REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION

MAY 20 4 52 PM '93

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, D.C. 20005-4014

2. FEC IDENTIFICATION NUMBER
C-0000-6080

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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

☐ Twelth 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 4-1-93 through 4-30-93		
6. (a) Cash on Hand January 1, 1993		$70831.53
(b) Cash on Hand at Beginning of Reporting Period	$ 61,253.37	
(c) Total Receipts (from Line 19)	$ 34,948.07	$ 89,315.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 96,201.44	$150,146.55
7. Total Disbursements (from Line 30)	$ 43,735.03	$107,680.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 52,466.41	$ 52,466.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
Paul R. Willging, Ph.D.

Signature of Treasurer: Paul R. Willging

Date: 5-20-93

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 1/1/91)

93038400955

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

(revised 1/1/91)

NAME OF COMMITTEE: American Health Care Assn.-Political Action Committee

REPORT COVERING PERIOD: FROM 4-1-93 TO: 4-30-93

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)	28,630.82	56,380.82
ii. Unitemized	6,139.90	27,182.40
iii. Total (add i and ii) ➤	34,770.72	83,563.22
b. Political Party Committees	-0-	5,000.00
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	34,770.72	88,563.22
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.)	177.35	751.80
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	34,948.07	89,315.02
20. Total Federal Receipts (subtract line 18 from line 19) ➤	34,948.07	89,315.02
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	185.03	480.14
c. Total Operating Expenditures (add a i, a ii, and b) ➤	185.03	480.14
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	43,550.00	107,200.00
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) ➤	43,735.03	107,680.14
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	43,735.03	107,680.14
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	34,770.72	88,563.22
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	34,770.72	88,563.22
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	185.03	480.14
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	185.03	480.14

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

American Health Care Association-Political Action Committee (AHCA-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Riggs National Bank P.O. Box 1217 Washington, D.C. 20004	Interest Earned	4/1/93-4/30/93	$177.35
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $751.80		

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) . . . . . >

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Timothy J Boyle 3500 S Lakeport Rd Sioux City, IA 51106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Center Mgmt Co Occupation: Chief Operating Off Aggregate Year-to-Date—$ 225.00	04/30/93	75.00
B. Jan Zierke 515 E Main St Pierce, NE 68767 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pierce Manor Occupation: Administrator Aggregate Year-to-Date—$ 200.00	04/30/93	100.00
C. Donald Franco 725 Park Ave Bridgeport, CT 06604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Avenue Health Care Occupation: Admin Aggregate Year-to-Date—$ 500.00	04/26/93	500.00
D. Eugene Bishop PO Box 397 Roswell, GA 30077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Services Center Occupation: President Aggregate Year-to-Date—$ 500.00	04/26/93	250.00
E. Jerry Sansby 2319 W. 7th Street St. Paul, MN 55116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highland Chateau Occupation: President Aggregate Year-to-Date—$ 250.00	04/26/93	125.00
F. Steven Chies 9899 Avocet Street, N.W. Coon Rapids, MN 55433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park River Estates Care Ctr. Occupation: President Aggregate Year-to-Date—$ 250.00	04/23/93	125.00
G. James Durante 526 Altamont Avenue Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark Nursing Centre Occupation: Admin Aggregate Year-to-Date—$ 500.00	04/16/93	250.00

SUBTOTAL of Receipts This Page (optional) 1,425.00

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

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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. John Jarrett P.O. Box 909 New Paltz, NY 12561 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	New Paltz Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 500.00	04/30/93	250.00
B. Don Angell P.O. Box 1670 Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Angell Group Inc Occupation: Owner Aggregate Year-to-Date—$ 500.00	04/16/93	250.00
C. Roger Lipitz 515 Fairmount Ave., Suite 800 Towson, MD 21204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meridian Healthcare Occupation: Owner Aggregate Year-to-Date—$ 500.00	04/16/93	250.00
D. Howard Bennett 600 W Gregory St Pensacola, FL 32501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Magnolias Occupation: Owner Aggregate Year-to-Date—$ 250.00	04/16/93	200.00
E. Bill Phelan P.O. Box 1459 Tallahassee, FL 32302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Florida Health Care Occupation: Exec Dir Aggregate Year-to-Date—$ 1,000.00	04/08/93	1,000.00
F. Fred Watson 3735 Memorial Dr. Decatur, GA 30032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Georgia Health Care Occupation: Executive V.P. Aggregate Year-to-Date—$ 1,000.00	04/08/93	1,000.00
G. Lee Marchant 1100 S. Curry Pike Bloomington, IN 47403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LJM Enterprises Occupation: Chief Exec. Officer Aggregate Year-to-Date—$ 250.00	04/26/93	125.00

SUBTOTAL of Receipts This Page (optional) 3,075.00

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. James Shipley 4080 First Ave., NE, Ste. 103 Cedar Rapids, IA 52406	Healthcare of Iowa Inc. President	04/30/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	375.00	
B. Daniel Salmon 85 Beaumont Dr. Northbridge, MA 01534	Beaumont Nursing Home Admin	04/30/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	375.00	
C. Don Bedell P.O. Box 1210 Sikeston, MO 63801	Health Facilities Mgmt Corp. President	04/26/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
D. Scott Sandford 65 Ashburton Ave Yonkers, NY 10701	Hudson View Nursing Home Owner/Administrator	04/23/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
E. G.T. Dalton 1050 Clinton Street Ironton, OH 45638	Jo-Lin Health Center Owner/Administrator	04/16/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
F. Cecil Barcelo 411 Alabama League City, TX 77573	Baywind Village Admin	04/30/93	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	600.00	
G. Michael Maistros 42350 National Road Belmont, OH 43718	Bell Nursing Home Inc. Admin	04/16/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	450.00	

SUBTOTAL of Receipts This Page (optional) 1,425.00

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. Michael Maistros 42350 National Road Belmont, OH 43718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bell Nursing Home Inc. Occupation: Admin Aggregate Year-to-Date—$ 450.00	04/30/93	100.00
B. John Austin 7774 Warner Rd. Madison, OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stewart Lodge Nursing Home Occupation: Admin Aggregate Year-to-Date—$ 250.00	04/16/93	125.00
C. Louis Serra 2525 Penna Avenue Weirton, WV 26062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Convalescent Home Occupation: Owner/Adm Aggregate Year-to-Date—$ 250.00	04/16/93	125.00
D. Donald Beaver P.O. Box 1148 Hickory, NC 28601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brian Center Management Corp Occupation: President/CEO Aggregate Year-to-Date—$ 500.00	04/26/93	500.00
E. Bruce Baldwin 2151 NE Coachman Road Clearwater, FL 34625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baldwin, Thomas & Associates Occupation: President Aggregate Year-to-Date—$ 1,000.00	04/30/93	500.00
F. Martha Lang 3615 Imperial Lynwood, CA 90262 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marlinda Convalescent Hospital Occupation: Admin Aggregate Year-to-Date—$ 750.00	04/30/93	250.00
G. William Chunyk P.O. Box 2295 Tacoma, WA 98401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quad "C" Health Care Center Occupation: President Aggregate Year-to-Date—$ 250.00	04/08/93	250.00

SUBTOTAL of Receipts This Page (optional) 1,850.00

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Meillier 27 Brand Avenue Faribault, MN 55021	Pleasant Manor Inc Social Services Dir	04/30/93	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	225.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Jerry Franks 124 S. Elm Pl. Broken Arrow, OK 74102	Park Blvd., Inc. Owner	04/26/93	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Gail Clarkson 223 S. Main Street Romeo, MI 48065	Medilodge Chief Operating Off	04/08/93	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**
Gail Clarkson 223 S. Main Street Romeo, MI 48065	Medilodge Chief Operating Off	04/26/93	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**
John Vivenzio R.R. 4, Box 1B Oswego, NY 13126	Pontiac Nursing Home Administrator	04/26/93	175.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	250.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
J Robert Wilson 1501 Lemay, Ste. 204 Ft. Collins, CO 80524	Columbine Care Center President	04/30/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	1,125.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt This Period**
Alan Solomont 300 Brickstone Square Andover, MA 01810	ADS Management Inc. President	04/26/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date—$	500.00	
SUBTOTAL of Receipts This Page (optional)			2,500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ronald Kayne 1800 38th St., Ste. 200 Boulder, CO 80303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pharm Corp of America/Beverly President	04/23/93	250.00
	Aggregate Year-to-Date—$	500.00	
B. Mel Jackson 804 N.E. 87th Ave. Vancouver, WA 98664 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ft. Vancouver Conv. Center Admin	04/30/93	75.00
	Aggregate Year-to-Date—$	225.00	
C. Elton Beebe 3900 Lakeland Dr., Ste. 400 Jackson, MS 39208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Magnolia Management Corp. President	04/16/93	1,000.00
	Aggregate Year-to-Date—$	1,150.00	
D. Joy Moy 2000 Domanik Drive Racine, WI 53404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln Lutheran Of Racine Admin	04/26/93	125.00
	Aggregate Year-to-Date—$	250.00	
E. Richard Feingold 861 S. Harbour Blvd. Anaheim, CA 92805 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Casa Pacifica Conv. Hospital Admin	04/23/93	250.00
	Aggregate Year-to-Date—$	250.00	
F. V. Richard Miller P.O. Box 498 Plymouth, IN 46563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Millers Merry Manor Inc. CEO	04/30/93	250.00
	Aggregate Year-to-Date—$	500.00	
G. Wally Miller 104 E Central Ave. LaGrange, IN 46761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MMM - Invest, Inc. CEO - Operations	04/16/93	250.00
	Aggregate Year-to-Date—$	500.00	
SUBTOTAL of Receipts This Page (optional)			2,200.00
TOTAL This Period (last page this line number only)			

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Page ____ of ____ for
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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Travis Tomlinson 513 E. Whitaker Mill Road Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayview Conv Home, Inc. Occupation: Admin Aggregate Year-to-Date—$ 250.00	04/16/93	125.00
David Banks P.O. Box 3324 Ft. Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation: Chairman/President Aggregate Year-to-Date—$ 500.00	04/26/93	250.00
John Barber 2407 S. Pine St (29301) Spartanburg, SC 29304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	White Oak Manor Occupation: Executive V.P./CFO Aggregate Year-to-Date—$ 1,000.00	04/23/93	1,000.00
Warren Wolfson 3601 S. Green Rd., Ste. 102 Beachwood, OH 44122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Services Associates Occupation: Admin Aggregate Year-to-Date—$ 225.00	04/30/93	75.00
Daniel Velorie 5601 Chestnut Streets Philadelphia, PA 19139 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Geriatric & Medical Centers Occupation: President Aggregate Year-to-Date—$ 250.00	04/26/93	125.00
Neil Pruitt P.O. Box 1210 Toccoa, GA 30577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pruitt & Associates Inc. Occupation: Admin Aggregate Year-to-Date—$ 250.00	04/26/93	250.00
Ruth Braswell 3674 Pacific Avenue Riverside, CA 92509 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Braswell Enterprises Inc. Occupation: Owner/Administrator Aggregate Year-to-Date—$ 500.00	04/16/93	250.00

SUBTOTAL of Receipts This Page (optional) 2,075.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James Rozzi P.O. Box 859 Cicero, IN 46034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Management Corp. President Aggregate Year-to-Date—$ 500.00	04/26/93	250.00
B. Thomas Gault P.O. Box 11327 Cincinnati, OH 45211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison House Executive Director Aggregate Year-to-Date—$ 1,000.00	04/16/93	1,000.00
C. A.D. Buffington 2506 Lakeland Dr. Jackson, MS 39204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillcrest Health Center Owner Aggregate Year-to-Date—$ 250.00	04/16/93	125.00
D. J. Norman Estes 931 Fairfax Park Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northport Health Services Inc President Aggregate Year-to-Date—$ 250.00	04/16/93	250.00
E. Robert Keon 243 Atlantic Ave Lynbrook, NY 11563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Rockaway Nursing Home Admin Aggregate Year-to-Date—$ 1,000.00	04/23/93	1,000.00
F. Paul Dioguardi 574 Fulton Street Farmingdale, NY 11735 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Daleview Nursing Home Executive Director Aggregate Year-to-Date—$ 500.00	04/30/93	250.00
G. John Wallace 611 W. Market Street Athens, AL 35611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Athens Nursing Home Inc Owner/Administrator Aggregate Year-to-Date—$ 250.00	04/26/93	250.00
SUBTOTAL of Receipts This Page (optional)			3,125.00
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. Rose Boritzer 3400 Cannon Place Bronx, NY 10463 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kingsbridge Heights Nursing Hm Occupation: Admin Aggregate Year-to-Date-$ 300.00	04/08/93	300.00
B. Joseph Nichols 526 Altamont Avenue Schenectady, NY 12303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hallmark N H Occupation: V.P. Aggregate Year-to-Date-$ 500.00	04/26/93	250.00
C. Dennis Christiano 525 Beahan Road Rochester, NY 14624 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westgate Nursing Home Occupation: Proprietor Aggregate Year-to-Date-$ 500.00	04/26/93	250.00
D. Paul Willging 1201 L St., N.W. , AH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Health Care Assn Occupation: Exec V.P. Aggregate Year-to-Date-$ 230.82	04/16/93	230.82
E. Janice Harshman Auberry, CA 93602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wish-I-Ah Lodge, Inc. Occupation: Admin Aggregate Year-to-Date-$ 500.00	04/30/93	250.00
F. Howard Lipschutz 1304 Laurel Oak Road Voorhees, NJ 08433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Mariagsment Occupation: V.P. Aggregate Year-to-Date-$ 250.00	04/26/93	250.00
G. John Gresham 431 S. Washington Ave. Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Ext Care Occupation: Admin Aggregate Year-to-Date-$ 250.00	04/16/93	250.00
SUBTOTAL of Receipts This Page (optional)			1,780.82
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. Stanley Dicker Jamaica Estates, NY 11432 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Manor Exec Dir Aggregate Year-to-Date—$ 500.00	04/23/93	500.00
B. Darell Cammack 1300 Windlass Drive Baltimore, MD 21220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ivy Hall Geriatric Ctr President Aggregate Year-to-Date—$ 250.00	04/30/93	125.00
C. Ira Alpert 9100 Wilshire Blvd #340 Beverly Hills, CA 90212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilshire Foundation Inc President Aggregate Year-to-Date—$ 500.00	04/26/93	250.00
D. Edward Kuntz 15415 Katy Freeway Houston, TX 77094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Living Centers of America Chairman & CEO Aggregate Year-to-Date—$ 500.00	04/26/93	250.00
E. Henry Burch New Orleans, LA 70123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henry J Burch & Associates Owner Aggregate Year-to-Date—$ 2,000.00	04/30/93	1,000.00
F. J. Randal Lee 170 Laurelhurst Dr. Columbia, SC 29210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	South Carolina Hlth Care Assn V.P. Aggregate Year-to-Date—$ 1,000.00	04/16/93	1,000.00
G. Bruce Yarwood 200 P Street, Ste. F-31 Sacramento, CA 95814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yarwood and Associates Gov. Rel. Consultan Aggregate Year-to-Date—$ 750.00	04/30/93	250.00
SUBTOTAL of Receipts This Page (optional)			3,375.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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(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. Barton Weisman 5310 N.W. 33 Avenue Ft. Lauderdale, FL 33309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HBA Corporation Occupation: Administrator Aggregate Year-to-Date—$ 500.00	04/26/93	250.00
B. Howard Groff 9801 Dupont Ave., South Bloomington, MN 55431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tealwood Care Centers Occupation: President Aggregate Year-to-Date—$ 250.00	04/23/93	250.00
C. Patti Turenne 407 South McDonough Street Montgomery, AL 36104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Turenne & Associates Occupation: Administrator Aggregate Year-to-Date—$ 250.00	04/26/93	125.00
D. Floyd Schlossberg 4200 Peterson, Suite 140 Chicago, IL 60646 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alden Management, Inc. Occupation: President Aggregate Year-to-Date—$ 250.00	04/16/93	250.00
E. Abraham Gosman 513 N Country Rd Palm Beach, FL 33480 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meditrust Occupation: Chairman of Board Aggregate Year-to-Date—$ 2,000.00	04/30/93	1,000.00
F. Terry Kuzman 1157 Enfield St Enfield, CT 06082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkway Pavilion Occupation: Administrator Aggregate Year-to-Date—$ 200.00	04/30/93	100.00
G. Bobby Stephens PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises Occupation: Vice President Aggregate Year-to-Date—$ 500.00	04/16/93	250.00
SUBTOTAL of Receipts This Page (optional)			2,225.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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(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. Mark Hamister 651 Delaware Ave Buffalo, NY 14202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	National Health Care Affiliate President/CEO Aggregate Year-to-Date—$ 1,000.00	04/08/93	1,000.00
B. F Harold Creal 777 Orleans Blvd Coldwater, MI 49036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Creal Enterprises Inc CEO Aggregate Year-to-Date—$ 250.00	04/26/93	125.00
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	04/26/93	125.00
D. Richard Matros 2742 Dow Ave Tustin, CA 92680 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Care Enterprises President Aggregate Year-to-Date—$ 375.00	04/30/93	125.00
E. Eugene Clarke PO Box 3324 Ft Smith, AR 72913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises VP/Quality Assuranc Aggregate Year-to-Date—$ 300.00	04/26/93	300.00
F. Marvin L Piersma 2815 Michigan St Grand Rapids, MI 49506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MIKO Enterprises Inc President Aggregate Year-to-Date—$ 250.00	04/26/93	125.00
G. Jerry Halley 50 Crestwood Exec Ctr #202 Crestwood, MO 63126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beverly Enterprises VP/Operations Aggregate Year-to-Date—$ 250.00	04/26/93	250.00
SUBTOTAL of Receipts This Page (optional)			2,050.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Page ____ of ____ for
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. Patricia Pawelski 130 S 1st St Ann Arbor, MI 48104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: International Health Care Mgmt Occupation: Aggregate Year-to-Date—$ 300.00	04/08/93	300.00
B. Robert Possanza One Seagate 23rd Fl Toledo, OH 43604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Health Care & Retirement Corp Occupation: Executive VP Aggregate Year-to-Date—$ 300.00	04/23/93	300.00
C. Joe Stephens PO Drawer 1130 Magee, MS 39111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Millcreek Management Inc Occupation: CEO Aggregate Year-to-Date—$ 375.00	04/30/93	125.00
D. Rudy Michalek 5950 Berkshire Ln #1100 Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Britwill Healthcare Company Occupation: President Aggregate Year-to-Date—$ 300.00	04/16/93	300.00
E. Oliver Hamister 651 Delaware Ave Buffalo, NY 14202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: National Health Care Associates Occupation: Sr Vice President Aggregate Year-to-Date—$ 500.00	04/30/93	500.00
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date—$		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date—$		

SUBTOTAL of Receipts This Page (optional) 1,525.00

TOTAL This Period (last page this line number only) 28,630.82

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

American Health Care Association - Political Action Committee (AHCA-PAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Riggs National Bank P.O. Box 1217 Washington, D.C. 20004	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/1/93-4/30/93	$185.03
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)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page ____ of ____ for
LINE NUMBER ____
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Name of Committee (in Full)

American Health Care Association - Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Joseph Lieberman , CT	D-SEN-CT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/02/93	5,000.00
Joseph Lieberman , CT	D-SEN-CT 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	04/02/93	5,000.00
William Emerson 1310 Lexington Cape Birardeau, MO 63701	R-0008-MO 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/23/93	500.00
Ronald Wyden P O Box 12473 Portland, OR 97212	D-0003-OR 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/02/93	500.00
Thomas J. Bliley, Jr. 408 HENRI ROAD Richmond, VA 23226	R-0003-VA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/23/93	500.00
James Jeffords 517 2nd St., N.E. Washington, DC, VT	R-SEN-VT 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/23/93	1,000.00
Richard Zimmer 3131 Princeton Pike Lawrenceville, NJ 08648	D-0012-NJ 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/29/93	500.00
Connie Mack P.O. Box 1835 Tampa, FL 33601	R-SEN-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/23/93	400.00
J. Roy Rowland P O Box 1345 Dublin, GA 31040	D-0008-GA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/23/93	500.00
SUBTOTAL of Disbursements This Page (optional)			13,900.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page ____ of ____ for
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(Use separate schedule 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	Date (month, day, year)	Amount of Each Disbursement This Period
Sander Levin 16300 W. 9 Mile Rd. #904 Southfield, MI 48075	D-0017-MI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/29/93	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Santorum P.O. Box 10495 Pittsburgh, PA 15234	R-6 -PA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/29/93	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cardiss Collins 1115 South Plymouth Court Chicago, IL 60605	D-0007-IL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/23/93	1,000.00
D. 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-BEN-MD 98 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/29/93	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dale Kildee 1434 Jane Flint, MI 48506	D-0007-MI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/02/93	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Gephardt 7435 Watson Rd., #107 St Louis, MO 63119	D-0003-MO 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/02/93	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Gephardt 7435 Watson Rd., #107 St Louis, MO 63119	D-0003-MO 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/23/93	4,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kent Conrad P.O. Box 812 Bismarck, ND 58502	D-00 -ND 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/23/93	5,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Lewis PO Box 247 Redlands, CA 92373	R-0035-CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	04/23/93	500.00
SUBTOTAL of Disbursements This Page (optional)			13,150.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code Douglas "Pete" Peterson 109 W. College Ave., #2 Tallahassee, FL 32301	Purpose of Disbursement -0002-FL 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/23/93	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code President's Council NRSC 425 2nd St., N.E. Washington, DC 20002	Purpose of Disbursement - -DC Party cmte. contributions Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/16/93	Amount of Each Disbursement This Period 15,000.00
C. Full Name, Mailing Address and ZIP Code Cleo Fields 7990 Scenic Highway Baton Rouge, LA 70806	Purpose of Disbursement D-0004-LA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/23/93	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Lynn Schenk 8340 Clairemont Mesa Blvd. San Diego, CA 92111	Purpose of Disbursement D-49 -CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/29/93	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Peter Barca 2500 Washington Rd. Kenosha, WI 53140	Purpose of Disbursement D-001 -WI 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/23/93	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Sam Farr P.O. Box 2493 Salinas, CA 93902	Purpose of Disbursement D- -CA 94 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 04/02/93	Amount of Each Disbursement This Period 500.00
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)			17,500.00
TOTAL This Period (last page this line number only)			44,550.00

93384009/74

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 5-20-93
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

S.B. — PREPARER

5-21-93 — DATE PREPARED

FEC FORM 70-2 (12/92)

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