REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Health Care Assoc Political Action Comm. (PAC)

ADDRESS (number and street) ☐ Check if different than previously reported
1201 L Street N W.

CITY, STATE and ZIP CODE
Washington, D.C. 20005-4014

FEB 16 2 [illegible]

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 1/1/95 through 1/31/95		
6. (a) Cash on Hand January 1, 19 95		$ 38,132.89
(b) Cash on Hand at Beginning of Reporting Period	$ 38,132.89	
(c) Total Receipts (from Line 19)	$ 867.50	$ 867.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 39,000.39	$ 39 000.39
7. Total Disbursements (from Line 30)	$ 25,719.79	$ 25,719.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 13 280.60	$ 13,280.60
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. Asst Treasurer

Signature of Treasurer [signature] Date 2/16/95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 6/93)

9 5 0 3 9 4 6 1 9 7 8

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

(revised 1/1/91)

NAME OF COMMITTEE American Health Care Assoc. Political Action Committee

REPORT COVERING PERIOD FROM 1/1/95 TO: 1/31/95

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	500.00	500.00
ii. Unitemized	275.00	275.00
iii. Total (add i and ii) ➤	775.00	775.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	775.00	775.00
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.)	92.50	92.50
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	867.50	867.50
20. Total Federal Receipts (subtract line 18 from line 19) ➤	867.50	867.50
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	44.79	44.79
c. Total Operating Expenditures (add a i, a ii, and b) ➤	44.79	44.79
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	25,675.00	25,675.00
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) ➤	25,719.79	25,719.79
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	25,719.79	25,719.79
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds [from line 28d]		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

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SCHEDULE A **ITEMIZED RECEIPTS**

Page 1 of 1 for
LINE NUMBER 11a i
(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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Baldwin 2151 NE Coachman Rd Clearwater, FL 34625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baldwin Thomas & Associates President Aggregate Year-to-Date—$	01/24/95 500.00	500.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date—$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			500.00
TOTAL This Period (last page this line number only)			500.00

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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 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
Bob Dole , KS	R-SEN-KS 98 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	01/31/95	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	D-0006-NJ 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	01/24/95	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
Gephardt Effective Gov't Cmte 80 F St., N.W., 8th Floor Washington, DC, MO	— -MO 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	01/24/95	2,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Gary A. Condit 920 12 Street Modesto, CA 95354	D-0018-CA 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	01/31/95	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Santorum 2nd Floor, 640 Rodi Rd. Pittsburgh, PA 15235	R-SEN-PA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	01/13/95	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Packwood , OR	R-SEN-OR 98 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	01/24/95	5,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Max Baucus PO Box 216 Helena, MT 59624	D-SEN-MT 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	01/31/95	5,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Ramstad 8120 Penn Ave., S., # 156-A Bloomington, MN 55431	R-003 -MN 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	01/24/95	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
Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	R-0006-FL 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	01/19/95	500.00
SUBTOTAL of Disbursements This Page (optional)			20,000.00
TOTAL This Period (last page this line number only)			

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Name of Committee (in Full)

American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and ZIP Code President's Forum NRCC 320 First St., S.E. Washington, DC 20003	Purpose of Disbursement R- -DC 95 Other Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 01/19/95	Amount of Each Disbursement This Period 2,000.00
B. Full Name, Mailing Address and ZIP Code Kyle McSlarrow 6210 N. Kings Highway Alexandria, VA 22303	Purpose of Disbursement - -VA 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 01/24/95	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Rick Lazio , NY	Purpose of Disbursement R-0002-NY 96 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 01/24/95	Amount of Each Disbursement This Period 175.00
D. Full Name, Mailing Address and ZIP Code. Tom Davis 3817 Plaza Drive Fairfax, VA 22030	Purpose of Disbursement R-11 -VA 96 Primary Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 01/24/95	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code John Ensign 8917 Stafford Springs Dr. Las Vegas, NV 89134	Purpose of Disbursement R-1 -NV 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 01/24/95	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Phil Schiliro for Congress Cmt. 1002 Wood Park Dr. Baldwin, NY 11510	Purpose of Disbursement 94 General Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	Date (month, day, year) 1/24/95	Amount of Each Disbursement This Period 1,000.00
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)			5,675.00
TOTAL This Period (last page this line number only)			25,675.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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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
Crestar Bank, NA PO Box 26150 Richmond VA 23260		1/31/95	92.50
Receipt For: [ ] Primary [ ] General [X] Other (specify): interest	Aggregate Year-to-Date > $ 92.50		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) 92.50

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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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
Crestar Bank, NA PO Box 26150 Richmond, VA 23260	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/31/95	44.79
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)	44 79

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FEC/AAA/101

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 2-17-95
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMH
PREPARER

2-19-95
DATE PREPARED

FEC FORM 70-2 (12/92)

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