

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="355025.32"/>	<input type="text" value="355025.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="368591.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26853.51"/>	<input type="text" value="793460.38"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="395444.98"/>	<input type="text" value="1148485.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="100558.45"/>	<input type="text" value="853599.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="294886.53"/>	<input type="text" value="294886.53"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22986.63	702280.30
(ii) Unitemized	2384.51	33835.82
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25371.14	736116.12
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25371.14	756116.12
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.) (Carry Totals to Line 37, page 5).....	1482.37	13844.26
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	21500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	26853.51	793460.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26853.51	793460.38

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	1058.45	14911.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1058.45	14911.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	99500.00	815795.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	17893.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	17893.14
29. Other Disbursements	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	100558.45	853599.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100558.45	853599.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25371.14	756116.12
34. Total Contribution Refunds (from Line 28(d))	0.00	17893.14
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25371.14	738222.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1058.45	14911.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1482.37	13844.26
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-423.92	1066.77

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Hollie Adams
Full Name (Last, First, Middle Initial)

Mailing Address 2759 County Road 1490

City Center	State TX	Zip Code 75935
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FEC ID number of contributing federal political committee. **C**

Name of Employer Green Acres Center	Occupation Administrator
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2012

Transaction ID : C1825244

Amount of Each Receipt this Period

500.00

B. Scott James Allen
Full Name (Last, First, Middle Initial)

Mailing Address 209 West Osborne Ave

City Tampa	State FL	Zip Code 33603
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FEC ID number of contributing federal political committee. **C**

Name of Employer Healthcare Navigator	Occupation Vice President, Government Relations
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : C1816499

Amount of Each Receipt this Period

45.50

C. Stacie Aman
Full Name (Last, First, Middle Initial)

Mailing Address 5124 27th Rd N

City Arlington	State VA	Zip Code 22207-1723
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association	Occupation Senior Director, Political Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.46**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : C1821183

Amount of Each Receipt this Period

115.41

* Payroll Deduction: \$38.47 Biweekly

SUBTOTAL of Receipts This Page (optional).....	660.91
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Hunter Mack Baldrige
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Whistler Ln
 City Hallsville State TX Zip Code 75650-3525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Nursing & Rehabilitation Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 06 / 2012**
Transaction ID : C1808585
 Amount of Each Receipt this Period **250.00**

B. Mark Ballif
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E San Marcos Blvd Suite 200
 City San Marcos State CA Zip Code 92069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Plum Healthcare Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3750.00**

Date of Receipt **08 / 21 / 2012**
Transaction ID : C1811757
 Amount of Each Receipt this Period **1250.00**

C. Harve Bauguess
 Full Name (Last, First, Middle Initial)
 Mailing Address 1708 Peachtree St NW Suite 201
 City Atlanta State GA Zip Code 30309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bauguess Management Company Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **233.00**

Date of Receipt **08 / 28 / 2012**
Transaction ID : C1816400
 Amount of Each Receipt this Period **233.00**

SUBTOTAL of Receipts This Page (optional)..... **1733.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Lyn C. Bentley

Mailing Address 2212 Hidden Valley Ln

City Silver Spring	State MD	Zip Code 20904-5240
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association	Occupation Senior Director, Regulatory Services
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2012
Transaction ID : C1821184

Amount of Each Receipt this Period
60.00

* Payroll Deduction: \$20.00 Biweekly

Full Name (Last, First, Middle Initial)
B. Brad Bilbo

Mailing Address 527 Charlotte Lane

City Bremen	State GA	Zip Code 30110
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cypress Health Group	Occupation Regional Vice President
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : C1799057

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
C. Steve Boymel

Mailing Address 12100 Reed Hartman Highway

City Cincinnati	State OH	Zip Code 45241-6036
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FEC ID number of contributing federal political committee. **C**

Name of Employer Brookwood Retirement Community	Occupation Owner/Administrator
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2012
Transaction ID : C1812998

Amount of Each Receipt this Period
825.00

SUBTOTAL of Receipts This Page (optional).....▶	1010.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Judith Dicker
Full Name (Last, First, Middle Initial)

Mailing Address 18215 Hillside Avenue

City State Zip Code
Jamaica NY 11432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hillside Manor Rehab Center Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
08 / 02 / 2012
Transaction ID : C1800234

Amount of Each Receipt this Period
1250.00

B. Stanley Dicker
Full Name (Last, First, Middle Initial)

Mailing Address 18215 Hillside Ave

City State Zip Code
Jamaica NY 11432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hillside Manor Rehab Center Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
08 / 02 / 2012
Transaction ID : C1800233

Amount of Each Receipt this Period
1250.00

C. Kevin A Doerr
Full Name (Last, First, Middle Initial)

Mailing Address 108 Drew Court Apt. A

City State Zip Code
Thibodaux LA 70301-2438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Thibodaux Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 16 / 2012
Transaction ID : C1810495

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2700.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Kevin A Doerr		Date of Receipt MM / DD / YYYY 08 / 28 / 2012 Transaction ID : C1813453
Mailing Address 108 Drew Court Apt. A		Amount of Each Receipt this Period 300.00
City Thibodaux	State LA	Zip Code 70301-2438
FEC ID number of contributing federal political committee. C		
Name of Employer Thibodaux Healthcare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Fonda Elliot		Date of Receipt MM / DD / YYYY 08 / 06 / 2012 Transaction ID : C1808584
Mailing Address 240 Capitol St Ste 500		Amount of Each Receipt this Period 2500.00
City Charleston	State WV	Zip Code 25301-2297
FEC ID number of contributing federal political committee. C		
Name of Employer AMFM, Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Jared Elliot		Date of Receipt MM / DD / YYYY 08 / 30 / 2012 Transaction ID : C1816595
Mailing Address 3013 63rd Avenue NW		Amount of Each Receipt this Period 125.00
City Gig Harbor	State WA	Zip Code 98335
FEC ID number of contributing federal political committee. C		
Name of Employer Extencicare	Occupation Area Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	2925.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. John Elliot
Full Name (Last, First, Middle Initial)

Mailing Address 240 Capitol Street
Suite 500

City Charleston State WV Zip Code 25301-2297

FEC ID number of contributing federal political committee. **C**

Name of Employer AMFM, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 06 / 2012
Transaction ID : C1808537

Amount of Each Receipt this Period
2500.00

B. Joanne E Erickson
Full Name (Last, First, Middle Initial)

Mailing Address 911 S Randolph St

City Arlington State VA Zip Code 22204-1564

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Editor in Chief, Provider Magazine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.46

Date of Receipt
08 / 29 / 2012
Transaction ID : C1821186

Amount of Each Receipt this Period
115.41

* Payroll Deduction: \$38.47 Biweekly

C. Irene Fleshner
Full Name (Last, First, Middle Initial)

Mailing Address 1688 Floyd Street

City Sarasota State FL Zip Code 34239

FEC ID number of contributing federal political committee. **C**

Name of Employer Genesis HealthCare Corporation Occupation Nurse Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 02 / 2012
Transaction ID : C1800154

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2765.41

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. David Gifford
Full Name (Last, First, Middle Initial)

Mailing Address 81 Kenyon Ave

City East Greenwich State RI Zip Code 02818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Senior Vice President, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2012

Transaction ID : C1812818

Amount of Each Receipt this Period
1000.00

B. Pamela Griffin
Full Name (Last, First, Middle Initial)

Mailing Address 1120 Walnut St.

City North Bend State NE Zip Code 68649-5012

FEC ID number of contributing federal political committee. **C**

Name of Employer Birchwood Manor Occupation Owner/President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : C1800317

Amount of Each Receipt this Period
250.00

C. Gerald Hamilton
Full Name (Last, First, Middle Initial)

Mailing Address 7612 Rio Penasco Court NW

City Albuquerque State NM Zip Code 87120

FEC ID number of contributing federal political committee. **C**

Name of Employer R&G Healthcare Management Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2012

Transaction ID : C1806679

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Larry Lane
Full Name (Last, First, Middle Initial)
Mailing Address 1616 Stephens Dr
City Wayne State PA Zip Code 19087-1023
FEC ID number of contributing federal political committee. **C**
Name of Employer Genesis Occupation Sr VP, Regulatory Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 08 / 30 / 2012
Transaction ID : C1816623
Amount of Each Receipt this Period 1000.00

B. Cheryl Loflin
Full Name (Last, First, Middle Initial)
Mailing Address 11 Blue Jay Terrace
City Aliso Viejo State CA Zip Code 92656
FEC ID number of contributing federal political committee. **C**
Name of Employer Harbor Health Care, Inc. Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.00

Date of Receipt 08 / 17 / 2012
Transaction ID : C1810588
Amount of Each Receipt this Period 125.00

C. Todd MacKenzie
Full Name (Last, First, Middle Initial)
Mailing Address 24 Canyon Creek Drive
City Wimberley State TX Zip Code 78676
FEC ID number of contributing federal political committee. **C**
Name of Employer Remington Medical Resort Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.00

Date of Receipt 08 / 10 / 2012
Transaction ID : C1805292
Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional).....▶ 1250.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Ken Malanowski
Full Name (Last, First, Middle Initial)
Mailing Address 3905 Oberlin Avenue
City Lorain State OH Zip Code 44053
FEC ID number of contributing federal political committee. **C**
Name of Employer Sprenger Health Care Systems Occupation President and Chief Financial Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 13 / 2012**
Transaction ID : C1816403
Amount of Each Receipt this Period **1000.00**

B. Bethany R Martino
Full Name (Last, First, Middle Initial)
Mailing Address 8559 Window Latch Way
City Columbia State MD Zip Code 21045
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation Director, Public Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **08 / 29 / 2012**
Transaction ID : C1821190
Amount of Each Receipt this Period **60.00**
* Payroll Deduction: \$20.00 Biweekly

C. John Maxey
Full Name (Last, First, Middle Initial)
Mailing Address 2201 Eastover Dr
City Jackson State MS Zip Code 39211-6722
FEC ID number of contributing federal political committee. **C**
Name of Employer Maxey Wann Occupation Attorney
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 30 / 2012**
Transaction ID : C1816626
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1310.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Michael Meillier
Full Name (Last, First, Middle Initial)

Mailing Address 27 Brand Ave

City Faribault State MN Zip Code 55021-6411

FEC ID number of contributing federal political committee. **C**

Name of Employer Pleasant Manor Inc Occupation Social Services Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2012

Transaction ID : C1812987

Amount of Each Receipt this Period
82.50

B. Karen Messick
Full Name (Last, First, Middle Initial)

Mailing Address 4599 Lantern Court NW

City Comstock Park State MI Zip Code 49321

FEC ID number of contributing federal political committee. **C**

Name of Employer Pilgrim Manor Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012

Transaction ID : C1811649

Amount of Each Receipt this Period
125.00

C. Richard Miller
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Vista Verde Ln SW

City Tumwater State WA Zip Code 98512-1444

FEC ID number of contributing federal political committee. **C**

Name of Employer Washington Health Care Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012

Transaction ID : C1805291

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	457.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Stephen O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address Campbell Hall Rehabilitation Center
 23 Kiernan Road
 City Campbell Hall State NY Zip Code 10916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Campbell Hall Rehabilitation Center, I Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : C1799052
 Amount of Each Receipt this Period
250.00

B. Julie C Painter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5023 Waple Ln
 City Alexandria State VA Zip Code 22304-7727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Senior Director of Constituency Affair
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **207.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2012
Transaction ID : C1821192
 Amount of Each Receipt this Period
34.62
 * Payroll Deduction: \$11.54 Biweekly

C. Mark V Parkinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8930 Harvest Square Ct
 City Potomac State MD Zip Code 20854-4475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2012
Transaction ID : C1821193
 Amount of Each Receipt this Period
600.00
 * Payroll Deduction: \$200.00 Biweekly

SUBTOTAL of Receipts This Page (optional).....	884.62
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Sharon C Purvis
Full Name (Last, First, Middle Initial)

Mailing Address 7805 Sycamore Drive

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Senior Director, Vendor Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **309.53**

Date of Receipt **08 / 29 / 2012**

Transaction ID : C1821196

Amount of Each Receipt this Period **71.43**

* Payroll Deduction: \$23.81 Biweekly

B. Maryanne Sapio
Full Name (Last, First, Middle Initial)

Mailing Address 1324 South Kenmore Circle

City Arlington State VA Zip Code 22204

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Senior Director, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **692.46**

Date of Receipt **08 / 29 / 2012**

Transaction ID : C1821198

Amount of Each Receipt this Period **115.41**

* Payroll Deduction: \$38.47 Biweekly

C. John Kennon Shea
Full Name (Last, First, Middle Initial)

Mailing Address 1810 Gillespie Way Ste 212

City El Cajon State CA Zip Code 92020-0921

FEC ID number of contributing federal political committee. **C**

Name of Employer Kennon S. Shea & Associates Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3125.00**

Date of Receipt **08 / 02 / 2012**

Transaction ID : C1800235

Amount of Each Receipt this Period **1875.00**

SUBTOTAL of Receipts This Page (optional)..... **2061.84**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Jennifer S Shimer
Full Name (Last, First, Middle Initial)

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Health Care Association COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.52

Date of Receipt
08 / 29 / 2012
Transaction ID : C1821200

Amount of Each Receipt this Period
115.41

* Payroll Deduction: \$38.47 Biweekly

B. Matthew D. Smyth
Full Name (Last, First, Middle Initial)

Mailing Address 2405 I St NW

City State Zip Code
Washington DC 20037-2206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Health Care Association Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
08 / 29 / 2012
Transaction ID : C1821201

Amount of Each Receipt this Period
57.72

* Payroll Deduction: \$19.24 Biweekly

C. Roger F. Topping
Full Name (Last, First, Middle Initial)

Mailing Address 315 Courthouse Road

City State Zip Code
Princeton WV 24740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Princeton Health Care Center Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
08 / 22 / 2012
Transaction ID : C1816524

Amount of Each Receipt this Period
265.00

SUBTOTAL of Receipts This Page (optional)..... **438.13**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Lisa Toti
Full Name (Last, First, Middle Initial)

Mailing Address 2140 River Oaks Drive

City Salem State VA Zip Code 24153

FEC ID number of contributing federal political committee. **C**

Name of Employer American HealthCare, LLC Occupation Chief Administrative Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2012

Transaction ID : C1811143

Amount of Each Receipt this Period
 200.00

B. Brett Waters
Full Name (Last, First, Middle Initial)

Mailing Address 2416 Mesa St.

City Idaho Falls State ID Zip Code 83401

FEC ID number of contributing federal political committee. **C**

Name of Employer New Beginnings Community Living Home Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012

Transaction ID : C1816622

Amount of Each Receipt this Period
 100.00

C. Robert Wehner
Full Name (Last, First, Middle Initial)

Mailing Address 5155 North High Street

City Columbus State OH Zip Code 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Wesley Glen Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 412.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012

Transaction ID : C1811704

Amount of Each Receipt this Period
 137.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 437.75

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Barbara Ziesing		Date of Receipt MM / DD / YYYY 08 / 01 / 2012 Transaction ID : C1799937
Mailing Address 1173 Cypress Island Highway		Amount of Each Receipt this Period 421.00
City Saint Martinville	State LA	Zip Code 70582
FEC ID number of contributing federal political committee. C	Name of Employer Nexion	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.00	

Full Name (Last, First, Middle Initial) B. Weisman Associates LLC		Date of Receipt MM / DD / YYYY 08 / 06 / 2012 Transaction ID : C1803154
Mailing Address 5310 NW 33rd Ave Ste 211		Amount of Each Receipt this Period 1250.00
City Fort Lauderdale	State FL	Zip Code 33309-6319
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial) C. Arthur Krosnick		Date of Receipt MM / DD / YYYY 08 / 06 / 2012 Transaction ID : C1803158
Mailing Address 12371 County Road 391		Amount of Each Receipt this Period 337.50
City Holts Summit	State MO	Zip Code 65043-1608
FEC ID number of contributing federal political committee. C	Name of Employer Weisman Associates LLC	Occupation Partner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1012.50	

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	1671.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Howard Lipshutz
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 NW 35th Ave
 Ste 211
 City Fort Lauderdale State FL Zip Code 33309-6314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NuVision Management Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2012
Transaction ID : C1803157
 Amount of Each Receipt this Period
 337.50
[MEMO ITEM]
 *

B. Barton D. Weisman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 NW 33rd Ave
 Ste 211
 City Ft Lauderdale State FL Zip Code 33309-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Health Systems Occupation Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2722.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2012
Transaction ID : C1803156
 Amount of Each Receipt this Period
 575.00
[MEMO ITEM]
 *

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	22986.63

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 39
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial) A. American Health Care Association		Date of Receipt
Mailing Address 1201 L St. NW		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1825269
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="246.46"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of Bank Fees
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="13844.26"/>	

Full Name (Last, First, Middle Initial) B. American Health Care Association		Date of Receipt
Mailing Address 1201 L St. NW		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1825275
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1235.91"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of Credit Card Processing Fees
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="13844.26"/>	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1482.37"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1482.37"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2012

Transaction ID : D136067

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : D136068

Amount of Each Disbursement this Period

100.80

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2012

Transaction ID : D136069

Amount of Each Disbursement this Period

4.00

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

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

112.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2012

Transaction ID : D136070

Amount of Each Disbursement this Period

16.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : D136071

Amount of Each Disbursement this Period

3.52

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2012

Transaction ID : D136072

Amount of Each Disbursement this Period

4.00

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

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

23.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2012

Transaction ID : D136073

Amount of Each Disbursement this Period

3.52

Full Name (Last, First, Middle Initial)

B. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : D136074

Amount of Each Disbursement this Period

54.40

Full Name (Last, First, Middle Initial)

C. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : D136075

Amount of Each Disbursement this Period

493.80

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

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

551.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2012

Transaction ID : D136076

Amount of Each Disbursement this Period

78.63

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2012

Transaction ID : D136077

Amount of Each Disbursement this Period

291.78

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

370.41

1058.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANGUS KING FOR US SENATE CAMPAIGN

Mailing Address PO BOX 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement
Contribution

Candidate Name
Angus Stanley King Jr.

Office Sought: House
 Senate
 President
State: ME District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2012

Transaction ID : D135282

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BEATTY FOR CONGRESS

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216-0172

Purpose of Disbursement
Contribution

Candidate Name
JOYCE BEATTY

Office Sought: House
 Senate
 President
State: OH District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2012

Transaction ID : D135276

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Continuing America's Strength and Security PAC

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898-0505

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2012

Transaction ID : D135657

Amount of Each Disbursement this Period

5000.00

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

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

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Rouzer for Congress

Mailing Address PO Box 2267

City State Zip Code
Smithfield NC 27577-2267

Purpose of Disbursement
Contribution

Candidate Name
David Rouzer

Office Sought: House
 Senate
 President
State: NC District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2012

Transaction ID : D135700

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MURPHY

Mailing Address PO BOX 127

City State Zip Code
Cheshire CT 06410

Purpose of Disbursement
Contribution

Candidate Name
Christopher S Murphy

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : D135304

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City State Zip Code
Palm Beach Gardens FL 33418

Purpose of Disbursement
Contribution

Candidate Name
Patrick Murphy

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2012

Transaction ID : D135277

Amount of Each Disbursement this Period

2500.00

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

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

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Grace for New York

Mailing Address 4904 43rd Ave

City Woodside State NY Zip Code 11377-4472

Purpose of Disbursement
Contribution

Candidate Name

Grace Meng

Office Sought: House
 Senate
 President
State: NY District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2012

Transaction ID : D135655

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HOLDING ONTO OREGON'S PRIORITIES (HOOP) PAC

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2012

Transaction ID : D135378

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. L.A. P.A.C.

Mailing Address 6380 Wilshire Blvd
Ste 1612

City Los Angeles State CA Zip Code 90048-5018

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2012

Transaction ID : D135377

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LAMPSON FOR CONGRESS

Mailing Address PO Box 21500

City State Zip Code
Beaumont TX 77720-1500

Purpose of Disbursement
Contribution

Candidate Name

Nicholas Lampson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	2

Transaction ID : D135278

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. LUKE MESSER FOR CONGRESS

Mailing Address 345 W BROADWAY

City State Zip Code
SHELBYVILLE IN 46176

Purpose of Disbursement
Contribution

Candidate Name

ALLEN LUCAS MESSER

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

Transaction ID : D135379

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Nevada State Democratic Party

Mailing Address 409 Horn St

City State Zip Code
Las Vegas NV 89107-2121

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	2

Transaction ID : D135653

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

8	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANN MARIE BUERKLE FOR CONGRESS

Mailing Address 3779 Underwood Way

City State Zip Code
Syracuse NY 13215

Purpose of Disbursement
Void of 7/27/2012 Contribution

Candidate Name
Rep. Ann Marie Buerkle

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2012

Transaction ID : D135722

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City State Zip Code
Baton Rouge LA 70809

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bill Cassidy

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2012

Transaction ID : D135656

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PASCRELL FOR CONGRESS

Mailing Address P.O. BOX 640

City State Zip Code
TOTOWA NJ 07511

Purpose of Disbursement
Contribution

Candidate Name
HON. WILLIAM J. PASCRELL JR.

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2012

Transaction ID : D135383

Amount of Each Disbursement this Period

5000.00

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

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

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCKINLEY FOR CONGRESS

Mailing Address 32 20TH STREET

City State Zip Code
WHEELING WV 26003

Purpose of Disbursement
Contribution

Candidate Name

Rep. DAVID B. MCKINLEY

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
08 / 08 / 2012

Transaction ID : D135384

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CLEAVER FOR CONGRESS

Mailing Address 4801 MAIN STREET, STUITE 1000

City State Zip Code
KANSAS CITY MO 64112

Purpose of Disbursement
Contribution

Candidate Name

Rep. Emanuel Cleaver II

Office Sought: House
 Senate
 President
State: MO District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
08 / 06 / 2012

Transaction ID : D135340

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FAMILIES FOR JAMES LANKFORD

Mailing Address PO BOX 1639

City State Zip Code
BETHANY OK 73008

Purpose of Disbursement
Contribution

Candidate Name

Rep. James Paul Lankford

Office Sought: House
 Senate
 President
State: OK District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
08 / 02 / 2012

Transaction ID : D135303

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 87

City UWCHLAND State PA Zip Code 19480

Purpose of Disbursement
Contribution

Candidate Name
Rep. JIM GERLACH

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2012

Transaction ID : D135382

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LANGEVIN FOR CONGRESS

Mailing Address 181A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim Langevin

Office Sought: House
 Senate
 President
State: RI District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2012

Transaction ID : D135354

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LANGEVIN FOR CONGRESS

Mailing Address 181A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim Langevin

Office Sought: House
 Senate
 President
State: RI District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2012

Transaction ID : D135355

Amount of Each Disbursement this Period

3000.00

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

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

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathy Castor

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2012

Transaction ID : D135438

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MICHAUD FOR CONGRESS

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael H. Michaud

Office Sought: House
 Senate
 President
State: ME District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2012

Transaction ID : D135483

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RYAN FOR CONGRESS

Mailing Address P. O. Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul D. Ryan

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135283

Amount of Each Disbursement this Period

5000.00

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

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

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Voided Contribution of 1/20/2012

Candidate Name

Rep. Peter Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2012

Transaction ID : D135536

Amount of Each Disbursement this Period

Amount	-1000.00
--------	----------

Full Name (Last, First, Middle Initial)

B. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sander M. Levin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135284

Amount of Each Disbursement this Period

Amount	5000.00
--------	---------

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City State Zip Code
PITTSBURGH PA 15234

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tim Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2012

Transaction ID : D135381

Amount of Each Disbursement this Period

Amount	1000.00
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SUBTOTAL of Disbursements This Page (optional)..... ▶

Amount	5000.00
--------	---------

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

Amount	
--------	--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contribution

Candidate Name

Rep. Thomas Edmunds Price

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2012

Transaction ID : D135281

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TOM REED FOR CONGRESS

Mailing Address 99 W 1st Street

City Corning State NY Zip Code 14830

Purpose of Disbursement
Voided Contribution of 4/9/2012

Candidate Name

Rep. Thomas W Reed II

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2012

Transaction ID : D135305

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Mailing Address 99 W 1st Street

City Corning State NY Zip Code 14830

Purpose of Disbursement
Contribution

Candidate Name

Rep. Thomas W Reed II

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2012

Transaction ID : D135306

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. SCOTT BROWN FOR US SENATE COMMITTEE

Mailing Address P.O. BOX 395

City WRENTHAM State MA Zip Code 02903

Purpose of Disbursement
Contribution

Candidate Name
Sen. SCOTT P. BROWN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MA District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2012

Transaction ID : D135279

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. SILVER STATE 21ST CENTURY PAC

Mailing Address 3069 Conquista Ct.

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2012

Transaction ID : D135654

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. SPENDING CUTS OVER TOTAL TAXATION PAC

Mailing Address P.O. BOX 303

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2012

Transaction ID : D135280

Amount of Each Disbursement this Period

5000.00

Category/
Type

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

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

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TOMMY THOMPSON FOR SENATE INC

Mailing Address PO BOX 2539

City Madison State WI Zip Code 53701

Purpose of Disbursement
Contribution

Candidate Name

Tommy Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

Transaction ID : D135437

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. VARGAS FOR CONGRESS 2012

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95841-3111

Purpose of Disbursement
Contribution

Candidate Name

Juan C Vargas

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135275

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

6500.00

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

99500.00
