



RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

HAND DELIVERED

JUL 25 3 17 PM '97

202/898-2586

July 25, 1997

FEC
999 E St. NW
Washington, DC 20463

To Whom It May Concern :

Attached you'll find our amended FEC report to verify checks that had been voided in the last reporting period.

Sincerely,

Anna Lee
AHCA-PAC

97 " 03 " 1997 " 09 24

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

JUL 25 3 17 PM '97

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) <input type="checkbox"/> Check if different than previously reported 1201 L STREET, NW	
CITY, STATE and ZIP CODE WASHINGTON, DC 20005	
2. FEC IDENTIFICATION NUMBER C-000-6080	
3. <input type="checkbox"/> 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:

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input checked="" type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 <u>6-1-97</u> through <u>6-30-97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u> <u>73,064.62</u>		\$ <u>73,064.62</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>46,001.44</u>	
(c) Total Receipts (from Line 10)	\$ <u>33,952.22</u>	\$ <u>147,292.48</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>79,953.66</u>	\$ <u>220,357.10</u>
7. Total Disbursements (from Line 20)	\$ <u>76,517.76</u>	\$ <u>216,921.20</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>3,435.90</u>	\$ <u>3,435.90</u>
9. Debts and Obligations Owed TO 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
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
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 WILLGINS		
Signature of Treasurer		Date 7-25-1997

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	REPORT COVERING PERIOD		
	FROM	TO	
	6-1-97	6-30-97	
	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)	30,700.00	121,279.00	11(a)(1)
ii. Unitemized	3,047.00	24,792.28	11(a)(2)
iii. Total (add i and ii) >	33,747.00	146,071.28	11(a)(3)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	33,747.00	146,071.28	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	205.22	1,221.20	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	33,952.22	147,292.48	19
20. Total Federal Receipts (subtract line 18 from line 19) >	33,952.22	147,292.48	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(1)
ii. Non-Federal Share			21(a)(2)
b. Other Federal Operating Expenditures	419.76	2,823.20	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	419.76	2,823.20	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	76,098.00	214,098.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	76,517.76	216,921.20	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	76,517.76	216,921.20	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

2025 RELEASE UNDER E.O. 14176

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**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alice Kim Law 58-130 Kam Hwy Haleiwa, HI 96712	Crawford's Convalescent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	06/18/97	1,000.00
Aggregate Year-to-Date-\$		000.00	
B. Full Name, Mailing Address and ZIP Code James Westbury 922 McDonough Rd Jackson, GA 30233	Name of Employer Westbury Medical Care	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	06/17/97	1,000.00
Aggregate Year-to-Date-\$		500.00	
C. Full Name, Mailing Address and ZIP Code Jenny Sansby 2004 Edgcombe Road St Paul, MN 55116	Name of Employer Highland Chateau	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	06/17/97	250.00
Aggregate Year-to-Date-\$		500.00	
D. Full Name, Mailing Address and ZIP Code William Dunn 195 Executive Dr Marion, OH 43302	Name of Employer Marion Manor Nursing	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Admin	06/02/97	250.00
Aggregate Year-to-Date-\$		500.00	
E. Full Name, Mailing Address and ZIP Code William Levering 4 New Market Dr Delaware, OH 43015	Name of Employer Delaware Court Health	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	06/17/97	300.00
Aggregate Year-to-Date-\$		300.00	
F. Full Name, Mailing Address and ZIP Code Richard Sadler PO Box 100129 Nashville, TN 37224	Name of Employer Tennessee Health Care	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec Dir	06/02/97	500.00
Aggregate Year-to-Date-\$		500.00	
G. Full Name, Mailing Address and ZIP Code Mel Lynn 2560 Lawrence Ave Park Falls, WI 54552	Name of Employer Park Manor	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Admin	06/17/97	250.00
Aggregate Year-to-Date-\$		250.00	
SUBTOTAL of Receipts This Page (optional)			3,550.00
TOTAL This Period (last page this line number only)			

03-03-97 03-20-97

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 Bill Phelan PO Box 1459 Tallahassee, FL 32302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Florida Health Care Assn Occupation Exec Dir Aggregate Year-to-Date-\$	Date (month, day, year) 06/17/97 1,000.00	Amount of Each Receipt This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Fred Watson 3735 Memorial Dr Decatur, GA 30032 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Georgia Health Care Assn Occupation Executive VP Aggregate Year-to-Date-\$	Date (month, day, year) 06/17/97 1,000.00	Amount of Each Receipt This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Steven Bandstra 950 Taylor Ave Grand Haven, MI 49417 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Community Centre Gro Occupation President Aggregate Year-to-Date-\$	Date (month, day, year) 06/17/97 1,000.00	Amount of Each Receipt This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Gary Toth PO Box 40 Madison, OH 44057 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Phoenix Res Ctrs Occupation President Aggregate Year-to-Date-\$	Date (month, day, year) 06/04/97 750.00	Amount of Each Receipt This Period 500.00
E. Full Name, Mailing Address and ZIP Code Winthrop Cashdollar PO Box 3226 Carson City, NV 89702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nevada Health Care Assn Occupation State Executive Aggregate Year-to-Date-\$	Date (month, day, year) 06/17/97 300.00	Amount of Each Receipt This Period 300.00
F. Full Name, Mailing Address and ZIP Code Mark Finkelstein 955 South Main Street Middletown, CT 06457 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Subacute Mgt Corp of Conn Occupation President Aggregate Year-to-Date-\$	Date (month, day, year) 06/17/97 1,000.00	Amount of Each Receipt This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Blaine Hendrickson 500 N State College Blvd #950 Orange, CA 92868 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sun Mar Management Servs Occupation President Aggregate Year-to-Date-\$	Date (month, day, year) 06/18/97 1,000.00	Amount of Each Receipt This Period 1,000.00
SUBTOTAL of Receipts This Page (optional)			5,000.00
TOTAL This Period (last page this line number only)			5,000.00

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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
Delbert Ousley PO Box 529 Richmond, KY 40476	PMD Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	06/02/97	1,000.00
Aggregate Year-to-Date-\$		1,000.00	
B. Full Name, Mailing Address and ZIP Code Sherwin Welch 515 S Warley St Florence, SC 29501	Name of Employer Heritage Homes of Florida	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/ ADMIN	06/17/97	1,000.00
Aggregate Year-to-Date-\$		1,000.00	
C. Full Name, Mailing Address and ZIP Code Howard Lipschutz 1304 Laurel Oak Rd Voorhees, NJ 08433	Name of Employer HBA Management	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP	06/02/97	250.00
Aggregate Year-to-Date-\$		562.50	
D. Full Name, Mailing Address and ZIP Code J Randal Lee 170 Laurelhurst Dr Columbia, SC 29210	Name of Employer South Carolina Hlth Care Assn	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP	06/17/97	1,000.00
Aggregate Year-to-Date-\$		1,000.00	
E. Full Name, Mailing Address and ZIP Code Stephen Spough 11572 Fall Creek Road Indianapolis, IN 46256	Name of Employer Spough & Co	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	06/30/97	500.00
Aggregate Year-to-Date-\$		500.00	
F. Full Name, Mailing Address and ZIP Code Barton Weisman 5310 NW 33rd Ave #211 Ft Lauderdale, FL 33309	Name of Employer HBA Corporation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	06/07/97	500.00
Aggregate Year-to-Date-\$		937.50	
G. Full Name, Mailing Address and ZIP Code Grant Asay 209 Moller Avenue Sitka, AK 99835	Name of Employer Sitka Community Hosp	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	06/18/97	300.00
Aggregate Year-to-Date-\$		300.00	
SUBTOTAL of Receipts This Page (optional)			4,550.00
TOTAL This Period (last page this line number only)			

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Jeanne Sanders 19 NH RT 104 Meredith, NH 03253 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Golden View Health Occupation Administrator	06/09/97 Aggregate Year-to-Date-\$ 500.00	250.00
B. Full Name, Mailing Address and ZIP Code Walter Ledig PO Box 892 Minden, LA 71058 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Town & Country Nrsng Occupation Administrator	Date (month, day, year) 06/18/97 Aggregate Year-to-Date-\$ 1,000.00	Amount of Each Receipt This Period 500.00
C. Full Name, Mailing Address and ZIP Code Jan Thayer 404 Woodland Dr Grand Island, NE 68801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Riverside Lodge Occupation Owner/Admin	Date (month, day, year) 06/09/97 Aggregate Year-to-Date-\$ 375.00	Amount of Each Receipt This Period 250.00
D. Full Name, Mailing Address and ZIP Code Freddie Franklin 1329 Abraham St Tallahassee, FL 32304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Miracle Hill Nursing Occupation Administrator	Date (month, day, year) 06/17/97 Aggregate Year-to-Date-\$ 1,100.00	Amount of Each Receipt This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Eugene Clarke 511 Rogers Ave., Ste. 40-A Ft Smith, AR 72919 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Beverly Enterprises Occupation Sr VP Quality Assur	Date (month, day, year) 06/17/97 Aggregate Year-to-Date-\$ 300.00	Amount of Each Receipt This Period 300.00
F. Full Name, Mailing Address and ZIP Code Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Health Facilities Ass Occupation Executive Director	Date (month, day, year) 06/17/97 Aggregate Year-to-Date-\$ 1,000.00	Amount of Each Receipt This Period 500.00
G. Full Name, Mailing Address and ZIP Code Adele Wilzack 10010 Junction Drive #116N Annapolis, MD 20701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Health Facilities Ass Occupation Executive Director	Date (month, day, year) 06/18/97 Aggregate Year-to-Date-\$ 1,000.00	Amount of Each Receipt This Period 500.00
SUBTOTAL of Receipts This Page (optional)			3,700.00
TOTAL This Period (less page this line number only)			

SCHEDULE A

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Carolyn Hankinson 9919 So Elm Fresno, CA 93706 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Beverly Health & Rehab Occupation Executive Dir	06/04/97 Aggregate Year-to-Date-\$ 250.00	250.00
Neil Chur 268 Main Street East Aurora, NY 14052 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Park Associates Occupation President	06/02/97 Aggregate Year-to-Date-\$ 2,000.00	2,000.00
Michael Anderson Route B, Box 237 Fairmont, WV 26554 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	West Virginia HC Assn Occupation Independent Owner	06/17/97 Aggregate Year-to-Date-\$ 1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)			3,250.00
TOTAL This Period (last page this line number only)			31,000.00

SCHEDULE A

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Douglas M Wright PO Box 3667 Tupelo, MS 38803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Right Care Inc Occupation <u>President/CEO</u>	<u>06/17/97</u> Aggregate Year-to-Date-\$ <u>500.00</u>	<u>500.00</u>
Reynaldo Lapid 1931 Lakewood Rd. Toms River, NJ 08755 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Braen Acres Manor Occupation <u>Owner</u>	<u>06/17/97</u> Aggregate Year-to-Date-\$ <u>250.00</u>	<u>125.00</u>
Mary Lynne Bailey 2112 West Laburnum Avenue, 206 Richmond, VA 23227 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Virginia Health Care Occupation <u>Assistant</u>	<u>06/04/97</u> Aggregate Year-to-Date-\$ <u>250.00</u>	<u>125.00</u>
Mary Lynne Bailey 2112 West Laburnum Avenue, 206 Richmond, VA 23227 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Virginia Health Care Occupation <u>Assistant</u>	<u>06/24/97</u> Aggregate Year-to-Date-\$ <u>250.00</u>	<u>250.00</u>
Stephen Morrisette 2112 W. Laburnum Ave, Ste 206 Richmond, VA 23227 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Virginia Health Care Occupation <u>President</u>	<u>06/02/97</u> Aggregate Year-to-Date-\$ <u>1,000.00</u>	<u>1,000.00</u>
VENDOR-PAC 3300 Providian Louisville, KY 40202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date-\$ <u>5,000.00</u>	<u>06/17/97</u>	<u>5,000.00</u>
Thomas Zwicker 2115 East Woodstock Place Milwaukee, WI 53202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lakewood Health & Rehab Occupation <u>Administrator</u>	<u>06/02/97</u> Aggregate Year-to-Date-\$ <u>300.00</u>	<u>300.00</u>
SUBTOTAL of Receipts This Page (optional)			<u>7,050.00</u>
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Page _____ of _____ for
LINE NUMBER _____
 (Use separate schedule(s) for each
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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
Jacob Cureton 403 Boone Lane Fairhope, AL 36532	Jake Cureton Crowne	Mgt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	06/17/97	1,000.00
		Aggregate Year-to-Date-\$	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Greer P.O. Box 30100 Shreveport, LA 71130	Health Care Capital	Indy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	06/07/97	500.00
		Aggregate Year-to-Date-\$	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ted Lee 700 Hanover St Manchester, NH 03104	Hanover Hill Health	Cntr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Administrator	06/20/97	100.00
		Aggregate Year-to-Date-\$	200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Francis Feltham 1200 Telisman Dr North Augusta, SC 29841	Fane Management Inc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	06/25/97	250.00
		Aggregate Year-to-Date-\$	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Harris 833 Broadway East Providence, RI 02914	Harris Health Center		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Administrator	06/18/97	450.00
		Aggregate Year-to-Date-\$	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Mattson P.O. Box 2197 Corona, CA 91718	Independent Options	Srv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Dir	06/04/97	300.00
		Aggregate Year-to-Date-\$	300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John C Orestis PO Box 1408 Lewiston, ME 04243	North Country Associ		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	06/18/97	500.00
		Aggregate Year-to-Date-\$	500.00
SUBTOTAL of Receipts This Page (optional)			3,100.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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 ERE WINTHROP CASHDOLLAR P.O. BOX 3226 CARSON CITY, NV 89702	Name of Employer NEVADA HEALTH CARE	Date (month, day, year) 6-30-97	Amount of Each Receipt This Period [300.00]
	Occupation NSF - RETURNED CK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$ 300.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	[300.00]

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 CLESTAR BANK P.O. BOX 85024 RICHMOND, VA 23285	Name of Employer INTEREST RECEIPTS	Date (month, day, year) 6-30-97	Amount of Each Receipt This Period 205.22
	Occupation _____	Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date-\$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

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.

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DATE OF RECEIPT

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

MAF

PREPARER

7-28-97

DATE PREPARED