REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

APR 4 11 36 AM '97

1. NAME OF COMMITTEE (in full) NAMES Political Action Committee	
ADDRESS (number and street) ☐ Check if different than previously reported 625 Slaters Lane, Suite 200	2. FEC IDENTIFICATION NUMBER C00213520
CITY, STATE and ZIP CODE Alexandria, VA 22314-1171	3. [X] This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a) [X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/97 through 03/31/97		
6. (a) Cash on Hand January 1, 19 97		$ 12,292.38
(b) Cash on Hand at Beginning of Reporting Period	$ 12,292.38	
(c) Total Receipts (from line 19)	$ 16,650.00	$ 16,650.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 28,942.38	$ 28,942.38
7. Total Disbursements (from Line 30)	$ 7,695.00	$ 7,695.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 21,247.38	$ 21,247.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information:
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
Whitney Jones

Signature of Treasurer
S. Whitney Jones

Date
4/1/97

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)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE NAMES Political Action Committee

REPORT COVERING PERIOD FROM: 01/01/97 TO: 03/31/97

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)	16,500.00	16,500.00
ii. Unitemized	100.00	100.00
iii. Total (add i and ii) >	16,600.00	16,600.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add aiii,b and c) >	16,600.00	16,600.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	50.00	50.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	16,650.00	16,650.00
20. Total Federal Receipts (subtract line 16 from line 19) >	16,650.00	16,650.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	0.00
c. Total Operating Expenditures (Add ai,aii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,695.00	7,695.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	7,695.00	7,695.00
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	7,695.00	7,695.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	16,600.00	16,600.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	16,600.00	16,600.00
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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)
NAMES 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
Virginia Waite 2404 N Orange Ave Orlando, FL 32804-5513	Healthcare Equipment & Supplies Occupation: Executive Vice President	02/19/97	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
J. David Wine 58 N Washington Ave Pulaski, VA 24301-5732	Advanced Health-Care Services, Inc. Occupation: President	02/20/97	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,500.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
James Liken 5743 Centre Avenue Pittsburgh, PA 15206-3704	Liken Home Medical, Inc. Occupation: President	02/25/97	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,500.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
William Roberts P. 7634 Standish Place Rockville, MD 20855-2701	Roberts Home Medical Occupation: Owner	02/25/97	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,500.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
James Robinson 235 E 6100 S Salt Lake City, UT 84107-7302	Interwest Home Medical, Inc. Occupation: President	03/01/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Patrick Robbins PO Box 549 Bedford, IN 47421-0549	ConvaCare Services, Inc. Occupation: Chief Operations Officer	03/11/97	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,500.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
R. Thomas Beach 1200 Fenwick Dr Lynchburg, VA 24502-2112	Beach Medical Occupation: President/Owner	03/20/97	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,500.00		

SUB TOTAL of Receipts This Page (Optional) >	14,000.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
NAMES Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Michael Robbins PO Box 549 Bedford, IN 47421-0549	ConvaCare Services, Inc. Occupation: Chief Marketing Officer	03/25/97	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,500.00		
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 > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	2,500.00
TOTAL this Period (Last page this line number only) ..... >	16,500.00

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (in Full)
NAMES Political Action Committee

A. Full Name, Mailing Address and Zip Code John Breaux Senate Committee P.O. Box 3526 Lafayette, LA 70502	Purpose of Disbursement John B. Breaux, U.S. SENATE LA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 02/27/97	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code Bullfeathers Restaurant on Capitol Hill 410 First Street, S.E. Washington, DC 20515	Purpose of Disbursement In-Kind Contribution Norwood for Congress Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 03/13/97	Amount of Each Disb. this Period 195.00 (In-Kind)
C. Full Name, Mailing Address and Zip Code Norwood for Congress P.O. Box 499 Evans, GA 30809	Purpose of Disbursement In-Kind Contribution Norwood for Congress Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 03/13/97	Amount of Each Disb. this Period 195.00 (Memo In-Kind)
D. Full Name, Mailing Address and Zip Code A Lot of People Supporting Tom Daschle 424 C Street, N.E. Washington, DC 20002	Purpose of Disbursement Tom Daschle, U.S. SENATE SD Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 03/20/97	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Friends of Bob Graham Committee P.O. Box 13472 Tallahassee, FL 32317-3472	Purpose of Disbursement Bob Graham, U.S. SENATE FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 98	Date (Month day,Year) 03/12/97	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Norwood for Congress P.O. Box 499 Evans, GA 30809	Purpose of Disbursement Charlie Norwood, U.S. HOUSE 10th GA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 98	Date (Month day,Year) 03/13/97	Amount of Each Disb. this Period 5,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	7,695.00
TOTAL this Period (Last page this line number only) ..... >	7,695.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-1-97
☐	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

PREPARER

4-4-97
DATE PREPARED

FEC FORM 70-2 (12/92)