AH	American Health Care Assn. VP PR & Prof Svcs	05/15/96	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**
Eugene Bishop PO Box 397 Roswell, GA 30077	Health Services Centers President	05/31/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 500.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Robert H Coury Two Berea Commons #1 Berea, OH 44017	Aristocrat Berea Administrator	05/03/96	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**
James Durante 526 Altamont Ave Schenectady, NY 12303	Hallmark Nursing Centers Admin	05/03/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Don Angell PO Box 1670 Clemmons, NC 27012	Angell Group Inc Owner	05/20/96	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
William Dunn 195 Executive Dr Marion, OH 43302	Marion Manor Nursing Ctr Inc Admin	05/13/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date-$ 500.00		

SUBTOTAL of Receipts This Page (optional) 3,000.00

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. John Vivenzio RR 4 Box 1B E River Rd Oswego, NY 13126	Pontiac Nursing Home Occupation: Administrator	05/03/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
B. Gerry Baker 192 W Vienna Rd Clio, MI 48420	Beecher Manor Inc Occupation: Admin	05/31/96	2,100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 2,100.00		
C. Jerry Tretwold Box 829 200 River Plaza Brewster, WA 98812	Harmony House Occupation: Owner	05/03/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
D. Simon Pelman 140 St Edwards St Brooklyn, NY 11201	Greenpark Care Center Occupation: Administrator	05/03/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 300.00		
E. Jack Markovitz 11630 S Grevillea Ave Hawthorne, CA 90250	Hawthorne Care Ctr Occupation: President	05/20/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
F. Wally Miller 104 E Central Ave LaGrange, IN 46761	MMM Invest Inc Occupation: CEO Operations	05/03/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
G. Travis Tomlinson 513 E Whitaker Mill Rd Raleigh, NC 27608	Mayview Conv Home Inc Occupation: Admin	05/03/96	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
SUBTOTAL of Receipts This Page (optional)			4,325.00
TOTAL This Period (last page this line number only)			

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R Peter Madel 108 8th St NW Waseca, MN 56093	Lake Shore Inn Nursing Home Admin	05/13/96	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 250.00		
David Banks PO Box 3324 Ft Smith, AR 72913	Beverly Enterprises Chairman/President	05/03/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
Robert Chur 7 Limestone Drive Williamsville, NY 14221	Elderwood Affiliates Inc President	05/13/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
Neil Pruitt PO Box 1210 Toccoa, GA 30577	Pruitt & Associates Inc Admin	05/20/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
Jack and Jean Wells 725 Harvard Drive Owensboro, KY 42301	Wells Health Systems Owners	05/20/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 1,000.00		
Douglas Cochran 1030 High St Worthington, OH 43085	Worthington Nurs & Convalescent Admin	05/31/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 500.00		
David Long 1201 L St NW , AR	American Health Care Assoc Vice Pres	05/03/96	230.82
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$ 230.82		

SUBTOTAL of Receipts This Page (optional) 2,855.82

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. J Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northport Health Services Inc President	05/31/96	250.00
	Aggregate Year-to-Date—$	250.00	
B. Larry Bradley PO Box 709 Durham, CA 95938 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Integrated Health Services Inc Admin	05/03/96	125.00
	Aggregate Year-to-Date—$	250.00	
C. Joseph Martin 105 Dunning Rd Middletown, NY 10940 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Middletown Park Manor Administrator	05/13/96	300.00
	Aggregate Year-to-Date—$	300.00	
D. Paul Willging 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Exec VP	05/03/96	461.58
	Aggregate Year-to-Date—$	461.58	
E. Joseph Warner PO Box 3188 Bloomington, IL 61702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heritage Enterprises President	05/13/96	250.00
	Aggregate Year-to-Date—$	500.00	
F. Robert Deane 1201 L St NW , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Chief Economist	05/03/96	230.82
	Aggregate Year-to-Date—$	230.82	
G. Berry Crow 962B Campo Rd #T Spring Valley, CA 91977 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brighton Health Alliance Inc Admin	05/13/96	150.00
	Aggregate Year-to-Date—$	450.00	

SUBTOTAL of Receipts This Page (optional) 1,767.40

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

9 6 0 3 0 5 6 3 9 2 4

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A. Janice Harshman 35680 Wish-I-Ah Rd Auberry, CA 93602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wish-I-Ah Lodge Inc Occupation: Admin Aggregate Year-to-Date—$ 500.00	05/31/96	300.00
B. Jim Klausman 3715 SW 29th Street, No. 200 Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Services Occupation: Owner-Adm Aggregate Year-to-Date—$ 250.00	05/15/96	250.00
C. John K. Gresham 431 S Washington Ave Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Extended Occupation: Admin Aggregate Year-to-Date—$ 250.00	05/03/96	125.00
D. Terry Mundy 2633 W Rumble Rd Modesto, CA 95350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	English Oaks Convalescent Home Occupation: Administrator/Owner Aggregate Year-to-Date—$ 500.00	05/20/96	250.00
E. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Occupation: President Aggregate Year-to-Date—$ 500.00	05/03/96	250.00
F. Henry Burch PO Box 23314 New Orleans, LA 70123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henry J Burch & Associates Occupation: Owner Aggregate Year-to-Date—$ 1,000.00	05/31/96	1,000.00
G. Earl Carlson 236 Metro Dr Jefferson City, MO 65109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Missouri Health Care Assoc Occupation: Exec Dir Aggregate Year-to-Date—$ 250.00	05/31/96	250.00
SUBTOTAL of Receipts This Page (optional)			2,425.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Neal 4239 War Memorial Dr #302 Peoria, IL 61614	Developmental Services of Ill / President	05/15/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Mary Ousley 6001 Indian School Rd, NE, 530 Albuquerque, NM 87110	Horizon Healthcare Corporation / Corporate Director	05/15/96	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**
Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280	Spaugh & Co / Owner	05/13/96	125.00
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**
Stephen Spaugh 10411 N College Ave Indianapolis, IN 46280	Spaugh & Co / Owner	05/31/96	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**
Kensett Moyle 55425 Santa Fe Tr Yucca Valley, CA 92284	Moyle's Health Care / President	05/20/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
F. 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	05/03/96	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**
Patti Turenne 407 S McDonough St Montgomery, AL 36104	Turenne & Associates Inc / Administrator	05/03/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	

SUBTOTAL of Receipts This Page (optional) 2,375.00

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. F Leonard Herberth 4447 Stoneridge Drive Pleasanton, CA 94588 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Herberth & Nettleton Occupation: Partner Aggregate Year-to-Date—$ 300.00	05/20/96	300.00
B. Grant Assay 415 6th St Juneau, AK 99801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St Ann's Nursing Home Occupation: Administrator Aggregate Year-to-Date—$ 300.00	05/15/96	300.00
C. Ava Vogel Smith 1258 Pinecrest Circle Tarpon Springs, FL 34689 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SMITH INC Occupation: ADMIN/OWNER Aggregate Year-to-Date—$ 300.00	05/20/96	300.00
D. Ana Raley 4601 Martin Luther King Ave SW Washington, DC 20032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hadley Hospital Skilled Unit Occupation: Administrator Aggregate Year-to-Date—$ 200.00	05/03/96	200.00
E. Robert Van Dyk 304 South Van Dien Ave. Ridgewood, NJ 07450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Van Dyk Manor Occupation: President/CEO Aggregate Year-to-Date—$ 250.00	05/24/96	250.00
F. Thomas E Kalkhof 5511 Baun Blvd Pittsburgh, PA 15232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Collins Nursing Home Occupation: Owner Aggregate Year-to-Date—$ 200.00	05/03/96	200.00
G. Richard & Jill Mendlen 1333 E Madison #206 El Cajon, CA 92021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Kennon S Shea & Assoc Occupation: Dir/Operations Aggregate Year-to-Date—$ 500.00	05/15/96	250.00

SUBTOTAL of Receipts This Page (optional) 1,800.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mark Hamister 651 Delaware Ave Buffalo, NY 14202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Health Care Affiliate President/CEO Aggregate Year-to-Date—$ 2,000.00	05/15/96	2,000.00
B. Tom Kelly 7979 S Tamiami Tr Sarasota, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake Pointe Woods General Manager Aggregate Year-to-Date—$ 1,797.27	05/03/96	300.00
C. Jan Thayer 404 Woodland Dr Grand Island, NE 68801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riverside Lodge Owner/Admin Aggregate Year-to-Date—$ 250.00	05/03/96	125.00
D. William Conley PO Box 11309 Tacoma, WA 98411 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quad-C Owner Aggregate Year-to-Date—$ 375.00	05/31/96	250.00
E. Stan Jones 3107 Westhill Dr Wausau, WI 54401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wausau Manor Administrator Aggregate Year-to-Date—$ 250.00	05/31/96	250.00
F. Dee G Klausman 3715 SW 29th St Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Midwest Health Svcs Admin/Dir Aggregate Year-to-Date—$ 250.00	05/15/96	250.00
G. Ronald Goux 2045 Hwy 59 PO Box 204 Mandeville, LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gulf South Medical Ent President Aggregate Year-to-Date—$ 1,000.00	05/20/96	500.00
SUBTOTAL of Receipts This Page (optional)			3,975.00
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. R James Miller 922 B Buffalo St Warsaw, IN 46580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MMM Invest Occupation: Partner Aggregate Year-to-Date—$ 250.00	05/31/96	250.00
B. Francis Feltham 1200 Talisman Dr North Augusta, SC 29841 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Fane Management Inc Occupation: President Aggregate Year-to-Date—$ 250.00	05/03/96	250.00
C. Gary Macomber PO Box 537004 Sacramento, CA 95853 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CAHF Occupation: Executive Director Aggregate Year-to-Date—$ 1,000.00	05/15/96	1,000.00
D. Robert Murtha 27 E Russell St #200 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The MacIntosh Company Occupation: President Aggregate Year-to-Date—$ 500.00	05/03/96	250.00
E. Faroop Khan 163 Quinnipine Ave North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Montower Health Care Occupation: President Aggregate Year-to-Date—$ 250.00	05/20/96	250.00
F. Hal and Elaine Sarff 14819 E Mission Spokane, WA 99216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Colonial Care Occupation: Ass't Administrator Aggregate Year-to-Date—$ 1,000.00	05/15/96	1,000.00
G. Lester & Betty Krueger 14241 Highway 106 Belfair, WA 98528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Claremont & Alpine Way Rest Home Occupation: Owners Aggregate Year-to-Date—$ 250.00	05/03/96	250.00

SUBTOTAL of Receipts This Page (optional) 3,250.00

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. Robert Hartwell 1201 L St NW Washington, AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AHCA Occupation: Dir-Political Aff Aggregate Year-to-Date—$ 230.76	05/03/96	230.76
B. Lucy Rogers PO Box 44037 Eatonton, GA 31024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Geriatric Health Services Occupation: Administrator Aggregate Year-to-Date—$ 200.00	05/31/96	200.00
C. Virginia Eaton 3715 SW 29th Topeka, KS 66614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Midwest Health Services, Inc. Occupation: Owner Aggregate Year-to-Date—$ 300.00	05/03/96	500.00
D. Lynda Conaway Kirk P.O. Box 200 Harrisville, WV 26362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Pine View Continuous Care Occupation: Administrator Aggregate Year-to-Date—$ 250.00	05/03/96	125.00
E. MARY LYNNE BAILEY 2112 WEST LABURNUM AVE 204 RICHMOND, VA 23227 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: VIRGINIA HEALTH CARE ASSOCIATION Occupation: ASSISTANT Aggregate Year-to-Date—$ 250.00	05/13/96	250.00
F. Eileen Khan 163 Quinnipiac Ave. North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Montower Health Care Occupation: VP/Nursing Aggregate Year-to-Date—$ 650.00	05/20/96	150.00
G. Eileen Khan 163 Quinnipiac Ave. North Haven, CT 06473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Montower Health Care Occupation: VP/Nursing Aggregate Year-to-Date—$ 650.00	05/31/96	500.00

SUBTOTAL of Receipts This Page (optional) 1,755.76

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. Paul Guitreau PO Box 167 Ponchatoula,LA 70454 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Belle Maison Occupation: Administrator Aggregate Year-to-Date—$ 250.00	05/31/96	50.00
B. W. Parker Tomlinson 513 E. Whitaker Mill Road Raleigh,NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Convalescent Center Occupation: Vice President Aggregate Year-to-Date—$ 300.00	05/31/96	500.00
C. Bob Decker 3401 E. Loretta Indianapolis, IN Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Good Samaritan of Oakland City Occupation: ADMINISTRATOR Aggregate Year-to-Date—$ 250.00	05/03/96	250.00
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)			800.00
TOTAL This Period (last page this line number only)			33,818.25

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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 CRESTAR BANK PO BOX 85024 RICHMOND, VA 23285-5024	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☑ Other (specify): INTEREST	Occupation	5/31/96	45.53
	Aggregate Year-to-Date—$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date—$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date—$		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			45.53

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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
Frank Pallone Suite 11B, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/30/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bill McCollum 1010 Cathy Drive Altamonte Spring, FL 32714	R-0008-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	05/09/96	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Zimmer 3131 Princeton Pike Lawrenceville, NJ 08648	D-0012-NJ 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/30/96	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Howard Berman 291 S. LaCienega Blvd., # 212 Los Angeles, CA 90211	D-0026-CA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/08/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nancy Johnson 5650 N. Eighth St. Arlington, VA, CT 22205	R-0006-CT 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Durbin PO BOX 1949 Springfield, IL 62704	D-0020-IL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/08/96	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Robert Torricelli 160 Overlook Avenue Hackensack, NJ 07601	D-0009-NJ 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/30/96	1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tom DeLay PO Box 101 Sugar Land, TX 77487	R-0022-TX 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	05/09/96	2,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Gerald Kleczka 3268 South 9th Street Milwaukee, WI 53215	D-0004-WI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	500.00
SUBTOTAL of Disbursements This Page (optional)			8,000.00
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Lewis 1520 Pinehurst Drive SW Atlanta, GA 30311	D-0005-GA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Livingston Boc 1565 Gretna, LA 70053	R-0001-LA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barbara Mikulski PO Box 13147 Baltimore, MD 21203	D-SEN-MD 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/20/96	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carl Levin 29201 Telegraph - Suite 606 Southfield, MI 48034	D-SEN-MI 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Max Baucus PO Box 216 Helena, MT 59624	D-SEN-MT 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	4,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pete Domenici 2828 Morningside Dr., N.E. Albuquerque, NM 87110	R-SEN-NM 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Peter Deutsch P.O. Box 26778 Tamarac, FL 33320	D-0020-FL 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/09/96	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Buyer 103 W. Broadway Monticello, IN 47960	R-0005-IN 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Stenholm P.O. Box 1032 Stamford, TX 79553	D-017 -TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Rick Lazio , NY	R-0002-NY 96 Primary Disbursement for: [X] Primary [ ] General [ ] Other (specify):	05/15/96	1,000.00
B. Bart Stupak P.O. Box 143 Menominee, MI 49858	D-0001-MI 96 Primary Disbursement for: [X] Primary [ ] General [ ] Other (specify):	05/09/96	1,500.00
C. Randy Tate , WA	R-9 -WA 96 Primary Disbursement for: [X] Primary [ ] General [ ] Other (specify):	05/08/96	250.00
D. Ben Graber PO Box 1459 Tallahassee, FL 32302	D-19 -FL 96 Primary Disbursement for: [X] Primary [ ] General [ ] Other (specify):	05/09/96	500.00
E. Virgil Goode 112 N Main Street Rocky Mount, VA 24151	D- -VA 96 Primary Disbursement for: [X] Primary [ ] General [ ] Other (specify):	05/09/96	1,000.00
F. William Weld , MA	R- -MA 96 Primary Disbursement for: [X] Primary [ ] General [ ] Other (specify):	05/08/96	1,000.00
G. John Frieden 3530 SW Hodges Rd Topeka, KS 66614	D- -KS 96 Primary Disbursement for: [X] Primary [ ] General [ ] Other (specify):	05/08/96	1,000.00
H. REPUBLICAN HOUSE-SEN PO BOX 1721 WASHINGTON, DC 20013	R- -DC Disbursement for: [ ] Primary [ ] General [ ] Other (specify):	05/09/96	3,000.00
I. Kay Granger PO Box 24006 Fort Worth, TX 76124	R- -TX 96 Primary Disbursement for: [X] Primary [ ] General [ ] Other (specify):	05/15/96	500.00
SUBTOTAL of Disbursements This Page (optional)			9,750.00
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Turner PO Box 780 Crockett, TX 75835	D- -TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Max Sandlin 1600 South Washington Marshall, TX 75670	D- -TX 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	250.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Chip Pickering PO Box 6440 Laurel, MS 39441	R- -MS 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Steven Beshear PO Box 1796 Lexington, KY 40593	D- -KY 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Susan Collins PO Box 1996 Bangor, ME 04402	- -ME 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/15/96	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			2,250.00
TOTAL This Period (last page this line number only)			29,000.00

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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 MICHAEL W MASSEY 313 MEMORIAL DR GREER, SC 29652	Purpose of Disbursement REFUND Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 5/9/96	Amount of Each Disbursement This Period 1000.00
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)			1000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page 1 of 1 for
LINE NUMBER 21b
(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 PO BOX 85024 RICHMOND, VA 23285-5024	Purpose of Disbursement BANKING FEES Disbursement for: ☐ Primary ☐ General ☑ Other (specify):	Date (month, day, year) 5/31/96	Amount of Each Disbursement This Period 332.06
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)			332.06

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 6/18/96
☐	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

SMW
PREPARER

6/19/96
DATE PREPARED

FEC FORM 70-2 (12/92)

9 6 0 3 0 5 6 3 9 3 9