# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

APR 9 9 19 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 3/1/95 through 3/31/95 | | |
| 6. (a) Cash on Hand January 1, 19 95 | | $ 38,132.89 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 29,601.62 | |
| (c) Total Receipts (from Line 19) | $ 49,145.70 | $ 85,368.24 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 78,745.32 | $ 123,501.13 |
| 7. Total Disbursements (from Line 30) | $ 33,537.69 | $ 78,293.50 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 45,207.63 | $ 45,207.63 |
| 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 4/5/96

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 3/1/95 TO: 3/31/95

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year |
|---|---|---|
| 11. Contributions (other than loans) From: | | |
| a. Individual/Persons Other Than Political Committees | | |
| i. Itemized (use Schedule A) | 37,188.40 | 61,528.40 |
| ii. Unitemized | 11,811.69 | 23,506.69 |
| iii. Total (add i and ii) ➤ | 49,000.09 | 85,035.09 |
| 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.) | 143.61 | 333.15 |
| 18. Transfers from Nonfederal Account for Joint Activity | | |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 49,143.70 | 85,368.24 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 49,143.70 | 85,368.24 |
| **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 | 87.69 | 168.50 |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 87.69 | 168.50 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 33,450.00 | 78,125.00 |
| 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) ➤ | 33,537.69 | 78,293.50 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 33,537.69 | 78,293.50 |
| **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) ➤ | | |

9503082975

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

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

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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Alice Kim Lew<br>58-130 Kamehameha Hwy<br>Haleiwa,HI 96712<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Crawford's Convalescent Home<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 520.00 | 03/15/95 | 20.00 |
| B. Dennis Kamstra<br>1995 E Rum River Dr S<br>Cambridge,MN 55008<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Health Dimensions<br>Occupation: Nursing Home Admin<br>Aggregate Year-to-Date—$ 500.00 | 03/16/95 | 500.00 |
| C. Keith Holloway<br>1475 N Cole Rd<br>Boise,ID 83704<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Western Health Care Corp<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 750.00 | 03/29/95 | 500.00 |
| D. David E Meillier<br>PO Box 446<br>Faribault,MN 55021<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Pleasant Manor Inc<br>Occupation: President<br>Aggregate Year-to-Date—$ 270.00 | 03/16/95 | 250.00 |
| E. Jack Vetter<br>5010 S 118th St #250<br>Omaha,NE 68137<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Vetter Health Services<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 270.00 | 03/29/95 | 250.00 |
| F. James Cunningham<br>2131 Rt 33<br>Trenton,NJ 08690<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | N J Assn of Hlth Care Fac<br>Occupation: President<br>Aggregate Year-to-Date—$ 500.00 | 03/29/95 | 500.00 |
| G. Phil Caldwell<br>9200 Keystone Crossing #800<br>Indianapolis,IN 46240<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Nationwide Care<br>Occupation: VP/Operations<br>Aggregate Year-to-Date—$ 1,000.00 | 03/02/95 | 1,000.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 3,020.00 |
| TOTAL This Period (last page this line number only) | | | |

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SCHEDULE A

# ITEMIZED RECEIPTS

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|---|---|---|---|
| A. Don Angell<br>PO Box 1670<br>Clemmons, NC 27012<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Angell Group Inc<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 1,250.00 | 03/23/95 | 1,250.00 |
| B. Alan Anderson<br>3901 E 4th St<br>Long Beach, CA 90803<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | National Nurse Inc<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 600.00 | 03/30/95 | 100.00 |
| C. Bill Phelan<br>PO Box 1459<br>Tallahassee, FL 32302<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Florida Health Care<br>Occupation: Exec Dir<br>Aggregate Year-to-Date—$ 1,000.00 | 03/29/95 | 1,000.00 |
| D. Esther Houston<br>1461 S Grant Ave PO Box 661<br>Crawfordsville, IN 47933<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Ben Hur Nursing Home<br>Occupation: Chairman of Board<br>Aggregate Year-to-Date—$ 250.00 | 03/16/95 | 250.00 |
| E. Steven Bandstra<br>950 Taylor Ave<br>Grand Haven, MI 49417<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Community Centre Group<br>Occupation: President<br>Aggregate Year-to-Date—$ 250.00 | 03/10/95 | 250.00 |
| F. Glenn Adrian<br>1369 Stewartstown Rd<br>Morgantown, WV 26505<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Glenmark Associates<br>Occupation: President<br>Aggregate Year-to-Date—$ 300.00 | 03/16/95 | 300.00 |
| G. Donald Beaver<br>PO Box 1148<br>Hickory, NC 28601<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Brian Center Management Corp<br>Occupation: President/CEO<br>Aggregate Year-to-Date—$ 250.00 | 03/16/95 | 250.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 3,400.00 |
| TOTAL This Period (last page this line number only) | | | |

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SCHEDULE A

# ITEMIZED RECEIPTS

Page ____ of ____ for
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Name of Committee (Political) 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. Bruce Baldwin<br>2151 NE Coachman Rd<br>Clearwater, FL 34625<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Baldwin Thomas & Associates<br>President<br>Aggregate Year-to-Date—$ 600.00 | 03/15/95 | 100.00 |
| B. Jerry Franks<br>124 S Elm Pl<br>Broken Arrow, OK 74102<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Park Blvd Inc<br>Owner<br>Aggregate Year-to-Date—$ 2,000.00 | 03/29/95 | 2,000.00 |
| C. Gail Clarkson<br>64500 Van Dyke<br>Washington, MI 48095<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Medilodge<br>Chief Operating Off<br>Aggregate Year-to-Date—$ 270.00 | 03/16/95 | 20.00 |
| D. Alan Solomont<br>300 Brickstone Square<br>Andover, MA 01810<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | ADS Management Inc<br>President<br>Aggregate Year-to-Date—$ 1,000.00 | 03/16/95 | 1,000.00 |
| E. Ronald Kayne<br>1800 38th St., Ste. 200<br>Boulder, CO 80301<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Pharmacy Corp. of America<br>President<br>Aggregate Year-to-Date—$ 250.00 | 03/16/95 | 250.00 |
| F. Elton Beebe<br>3900 Lakeland Dr #400<br>Jackson, MS 39208<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Magnolia Management Corp<br>President<br>Aggregate Year-to-Date—$ 1,000.00 | 03/16/95 | 1,000.00 |
| G. Terryleah Entsminger<br>1667 St. Paul St<br>Denver, CO 80206<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | St. Paul H.C.C.<br>Executive Director<br>Aggregate Year-to-Date—$ 360.00 | 03/16/95 | 100.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 4,470.00 |
| TOTAL This Period (last page this line number only) | | | |

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SCHEDULE A

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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. Terrylea Entsminger<br>1667 St. Paul St<br>Denver, CO 80206<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | St. Paul H.C.C.<br>Occupation: Executive Director<br>Aggregate Year-to-Date—$ 360.00 | 03/31/95 | 260.00 |
| B. Mary Baker<br>812 W Main St PO Box 1129<br>Turlock, CA 95381<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Elness Convalescent Hospital<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 2,000.00 | 03/16/95 | 2,000.00 |
| C. Blaine Hendrickson<br>500 N State College Blvd #1250<br>Orange, CA 92668<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Sun Mar Management Services<br>Occupation: President<br>Aggregate Year-to-Date—$ 250.00 | 03/06/95 | 250.00 |
| D. Gail Horrigan<br>1016 E Couley Dr #G<br>Colton, CA 92324<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Horrigan Enterprises<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 250.00 | 03/29/95 | 250.00 |
| E. Jack Markovitz<br>11630 S Grevillea Ave<br>Hawthorne, CA 90250<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hawthorne Care Ctr<br>Occupation: President<br>Aggregate Year-to-Date—$ 700.00 | 03/28/95 | 200.00 |
| F. Richard G Miller<br>1201 L St NW<br>Washington, AH<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | American Health Care<br>Occupation: Senior Lobbyist<br>Aggregate Year-to-Date—$ 230.82 | 03/29/95 | 230.82 |
| G. Gary Bowers<br>9311 San Pedro #1103<br>San Antonio, TX 78216<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Health Care Administration<br>Occupation: Vice President<br>Aggregate Year-to-Date—$ 250.00 | 03/10/95 | 250.00 |

SUBTOTAL of Receipts This Page (optional) . . . . . 3,440.82

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

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|---|---|---|---|
| A. Robert Chur<br>7 Limestone Drive<br>Williamsville,NY 14221<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Elderwood Affiliates<br>President<br>Aggregate Year-to-Date—$ | 03/29/95<br>500.00 | 500.00 |
| B. Mary Berndt<br>1653 Cypress Ln<br>Paradise,CA 95969<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Cypress Acres Conv Hosp<br>Asst Adm<br>Aggregate Year-to-Date—$ | 03/02/95<br>250.00 | 250.00 |
| C. Chris Marker<br>1148 Broadway Plaza CS 2264<br>Tacoma,WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | The Hillhaven Corporation<br>CEO<br>Aggregate Year-to-Date—$ | 03/20/95<br>227.27 | 227.27 |
| D. Richard Van Allen<br>6831 Chapel Rd<br>Madison,OH 44057<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Concept One United Health Ctrs<br>Owner/Administrator<br>Aggregate Year-to-Date—$ | 03/10/95<br>300.00 | 300.00 |
| E. Daniel Veloric<br>5601 Chestnut St<br>Philadelphia,PA 19139<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Geriatric & Medical Centers<br>President<br>Aggregate Year-to-Date—$ | 03/20/95<br>250.00 | 125.00 |
| F. John Vinson<br>301 N Hurstbourne Ln #225<br>Louisville,KY 40222<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhaven<br>Regional VP<br>Aggregate Year-to-Date—$ | 03/20/95<br>227.28 | 227.28 |
| G. Jerry Cutler<br>514 E Broadway<br>Montesano,WA 98563<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Edgewood Manor<br>President<br>Aggregate Year-to-Date—$ | 03/16/95<br>300.00 | 300.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,929.55 |
| TOTAL This Period (last page this line number only) | | | |

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|---|---|---|---|
| A. Stanley Dicker<br>192-15 Hillside Ave<br>Jamaica Estates, NY 11432<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillside Manor<br>Occupation: Exec Dir<br>Aggregate Year-to-Date—$ 500.00 | 03/16/95 | 500.00 |
| B. Jeanne Bishop Parise<br>1300 Mill St<br>Reno, NV 89502<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Reno Health Care<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| C. Ira Alpert<br>9100 Wilshire Blvd #340<br>Beverly Hills, CA 90212<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Wilshire Foundation<br>Occupation: President<br>Aggregate Year-to-Date—$ 250.00 | 03/16/95 | 250.00 |
| D. Edward Kuntz<br>15415 Katy Fwy #800<br>Houston, TX 77094<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Living Centers of America<br>Occupation: Chairman & CEO<br>Aggregate Year-to-Date—$ 250.00 | 03/01/95 | 250.00 |
| E. Henry Burch<br>PO Box 23314<br>New Orleans, LA 70123<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Henry J Burch & Associates<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 2,000.00 | 03/22/95 | 2,000.00 |
| F. Gary Witte<br>PO Box 18400<br>Raleigh, NC 27619<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhaven Corp<br>Occupation: Regional V/P<br>Aggregate Year-to-Date—$ 227.28 | 03/20/95 | 227.28 |
| G. Bruce Yarwood<br>200 P St #F31<br>Sacramento, CA 95814<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Yarwood and Associates<br>Occupation: Gov Rel Consultant<br>Aggregate Year-to-Date—$ 500.00 | 03/16/95 | 500.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 3,954.55 |
| TOTAL This Period (last page this line number only) | | | |

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**SCHEDULE A** **ITEMIZED RECEIPTS**

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|---|---|---|---|
| A. Grant Asay<br>415 6th St<br>Juneau, AK 99801<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | St Ann's Nursing Home<br>Administrator<br>Aggregate Year-to-Date—$ | 03/16/95<br>300.00 | 300.00 |
| B. John Chapple<br>Corp Caller Box 1103<br>Burlington, VT 05402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Marlin Management Service Corp<br>President<br>Aggregate Year-to-Date—$ | 03/16/95<br>1,000.00 | 1,000.00 |
| C. John Larson<br>1148 Broadway Plaza CS 2264<br>Tacoma, WA 98401<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhaven Corporation<br>Vice President<br>Aggregate Year-to-Date—$ | 03/20/95<br>227.27 | 227.27 |
| D. Michael Barody<br>15301 Roosevelt Blvd., #302<br>Clearwater, FL 34620<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Medical Care Services<br>Admin<br>Aggregate Year-to-Date—$ | 03/16/95<br>2,000.00 | 2,000.00 |
| E. Jeanne Sanders<br>Rt 104 Box 51 RFD 3<br>Meredith, NH 03253<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Golden View Health Care Ctr<br>Administrator<br>Aggregate Year-to-Date—$ | 03/16/95<br>250.00 | 250.00 |
| F. Mark Hamister<br>651 Delaware Ave<br>Buffalo, NY 14202<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | National Health Care Affiliate<br>President/CEO<br>Aggregate Year-to-Date—$ | 03/29/95<br>250.00 | 250.00 |
| G. Tom Kelly<br>7979 S Tamiami Tr<br>Sarasota, FL 34231<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Lake Pointe Woods<br>General Manager<br>Aggregate Year-to-Date—$ | 03/16/95<br>1,075.00 | 25.00 |

**SUBTOTAL** of Receipts This Page (optional) . . . . . 4,052.27

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

9 6 0 3 0 7 8 2 9 4 3

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 |
|---|---|---|---|
| Tom Kelly<br>7979 S Tamiami Tr<br>Sarasota, FL 34231<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Lake Pointe Woods<br>Occupation: General Manager<br>Aggregate Year-to-Date—$ 1,075.00 | 03/23/95 | 50.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Jeff McKain<br>1148 Broadway Plaza CS 2264<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhaven Corp<br>Occupation<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Grover Baker<br>PO Box 1129<br>Turlock, CA 95381<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Mark One Corp<br>Occupation: Vice President<br>Aggregate Year-to-Date—$ 1,000.00 | 03/16/95 | 1,000.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| William Conley<br>401 E 27th PO Box 2295<br>Tacoma, WA 98401<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Quad-C<br>Occupation: Owner<br>Aggregate Year-to-Date—$ 250.00 | 03/10/95 | 250.00 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Millard Cursey<br>531 Stevenson Ln<br>Towson, MD 21286<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Holly Hill Manor<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 540.00 | 03/23/95 | 500.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Patrick T Kriner<br>3231 Manley Road<br>Maumee, OH 43537<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Ridgewood Manor<br>Occupation<br>Aggregate Year-to-Date—$ 320.00 | 03/28/95 | 20.00 |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Patty Munday<br>1148 Broadway Plaza CS 2264<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | The Hillhaven Corporation<br>Occupation: Dir/Government Rel<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |

SUBTOTAL of Receipts This Page (optional) . . . . . 2,274.54

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

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SCHEDULE A

# ITEMIZED RECEIPTS

Page ____ of ____ for
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(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. David Long<br>1201 L St NW<br>, AH<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: American Health Care<br>Occupation: Vice Pres<br>Aggregate Year-to-Date—$ 200.00 | 03/29/95 | 200.00 |
| B. Robert Keon<br>243 Atlantic Ave PO Box 537<br>Lynbrook, NY 11563<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: East Rockaway Nursing Home<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 500.00 | 03/16/95 | 500.00 |
| C. Larry Bradley<br>PO Box 709<br>Durham, CA 95938<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Integrated Health Services Inc<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 225.00 | 03/16/95 | 125.00 |
| D. Larry Bradley<br>PO Box 709<br>Durham, CA 95938<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Integrated Health Services Inc<br>Occupation: Admin<br>Aggregate Year-to-Date—$ 225.00 | 03/28/95 | 100.00 |
| E. Paul Willging<br>1201 L St NW<br>, AH<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: American Health Care<br>Occupation: Exec VP<br>Aggregate Year-to-Date—$ 461.58 | 03/29/95 | 461.58 |
| F. Joseph Warner<br>PO Box 3188<br>Bloomington, IL 61702<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Heritage Enterprises<br>Occupation: President<br>Aggregate Year-to-Date—$ 250.00 | 03/01/95 | 250.00 |
| G. Robert Deane<br>1201 L St NW<br>, AH<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: American Health Care<br>Occupation: Chief Economist<br>Aggregate Year-to-Date—$ 231.00 | 03/29/95 | 231.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,867.58 |
| TOTAL This Period (last page this line number only) | | | |

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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. Robert Pacquer<br>1148 Broadway Plaza CS 2264<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: The Hillhaven Corporation<br>Occupation: Vice President<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| B. Juanita Broaddrick<br>1404 N 28th St<br>Van Buren, AR 72956<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Brownwood Manor Inc<br>Occupation: Administrator<br>Aggregate Year-to-Date—$ 250.00 | 03/14/95 | 250.00 |
| C. Barbra McClung<br>3710 N Mineral King Avenue<br>Visalia, CA 93291<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Moyle's Central Valley HC<br>Occupation: Vice President<br>Aggregate Year-to-Date—$ 2,000.00 | 03/16/95 | 2,000.00 |
| D. Eric Schaffer<br>12949 Alcosta Blvd #200<br>San Ramon, CA 94583<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Schaffer Lab<br>Occupation: Owner/Admin<br>Aggregate Year-to-Date—$ 200.00 | 03/30/95 | 200.00 |
| E. Susan McPherson<br>2120 Diamond Blvd, Suite 200<br>Concord, CA 94520<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: The Hillhaven Corporation<br>Occupation:<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| F. Ronald Coffin<br>742 Santa Maria Dr<br>Tierra Verde, FL 33715<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer:<br>Occupation: NH Administrator<br>Aggregate Year-to-Date—$ 200.00 | 03/30/95 | 100.00 |
| G. Kathleen Lacoy<br>6441 Breezewood Ct<br>Orangevale, CA 95662<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Hillhaven Corp<br>Occupation: Dir Operations<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| SUBTOTAL of Receipts This Page (optional) | | | 3,231.81 |
| TOTAL This Period (last page this line number only) | | | |

96030829035

SCHEDULE A

# ITEMIZED RECEIPTS

Page ____ of ____ for
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(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. Gerald M Bodine<br>111 SW Columbia #725<br>Portland, OR 97201<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Cascade Care Centers<br>CEO<br>Aggregate Year-to-Date—$ 250.00 | 03/02/95 | 250.00 |
| B. Eliezer Mendelsohn<br>103 Eisenhower Parkway<br>Roseland, NJ 07068<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Long Term Care Management<br>Principle<br>Aggregate Year-to-Date—$ 500.00 | 03/20/95 | 500.00 |
| C. Calvin Ichinose<br>1301 Punchbowl St.<br>Honolulu, HI 96813<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | The Queen's Medical Center<br>SNF Administrator<br>Aggregate Year-to-Date—$ 200.00 | 03/10/95 | 100.00 |
| D. Calvin Ichinose<br>1301 Punchbowl St.<br>Honolulu, HI 96813<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | The Queen's Medical Center<br>SNF Administrator<br>Aggregate Year-to-Date—$ 200.00 | 03/16/95 | 100.00 |
| E. Carl Colasurdo<br>1148 Broadway Plaza<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhaven Corp<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| F. Carolyn Folds<br>1148 Broadway Plaza<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhaven Corp.<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| G. Kris Scoumperdis<br>1148 Broadway Plaza<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhaven Corp.<br>Aggregate Year-to-Date—$ 227.28 | 03/20/95 | 227.28 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,631.82 |
| TOTAL This Period (last page this line number only) | | | |

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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. Warren Herz<br>1148 Broadway<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhaven Corp.<br>Occupation<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| B. Ray Peirce<br>1148 Broadway Plaza<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhaven corp.<br>Occupation<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| C. Ed Rose<br>1148 Broadway<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhaven Corp.<br>Occupation<br>Aggregate Year-to-Date—$ 227.28 | 03/20/95 | 227.28 |
| D. Al Edmiston<br>1148 Broadway Plaza<br>Tacoma, WA 98401<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhaven Corp.<br>Occupation<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| E. Charles Wick<br>120 S. Mapleton Dr.<br>Los Angeles, CA 90024<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Charles Z. Wick & Assoc.<br>Occupation: President<br>Aggregate Year-to-Date—$ 500.00 | 03/16/95 | 500.00 |
| F. Cheryl Rapp<br>7500 Camino Tassajara<br>Pleasanton, CA 94588<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Carre<br>Occupation: President<br>Aggregate Year-to-Date—$ 200.00 | 03/28/95 | 100.00 |
| G. Douglas M. Wright<br>P.O. Box 3667<br>Tupelo, MS 38803<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Right Care, Inc.<br>Occupation: President/CEO<br>Aggregate Year-to-Date—$ 250.00 | 03/16/95 | 250.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1,759.09 |
| TOTAL This Period (last page this line number only) | | | |

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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. Ray Bower<br>1148 Broadway Plaza<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillhave Corporation<br>Occupation<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| B. Jonni DeAnda<br>1148 Broadway Plaza<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Hillhaven Corporation<br>Occupation<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| C. Eunice Montfort<br>1148 Broadway Plaza<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Hillhaven<br>Occupation<br>Aggregate Year-to-Date—$ 227.27 | 03/20/95 | 227.27 |
| D. Michael Weitz<br>1148 Broadway Plaza<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Hillhaven Corporation<br>Occupation<br>Aggregate Year-to-Date—$ 247.28 | 03/15/95 | 20.00 |
| E. Michael Weitz<br>1148 Broadway Plaza<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Hillhaven Corporation<br>Occupation<br>Aggregate Year-to-Date—$ 247.28 | 03/20/95 | 227.28 |
| F. Dan Wellman<br>1148 Broadway Plaza<br>Tacoma, WA 98402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Hillhaven Corporation<br>Occupation<br>Aggregate Year-to-Date—$ 227.28 | 03/20/95 | 227.28 |
| G. Robert Gay<br>1080 W. Sam Houston N #110<br>Houston, TX 77043<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Autumn Hills Conv Ctrs<br>Occupation: President<br>Aggregate Year-to-Date—$ 1,000.00 | 03/23/95 | 1,000.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 2,156.37 |
| 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

| | | | |
|---|---|---|---|
| A. 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—$ | | |
| 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) | | | .00 |
| TOTAL This Period (last page this line number only) | | | 37,188.40 |

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**SCHEDULE A** **ITEMIZED RECEIPTS**

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

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Name of Committee (in Full)
AMERICAN HEALTH CARE ASSOC. 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. CRESTAR BANK, NA<br>PO BOX 26150<br>RICHMOND, VA 23260<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): INTEREST | Aggregate Year-to-Date—$ | 3/31/95 | 143.61 |
| B. | | | |
| C. | | | |
| D. | | | |
| E. | | | |
| F. | | | |
| G. | | | |

SUBTOTAL of Receipts This Page (optional) . . . . . 143.61

TOTAL This Period (last page this line number only) . . . . . 143.61

95030829270

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

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

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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Clay Shaw, Jr.<br>2929 E. Commercial Blvd.<br>Fort Lauderdale, FL 33308 | R-0022-FL<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/30/95 | 500.00 |
| B. W. J. Tauzin<br>Rienzi Apartments #5B<br>Thibodaux, LA 70301 | D-0003-LA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/17/95 | 500.00 |
| C. Alfonse D'Amato<br>14 Southard Drive<br>Island Park, NY | R-SEN-NY<br>98 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| D. Ralph Hall<br>Post Office Box 711<br>Rockwall, TX 75087 | D-0004-TX<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/01/95 | 500.00 |
| E. DCCC<br>430 South Capitol St<br>Washington, DC 20003 | - -DC<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | 03/17/95 | 1,000.00 |
| F. DCCC<br>430 South Capitol St<br>Washington, DC 20003 | - -DC<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | 03/28/95 | 5,000.00 |
| G. William Jefferson<br>1661 Canal St.<br>New Orleans, LA 70112 | D-0002-LA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/17/95 | 500.00 |
| H. Sam Johnson<br>, TX | R-S -TX<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/01/95 | 500.00 |
| I. Dan Schaefer<br>10753 W Iliff Avenue<br>Lakewood, CO 80227 | R-0006-CO<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| SUBTOTAL of Disbursements This Page (optional) | | | 8,500.00 |
| TOTAL This Period (last page this line number only) | | | |

9 6 0 3 0 3 8 2 9 7 1

**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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Connie Mack<br>P.O. Box 1835<br>Tampa, FL 33601 | R-SEN-FL<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/30/95 | 500.00 |
| B. Jim Nussle<br>, IA | R-0002-IA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/01/95 | 500.00 |
| C. Jim Nussle<br>, IA | R-0002-IA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| D. Jim McCrery<br>Suite 350, 6425 Youree Dr.<br>Shreveport, LA 71105 | R-0005-LA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/01/95 | 500.00 |
| E. Steny Hoyer<br>7905 Malcolm Rd., Ste. 102<br>Clinton, MD 20735 | D-0005-MD<br>96 GENERAL<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/17/95 | 500.00 |
| F. Dave Camp<br>135 Ashman<br>Midland, MI 48640 | R-0004-MI<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| G. Sander Levin<br>2107 Fourteen Mile Rd<br>Sterling Heights, MI 48310 | D-0012-MI<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| H. John Kasich<br>5910 Cleveland Avenue<br>Columbus, OH 43229 | R-0012-OH<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/17/95 | 1,000.00 |
| I. Joe Barton<br>1312 Sundale<br>Ennis, TX 75119 | R-0006-TX<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/30/95 | 1,000.00 |
| SUBTOTAL of Disbursements This Page (optional) | | | 5,500.00 |
| TOTAL This Period (last page this line number only) | | | |

9603058292

**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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Tom DeLay<br>PO Box 101<br>Sugar Land, TX 77487 | R-0022-TX<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/30/95 | 1,000.00 |
| B. Dick Armey<br>250 S Stemmons Suite 318<br>Lewisville, TX 75067 | R-0026-TX<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/01/95 | 1,000.00 |
| C. Bob Stump<br>PO Box 5<br>Tolleson, AZ 85353 | R-0003-AZ<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/01/95 | 500.00 |
| D. Sam Gibbons<br>940 S. Sterling<br>Tampa, FL 33629 | D-0011-FL<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 1,000.00 |
| E. Newt Gingrich<br>221 Upper Riverdale Road<br>Jonesboro, GA 30236 | R-0006-GA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 1,000.00 |
| F. Jim Bunning<br>30 Winston Hill<br>Ft Thomas, KY 41075 | R-0004-KY<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 1,000.00 |
| G. Bob Livingston<br>Boc 1565<br>Gretna, LA 70053 | R-0001-LA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/17/95 | 35.00-- |
| H. Gerry Studds<br>12 Granite St.<br>Quincy, MA 02169 | D-0010-MA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| I. Barbara Mikulski<br>PO Box 13147<br>Baltimore, MD 21203 | D-SEN-MD<br>98 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/30/95 | 700.00 |
| SUBTOTAL of Disbursements This Page (optional) | | | 6,665.00 |
| TOTAL This Period (last page this line number only) | | | |

9 4 0 3 0 5 8 2 9 7 3

**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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Frederick Upton<br>P.O. Box 490<br>St Joseph, MI 49085 | R-0006-MI<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| B. John Dingell<br>P.O. Box 15522<br>Washington, DC, MI | D-0016-MI<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/01/95 | 1,000.00 |
| C. Amo Houghton<br>33 East Third Street<br>Corning, NY 14830 | R-0031-NY<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/01/95 | 500.00 |
| D. Tim Johnson<br>102 No. Plum St<br>Vermillion, SD 57069 | D-0001-SD<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/30/95 | 500.00 |
| E. David Obey<br>932 Ross Avenue<br>Wausau, WI 54401 | D-0007-WI<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| F. Chet Edwards<br>5006 Lakeland Circle<br>Waco, TX 76710 | D-11 -TX<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/17/95 | 500.00 |
| G. William Thomas<br>4003 Federal Bldg.<br>Casper, CA 82601 | R-0021-CA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| H. Richard Neal<br>, MA | D-0002-MA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| I. William Cohen<br>7 East Summer Street<br>Bangor, ME 04401 | R-SEN-ME<br>96 Primary<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | 03/10/95 | 1,000.00 |
| **SUBTOTAL** of Disbursements This Page (optional) | | | 5,500.00 |
| **TOTAL** This Period (last page this line number only) | | | |

9 6 0 3 0 7 8 2 9 7 4

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for: | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| William Cohen<br>7 East Summer Street<br>Bangor, ME 04401 | R-SEN-ME<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/17/95 | 1,000.00- |
| **B. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement / Disbursement for:** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Marge Roukema<br>249 Greenway Road<br>Ridgewood, NJ 07450 | R-0005-NJ<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| **C. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement / Disbursement for:** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| John Warner<br>Atoka Farm, PO Box 1320<br>Middleburg, VA 22117 | R-SEN-VA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 1,000.00 |
| **D. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement / Disbursement for:** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Jim McDermott<br>PO Box 21786<br>Seattle, WA 98111 | D-0007-WA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/30/95 | 300.00 |
| **E. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement / Disbursement for:** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| James Walsh<br>P.O. Box 1974<br>Syracuse, NY 13201 | R-0025-NY<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/17/95 | 1,000.00 |
| **F. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement / Disbursement for:** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Lewis F. Payne<br>P.O. Box 235<br>Nellysford, VA 22958 | D-0005-VA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/17/95 | 500.00 |
| **G. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement / Disbursement for:** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Dan Miller<br>1111 3rd Ave., West, Ste. 100<br>Bradenton, FL 34205 | -0013-FL<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/30/95 | 500.00 |
| **H. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement / Disbursement for:** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Ron Klink<br>107 S. Second St.<br>Jeannette, PA 15644 | -0004-PA<br>94 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | 03/07/95 | 500.00 |
| **I. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement / Disbursement for:** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Jon Fox<br>625 Swede St.<br>Norristown, PA 19401 | R-13 -PA<br>94 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | 03/07/95 | 500.00 |

**SUBTOTAL** of Disbursements This Page (optional) . . . . . 4,000.00

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

9 6 0 3 0 3 8 2 9 7 5

**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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Bill Baker<br>2411 Old Crow Canyon Rd.<br>San Ramon, CA 94583 | R-0010-CA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/17/95 | 500.00 |
| B. Mike Crapo<br>1177 W. State St.<br>Boise, ID 83402 | R-0002-ID<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/01/95 | 500.00 |
| C. David Minge<br>2630 S. First St.<br>Willmar, MN 56201 | D-0002-MN<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| D. Jennifer Dunn<br>P.O. Box 40110<br>Bellevue, WA 98004 | R-0008-WA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/07/95 | 500.00 |
| E. Patrick Kennedy<br>P.O. Box 1356<br>Providence, RI 02901 | D-1 -RI<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/10/95 | 250.00 |
| F. Greg Ganske<br>3907 Grand Ave.<br>Des Moines, IA 50312 | R-0004-IA<br>94 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | 03/01/95 | 500.00 |
| G. George Radanovich<br>2377 W. Shaw, Ste. 204<br>Fresno, CA 93711 | R-19 -CA<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | 03/17/95 | 500.00 |
| H. John Ensign<br>8917 Stafford Springs Dr.<br>Las Vegas, NV 89134 | R-1 -NV<br>94 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | 03/01/95 | 500.00 |
| I. Brian Bilbray<br>, CA | R-49 -CA<br>94 General<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | 03/01/95 | 500.00 |
| **SUBTOTAL** of Disbursements This Page (optional) . . . . . | | | 4,250.00 |
| **TOTAL** This Period (last page this line number only) . . . . . | | | |

9 6 0 3 0 7 8 2 9 7 6

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

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

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Dan Frisa<br>, NY | Purpose of Disbursement<br>R-4 -NY<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | Date (month, day, year)<br>03/30/95 | Amount of Each Disbursement This Period<br>1,000.00 |
| B. Full Name, Mailing Address and ZIP Code<br>David McIntosh<br>, IN | Purpose of Disbursement<br>R-2 -IN<br>96 Primary<br>Disbursement for: ☒ Primary ☐ General ☐ Other (specify): | Date (month, day, year)<br>03/07/95 | Amount of Each Disbursement This Period<br>500.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
| SUBTOTAL of Disbursements This Page (optional) | | | 1,500.00 |
| TOTAL This Period (last page this line number only) | | | 35,915.00 |

96030829 77

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

Page 1 of 2 for LINE NUMBER 23
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (In Full)

AMERICAN HEALTH CARE ASSOC. 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. WILLIAM JEFFERSON<br>1661 CANAL ST.<br>NEW ORLEANS LA 70112 | D-0002-LA<br>96 PRIMARY<br>Disbursement for: X Primary ☐ General ☐ Other (specify): | 3/17/95 | 500.00 |
| B. BOB LIVINGSTON<br>BOX 1665<br>GRETNA LA 70053 | R-0001-LA<br>96 PRIMARY<br>Disbursement for: X Primary ☐ General ☐ Other (specify): | 3/17/95 | 35.00 |
| C. WILLIAM COHEN<br>7 EAST SUMMER ST<br>BANGOR, ME 04401 | R-SEN-ME<br>96 PRIMARY<br>Disbursement for: X Primary ☐ General ☐ Other (specify): | 3/17/95 | 1000.00 |
| D. STEVE GUNDERSON<br>PO BOX 1990<br>OSSEO, WI 54756 | 94 PRIMARY<br>Disbursement for: X Primary ☐ General ☐ Other (specify): | 3/31/95 | (500.00) |
| E. RICHARD LEHMAN<br>FRESNO, CA 93711 | 94 PRIMARY<br>Disbursement for: X Primary ☐ General ☐ Other (specify): | 3/31/95 | (500.00) |
| F. EVA CLAYTON<br>PO BOX 479<br>WARRENTON, NC 27589 | 94 PRIMARY<br>Disbursement for: X Primary ☐ General ☐ Other (specify): | 3/31/95 | (1000.00) |
| G. MARJORIE MEZVINSKY<br>BALA, PA | 94 PRIMARY<br>Disbursement for: X Primary ☐ General ☐ Other (specify): | 3/31/95 | (500.00) |
| H. BLANCHE LAMBERT LINCOLN<br>44 WAVERLY RD.<br>HELENA AR 72917 | 94 GENERAL<br>Disbursement for: ☐ Primary X General ☐ Other (specify): | 3/31/95 | (500.00) |
| I. DAVID PRICE<br>PO BOX 1486<br>RALEIGH, NC 27602 | 94 GENERAL<br>Disbursement for: ☐ Primary X General ☐ Other (specify): | 3/31/95 | (500.00) |

SUBTOTAL of Disbursements This Page (optional) . . . . . (1965.00)

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

9603038297 9

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

Page 2 of 2 for
LINE NUMBER 23
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (In Full)

AMERICAN HEALTH CARE ASSOC. POLITICAL ACTION COMMITTE

| | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>HOWARD COBLE<br>PO BOX 177<br>GREENSBORO, NC 27402 | 94 GENERAL<br>Disbursement for: ☐ Primary ☒ General ☐ Other (specify): | 3/31/95 | (500.00) |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
| **SUBTOTAL** of Disbursements This Page (optional) | | | (500.00) |
| **TOTAL** This Period (last page this line number only) | | | (2465.00) |

9603082979

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

Page 1 of 1 for
LINE NUMBER 31b
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (in Full)

AMERICAN HEALTH CARE ASSOC. POLITICAL ACTION COMMITTEE

| | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>CRESTAR BANK, NA<br>PO BOX 26150<br>RICHMOND, VA 23260 | BANK FEES<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | 3/31/95 | 87.69 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
| SUBTOTAL of Disbursements This Page (optional) | | | 87.69 |
| TOTAL This Period (last page this line number only) | | | 87.69 |

9603058290

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 |
| ☑ | Registered/Certified Mail | POSTMARKED 4-5-96 |
| ☐ | 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 |

SEH — PREPARER

4-9-96 — DATE PREPARED

FEC FORM 70-2 (12/92)

9603082931