

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Health Care Association Political Action Committee

ADDRESS (number and street) 1201 L Street, NW
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00006080
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2010 through 02 28 2010

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 Mr. Leonard Russ

Signature of Treasurer Electronically Filed by Mr. Leonard Russ Date 05 19 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Due to incorrect data entry a voided check to Crowley for Congress was reported in our March filing. The original checks were not reported because they were never issued to the campaign. The void was therefore unnecessary that was reported in the March filing.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Health Care Association Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		128897.14
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	135376.84									
(c) Total Receipts (from Line 19)	142765.48	155745.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	278142.32	284642.32								
7. Total Disbursements (from Line 31)	51500.00	58000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	226642.32	226642.32								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

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)	131373.94	136453.94
(ii) Unitemized	10391.54	12791.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)	141765.48	149245.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	141765.48	154745.18
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)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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 Transfer (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))	142765.48	155745.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	142765.48	155745.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51500.00	58000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	51500.00	58000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51500.00	58000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	141765.48	154745.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	141765.48	154745.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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 / 53
	<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	

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.	Full Name (Last, First, Middle Initial) Gary D Anderson		Date of Receipt	
	Mailing Address 6618 McMakin Court		M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: C878053
	Colleyville	TX	76034-5752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1250.00	
Name of Employer Preferred Care Partners Management Gro		Occupation President/Management Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1250.00		

B.	Full Name (Last, First, Middle Initial) Gary Attman		Date of Receipt	
	Mailing Address 8028 Ritchie Highway Suite 118		M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: C872366
	Pasadena	MD	21122-1069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1250.00	
Name of Employer FutureCare Health & Mgmt.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1250.00		

C.	Full Name (Last, First, Middle Initial) Mary Baker		Date of Receipt	
	Mailing Address PO Box 1129		M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: C878055
	Turlock	CA	95381	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1250.00	
Name of Employer Mark One Corp.		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1250.00		

SUBTOTAL of Receipts This Page (optional)	▶	3750.00
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: PAGE 8 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial) Terry Bane		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	6		2	0	1	0													
Mailing Address 1469 Humboldt Rd # 175		Transaction ID: C876158																				
City Chico	State CA	Zip Code 95928-9116																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer President	Occupation Riverside Health Care Corp.																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>250.00</td></tr></table>		250.00																			
250.00																						

B.

Full Name (Last, First, Middle Initial) John Barber		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	6		2	0	1	0													
Mailing Address PO Box 3347		Transaction ID: C872292																				
City Spartanburg	State SC	Zip Code 29304-3347																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>2500.00</td></tr></table>	2500.00																			
2500.00																						
Name of Employer White Oak Manor	Occupation Executive VP/CFO																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>2500.00</td></tr></table>		2500.00																			
2500.00																						

C.

Full Name (Last, First, Middle Initial) Harve Bauguess		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	6		2	0	1	0													
Mailing Address 3715 Northside Pkwy. #3000 Ste. 715		Transaction ID: C872312																				
City Atlanta	State GA	Zip Code 30327																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>275.00</td></tr></table>	275.00																			
275.00																						
Name of Employer Bauguess Management Co	Occupation President																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>275.00</td></tr></table>		275.00																			
275.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>3025.00</td></tr></table>	3025.00
3025.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: PAGE 9 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Bobby Beebe

Mailing Address 763 Avery Boulevard North

City State Zip Code
Ridgeland MS 39157-5218

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

Name of Employer Magnolia Management Corporation
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 0 2 / 2 0 1 0

Transaction ID: C872328

Amount of Each Receipt this Period
3500.00

B. Full Name (Last, First, Middle Initial)
Elton Beebe, Jr.

Mailing Address 1308 Bruton Springs Road

City State Zip Code
Austin TX 78733

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

Name of Employer Louisiana Extended Care Centers
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 0 4 / 2 0 1 0

Transaction ID: C872352

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Elton Beebe

Mailing Address PO Box 6015

City State Zip Code
Ridgeland MS 39158-6015

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

Name of Employer Magnolia Management Corp
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 6 / 2 0 1 0

Transaction ID: C872276

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **9750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Harold Beebe

Mailing Address 14 Northtown Dr
Ste 202

City State Zip Code
Jackson MS 39211-3018

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

Name of Employer Delco Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: MM / DD / YYYY
02 / 09 / 2010

Transaction ID: C873787

Amount of Each Receipt this Period: 275.00

B. Full Name (Last, First, Middle Initial)
Ken Beebe, Jr.

Mailing Address 571 Highway 51
Ste H

City State Zip Code
Ridgeland MS 39157-2597

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

Name of Employer Legacy Care Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: MM / DD / YYYY
02 / 05 / 2010

Transaction ID: C872370

Amount of Each Receipt this Period: 275.00

C. Full Name (Last, First, Middle Initial)
Scott Bell

Mailing Address Delta Health Group, Inc.
2 North Palafox Street

City State Zip Code
Pensacola Beach FL 32501

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

Name of Employer Delta Health Group, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
02 / 22 / 2010

Transaction ID: C877695

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steve Bellone

Mailing Address 921 East Fort Avenue
Suite 240

City Baltimore State MD Zip Code 21230

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

Name of Employer White Oak Healthcare, LLC Occupation President/ CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2010
Transaction ID: C873799
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Patricia J. Benesh

Mailing Address 916 Tyler Drive

City Williamsburg State VA Zip Code 23185

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

Name of Employer Golden Living Occupation Safety & Loss Control Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 02 / 09 / 2010
Transaction ID: C873791
Amount of Each Receipt this Period 265.00

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

Mailing Address 316 South Avenue

City Fanwood State NJ Zip Code 07023

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

Name of Employer Chelsea Senior Living Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 02 / 04 / 2010
Transaction ID: C868512
Amount of Each Receipt this Period 360.00

SUBTOTAL of Receipts This Page (optional) ► 1125.00

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: PAGE 12 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Jim Birchem

Mailing Address 920 4th Street, SE

City State Zip Code
Little Falls MN 56345

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

Name of Employer Occupation
Eldercare of Minnesota President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: C878065

Amount of Each Receipt this Period
1100.00

B.

Full Name (Last, First, Middle Initial)
Orlando Jr Bisbano, Jr.

Mailing Address 135 Tripps Lane

City State Zip Code
Riverside RI 02915

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

Name of Employer Occupation
Orchard View Manor Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: C871461

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City State Zip Code
Dayton OH 45459-3911

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

Name of Employer Occupation
LBK Healthcare, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C868524

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **2850.00**

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: PAGE 13 / 53

(check only one)

<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.

Full Name (Last, First, Middle Initial)

Steve Boymel

Mailing Address 12100 Reed Hartman Highway

City State Zip Code
Cincinnati OH 45241-6036

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

Name of Employer Occupation
Brookwood Retirement Comm- Owner/Administrator
unity

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 1 0

Transaction ID: C878070

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Jennifer G. Brady

Mailing Address 5 Pelham Road

City State Zip Code
Wilmington DE 19803

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

Name of Employer Occupation
Potter Anderson & Corroon Partner
LLP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 0

Transaction ID: C879825

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Virginia Burke

Mailing Address 17 Heritage Road

City State Zip Code
Barrington RI 02806

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

Name of Employer Occupation
Rhode Island Health Care Executive
Association

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 248.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: C872350

Amount of Each Receipt this Period

248.00

SUBTOTAL of Receipts This Page (optional) ▶

773.00

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: PAGE 14 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Douglas Burr

Mailing Address 1185 Wilde Run Court

City Roswell State GA Zip Code 30075

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

Name of Employer Cypress Administrative Services, LLC Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2010

Transaction ID: C871462

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Douglas Cecil

Mailing Address PO Box 3347

City Spartanburg State SC Zip Code 29304-3347

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

Name of Employer White Oak Manor Occupation Dir Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2010

Transaction ID: C872337

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Don Chensvold

Mailing Address 4080 1st Avenue NE
PO Box 5428

City Cedar Rapids State IA Zip Code 52402-3160

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

Name of Employer Healthcare of Iowa Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 18 / 2010

Transaction ID: C877852

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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: PAGE 15 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial) Robert M. Chur		Date of Receipt MM / DD / YYYY 02 / 09 / 2010
Mailing Address Elderwood Senior Care 7 Limestone Drive		Transaction ID: C873794
City Williamsville	State NY	Zip Code 14221-7051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Elderwood Affiliates Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Gerald Cox		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address PO Box 7728		Transaction ID: C875754
City Rocky Mount	State NC	Zip Code 27804-0728
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Autumn Corp	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Patti Cullen		Date of Receipt MM / DD / YYYY 02 / 04 / 2010
Mailing Address 7851 Metro Pkwy Suite 200		Transaction ID: C872351
City Bloomington	State MN	Zip Code 55425-1524
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Care Providers of Minnesota	Occupation VP, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	8500.00
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: PAGE 16 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial) Wayne Culp		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address HMG Services 10003 Woodloch Forest Drive		Transaction ID: C872287
City Spring	State TX	Zip Code 77380
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HMG Services	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Michael D'Arcangelo		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 200 Dryden Road Suite 2000		Transaction ID: C875756
City Dresher	State PA	Zip Code 19025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Complete Healthcare Resources	Occupation Senior Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.

Full Name (Last, First, Middle Initial) Bernard Dana		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 1402 W Nettleton Ct		Transaction ID: C876159
City Springfield	State MO	Zip Code 65810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Vetter Health Services	Occupation Executive VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
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: PAGE 17 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2001 Piper Circle

City Anacortes State WA Zip Code 98221-3125

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

Name of Employer JD 7 Associates Enterprises Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 25 / 2010
Transaction ID: C879826
Amount of Each Receipt this Period 550.00

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

Mailing Address 18215 Hillside Avenue

City Jamaica State NY Zip Code 11432

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

Name of Employer Hillside Manor Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 02 / 16 / 2010
Transaction ID: C872303
Amount of Each Receipt this Period 1250.00

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

Mailing Address 18215 Hillside Ave

City Jamaica State NY Zip Code 11432

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

Name of Employer Hillside Manor Rehab Ctr Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 02 / 16 / 2010
Transaction ID: C872305
Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 3050.00

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: PAGE 18 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial) Joseph Donchess		Date of Receipt MM / DD / YYYY 02 / 03 / 2010
Mailing Address Louisiana Nursing Home Association 7844 Office Park Boulevard		Transaction ID: C872342
City Baton Rouge	State LA	Zip Code 70809-7603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
Name of Employer Louisiana Nursing Home Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.

Full Name (Last, First, Middle Initial) Barbara J. Duffy, Esq.		Date of Receipt MM / DD / YYYY 02 / 12 / 2010
Mailing Address 2308 Walnut Ave SW		Transaction ID: C873796
City Seattle	State WA	Zip Code 98116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer Lane Powell	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) Fonda Elliot		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 240 Capitol St Ste 500		Transaction ID: C876177
City Charleston	State WV	Zip Code 25301-2297
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
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 ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	2020.00
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: PAGE 19 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial) Gregory J. Elliot		Date of Receipt MM / DD / YYYY 02 / 22 / 2010
Mailing Address AMFM, Inc. 240 Capitol Street		Transaction ID: C877693
City Charleston	State WV	Zip Code 25301-2297
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer AMFM, Inc.	Occupation IT Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	

B.

Full Name (Last, First, Middle Initial) John Elliot		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 240 Capitol Street Suite 500		Transaction ID: C876176
City Charleston	State WV	Zip Code 25301-2297
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer AMFM Inc	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.

Full Name (Last, First, Middle Initial) Patricia Giorgio		Date of Receipt MM / DD / YYYY 02 / 23 / 2010
Mailing Address Evergreen Estates 3410 12th Avenue SW		Transaction ID: C877829
City Cedar Rapids	State IA	Zip Code 52404-1307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Evergreen Estates	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	2584.00
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: PAGE 20 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Peggy Goldstein

Mailing Address 2201 K Street

City State Zip Code
Sacramento CA 95816-4922

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

Name of Employer CA Assn. of Health Facilities
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: C872285

Amount of Each Receipt this Period
220.00

B.

Full Name (Last, First, Middle Initial)
James Gomez

Mailing Address 2201 K Street

City State Zip Code
Sacramento CA 95816-4922

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

Name of Employer CA Association of Health Facilities
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: C871463

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ronald Goux

Mailing Address 2045 Highway 59
PO Box 1429

City State Zip Code
Mandeville LA 70448-1909

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

Name of Employer Gulf South Medical Enterprises
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: C878049

Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional) ► **1020.00**

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: PAGE 21 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Tim Graves

Mailing Address 4214 Medical Parkway
Suite 300

City Austin State TX Zip Code 78756

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

Name of Employer Texas Health Care Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 04 / 2010
Transaction ID: C872354
Amount of Each Receipt this Period 550.00

B. Full Name (Last, First, Middle Initial)
Don Greiner

Mailing Address 4350 Will Rogers Pkwy
Ste 350

City Oklahoma City State OK Zip Code 73108-1857

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

Name of Employer Grace Living Centers Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 19 / 2010
Transaction ID: C875745
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Mark Gunnell

Mailing Address 3535 Wayward Wind Dr

City Lake Havasu City State AZ Zip Code 86406-6359

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

Name of Employer Lake Hills Inn Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2010
Transaction ID: C876155
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 6550.00

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: PAGE 22 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial) Gerald Hamilton		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 7612 Rio Penasco Court NW		Transaction ID: C872290
City Albuquerque	State NM	Zip Code 87120-5315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Bee Hive Homes of Albuquerque	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) Herbert Heflich		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 857 Vosseller Avenue		Transaction ID: C872301
City Martinsville	State NJ	Zip Code 08836-2387
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Long Term Care Mgt Co	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) David Hennis		Date of Receipt MM / DD / YYYY 02 / 22 / 2010
Mailing Address 1720 N Cross St		Transaction ID: C879442
City Dover	State OH	Zip Code 44622-1043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Hennis Care Centre	Occupation Asst Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	3275.00
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: PAGE 23 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert Heppenheimer

Mailing Address 109 Soundview Terrace

City Northport State NY Zip Code 11768

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

Name of Employer Nesconset Center for Nursing & Rehabil
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 03 / 2010
Transaction ID: C872335
 Amount of Each Receipt this Period 550.00

B. Full Name (Last, First, Middle Initial)
Richard Herrick

Mailing Address 33 Elk Street 300

City Albany State NY Zip Code 12207

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

Name of Employer NYS Health Facilities Association
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 02 / 04 / 2010
Transaction ID: C868509
 Amount of Each Receipt this Period 1100.00

C. Full Name (Last, First, Middle Initial)
Lisa Higgins

Mailing Address 800 Saguaro Trail

City Farmington State NM Zip Code 87401

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

Name of Employer Cedar Ridge Inn, Inc.
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2010
Transaction ID: C871802
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2650.00

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: PAGE 24 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joyce Humiston
Mailing Address 448 North Main Street
City State Zip Code
Mancos CO 81328
FEC ID number of contributing federal political committee. **C**
Name of Employer C & H Health Care Management
Occupation Registered Nurse/ Admin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 02 / 2010
Transaction ID: C866660
Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Jeffrey N Hyatt
Mailing Address 701 N. 39th Avenue
City State Zip Code
Selah WA 98902
FEC ID number of contributing federal political committee. **C**
Name of Employer Hyatt Family Facilities
Occupation SNF AL Owner Operator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 11 / 2010
Transaction ID: C870740
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Douglas Johnson
Mailing Address 1501 42nd Street Suite 230
City State Zip Code
West Des Moines IA 50266-1005
FEC ID number of contributing federal political committee. **C**
Name of Employer Hawkeye Care Centers, Inc.
Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 02 / 04 / 2010
Transaction ID: C872355
Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ▶ 7500.00
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: PAGE 25 / 53

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Bruce Kelly

Mailing Address 323 Highland

City State Zip Code
Natchez MS 39120

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

Name of Employer Senior Living Centers Occupation Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: C879445

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Matthew Kern

Mailing Address 2560 Brunswick Ave N

City State Zip Code
Golden Valley MN 55422-3371

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

Name of Employer The Goodman Group Occupation Director of Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 1 0

Transaction ID: C869705

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Francis P. Kirley

Mailing Address 6937 Warfield Avenue

City State Zip Code
Sykesville MD 21784-7454

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

Name of Employer Nexion Health, Inc. Occupation President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

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

Transaction ID: C877833

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)

7850.00

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: PAGE 26 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Marian Kirley

Mailing Address 6937 Warfield Avenue

City State Zip Code
Sykesville MD 21784

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

Name of Employer Nexion Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: C877834

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Debra Kriner

Mailing Address D. Kriner & Associates
7608 Shadywood Lane

City State Zip Code
Sylvania OH 43560-1841

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

Name of Employer D. Kriner & Associates Occupation RN Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: C872306

Amount of Each Receipt this Period
550.00

C.

Full Name (Last, First, Middle Initial)
Brian Lee

Mailing Address 517 Overdale Road

City State Zip Code
Baltimore MD 21229

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

Name of Employer Nexion Health Management, Inc. Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2010

Transaction ID: C868915

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **5800.00**

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: PAGE 27 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial) Peter J. Licari		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 200 Dryden Road Suite 2000		Transaction ID: C875746
City Dresher	State PA	Zip Code 19025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Complete Healthcare Resources	Occupation President/ Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B.

Full Name (Last, First, Middle Initial) Kelli Likes		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 1221 N Mildred Road		Transaction ID: C876161
City Cortez	State CO	Zip Code 81321-2218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Valley Inn	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Richard Loucks		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 800 Saguaro Trl		Transaction ID: C876151
City Farmington	State NM	Zip Code 87401-9632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer C&G Health Care Management Inc.	Occupation Health Care Admin.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	7250.00
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: PAGE 28 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Peter Lougee

Mailing Address 9822 Prairie Clover Lane

City State Zip Code
Spring TX 77379-7562

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

Name of Employer SavaSeniorCare Occupation Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: C873784

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Cindy Luxem

Mailing Address 117 SW 6th Street Suite 200

City State Zip Code
Topeka KS 66606

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

Name of Employer Kansas Health Care Association Occupation State Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: C877291

Amount of Each Receipt this Period
550.00

C.

Full Name (Last, First, Middle Initial)
R. Peter Madel, Jr.

Mailing Address 108 8th St NW

City State Zip Code
Waseca MN 56093-1912

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

Name of Employer Lake Shore Inn Nursing Home Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: C876178

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **1075.00**

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: PAGE 29 / 53

(check only one)

<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.

Full Name (Last, First, Middle Initial)

John Masternick

Mailing Address 101 W Liberty St

City State Zip Code
Girard OH 44420-2844

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

Name of Employer Occupation
Attorney AT LAW Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

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

Transaction ID: C877858

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)

Rick Mendlen

Mailing Address 1810 Gillespie Ways
Suite 212

City State Zip Code
El Cajon CA 92020-0921

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

Name of Employer Occupation
Kennon S. Shea & Associates Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: C871466

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Nicolette Merino

Mailing Address 25117 SW Parkway

City State Zip Code
Wilsonville OR 97070

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

Name of Employer Occupation
Avamere Health Services Regional Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 1 0

Transaction ID: C869703

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

1600.00

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: PAGE 30 / 53

(check only one)

<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.

Full Name (Last, First, Middle Initial)

Arlene Miles

Mailing Address 6061 South Brook Valley

City State Zip Code
Centennial CO 80121-3103

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

Name of Employer Colorado Health Care Association
Occupation State Executive

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: C873802

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Richard Miller

Mailing Address 3611 Glenfield Ct

City State Zip Code
Louisville KY 40241-2513

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

Name of Employer American Health Care Association
Occupation Consultant

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: C871465

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

V. Richard Miller

Mailing Address 3594 East US Highway 30

City State Zip Code
Warsaw IN 46580-6720

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

Name of Employer MMM Invest Inc
Occupation CEO/CFO

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

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

Transaction ID: C871467

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

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: PAGE 31 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Paula Mitchell

Mailing Address 1100 Monroe

City State Zip Code
Globe AZ 85501

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

Name of Employer Occupation
Copper Mountain Inn Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: C879824

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
American Health Care Association Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 244.54

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: C877844

Amount of Each Receipt this Period
38.47

C.

Full Name (Last, First, Middle Initial)
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
American Health Care Association Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 244.54

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: C881555

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional) ► **1076.94**

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: PAGE 32 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 415 Rogers Avenue

City State Zip Code
Fort Smith AR 72901-1903

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

Name of Employer Occupation
Central Arkansas Nursing Centers Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: C875748

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Steve Mulder

Mailing Address 7300 Del Pardo Street

City State Zip Code
Boca Raton FL 33433

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

Name of Employer Occupation
Whitehall Boca Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: C875755

Amount of Each Receipt this Period
275.00

C. Full Name (Last, First, Middle Initial)
Timothy F Nicholson

Mailing Address 304 Gilbert Road

City State Zip Code
Dillsburg PA 17019-9511

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

Name of Employer Occupation
Lyric Health Care President & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2010

Transaction ID: C872372

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► 2775.00

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: PAGE 33 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial) Stephen O'Neill		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address Campbell Hall Rehabilitation Center 23 Kiernan Road		Transaction ID: C876172
City Campbell Hall	State NY	Zip Code 10916
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Campbell Hall Rehabilitation Center, I	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Tony E Oglesby		Date of Receipt MM / DD / YYYY 02 / 12 / 2010
Mailing Address PO Box 350		Transaction ID: C871468
City Benton	State TN	Zip Code 37307-0350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer SavaSenior Care	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.

Full Name (Last, First, Middle Initial) Mary Ousley		Date of Receipt MM / DD / YYYY 02 / 22 / 2010
Mailing Address 101 Bittersweet Drive		Transaction ID: C878074
City Richmond	State KY	Zip Code 40475-8639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer PMD Corp	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	2600.00
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: PAGE 34 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Simon 'Shimi' Pelman

Mailing Address 140 Saint Edwards Street

City State Zip Code
Brooklyn NY 11201-3904

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

Name of Employer Occupation
Union Plaza Nursing Home, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2010

Transaction ID: C872367

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Charles Perry

Mailing Address Nevada Health Care Association
4550 West Oakey Boulevard

City State Zip Code
Las Vegas NV 89102-1599

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

Name of Employer Occupation
Nevada Health Care Assn. Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: C871470

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Shelly Peterson

Mailing Address 1900 N 11th Street

City State Zip Code
Bismarck ND 58501-1914

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

Name of Employer Occupation
North Dakota LTC Association President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: C878063

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

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: PAGE 35 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Wade Peterson

Mailing Address MedCenter One Care Center
201 14th Street NW

City Mandan State ND Zip Code 58554-2063

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

Name of Employer MedCenter One Care Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 12 / 2010

Transaction ID: C871480

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ann Petock

Mailing Address 909 Lincoln Avenue

City Lockport State NY Zip Code 14094-6142

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

Name of Employer Briody Health Care Facility Occupation Administrator/Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 02 / 2010

Transaction ID: C872319

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Debra Pizzulo

Mailing Address 10281 NW 54 PL

City Coral Springs State FL Zip Code 33076

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

Name of Employer Cypress Health Care Management Occupation VP of Accts. Receivable

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 16 / 2010

Transaction ID: C872302

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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 36 / 53
	<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.	Full Name (Last, First, Middle Initial) Sally Rapp	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 3308 Ocean Blvd Suite 280	Transaction ID: C875743
	City State Zip Code Corona Del Mar CA 92625	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SR Management Svcs. Inc. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00

B.	Full Name (Last, First, Middle Initial) Thomas G. Rau	Date of Receipt MM / DD / YYYY 02 / 16 / 2010
	Mailing Address Nexcare Health Systems, Inc. PO Box 2215	Transaction ID: C872315
	City State Zip Code Brighton MI 48116	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Nexcare Health Systems, Inc. Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00

C.	Full Name (Last, First, Middle Initial) Mark Reagan	Date of Receipt MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 1508 Landmark Drive	Transaction ID: C879448
	City State Zip Code Vallejo CA 94591	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hooper, Lundy & Bookman Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	3500.00
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: PAGE 37 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stephen Reissman

Mailing Address 5120 W Goldleaf Circle
Suite 400

City State Zip Code
Los Angeles CA 90056-1297

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

Name of Employer Country Villa Health Services
Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

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

Transaction ID: C879440

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Jolene Roberts

Mailing Address 1702 Hillcrest Drive

City State Zip Code
Bellevue NE 68005-3652

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

Name of Employer Hillcrest
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C877856

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jesse Samples

Mailing Address 110 Association Dr

City State Zip Code
Charleston WV 25311-1217

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

Name of Employer West Virginia Health Care Association
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C871472

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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: PAGE 38 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial) Lee Samson		Date of Receipt MM / DD / YYYY 02 / 12 / 2010
Mailing Address 9200 Sunset Boulevard Suite 1100		Transaction ID: C871471
City West Hollywood	State Zip Code CA 90069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer SNF Management/ Windsor	Occupation President/ CEO	Aggregate Year-to-Date ▼ 1250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Philip Scalco		Date of Receipt MM / DD / YYYY 02 / 23 / 2010
Mailing Address 979 Lily Pond Lane		Transaction ID: C877830
City Franklin Lakes	State Zip Code NJ 07417	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer Bartley Healthcare	Occupation President and CEO	Aggregate Year-to-Date ▼ 1100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Joani Schelm		Date of Receipt MM / DD / YYYY 02 / 03 / 2010
Mailing Address 6330 South 104th Street		Transaction ID: C872344
City Omaha	State Zip Code NE 68127	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Vetter Health Services, Inc.	Occupation Director of Financial Services	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	3350.00
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: PAGE 39 / 53

(check only one)

<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.

Full Name (Last, First, Middle Initial)

Terry Schmoeyer, Jr.GPA, Pr

Mailing Address 1330 Lady St
Ste 507

City State Zip Code
Columbia SC 29201-3300

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

Name of Employer Occupation
Schmoeyer & Co. ,LLC President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 265.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: C868516

Amount of Each Receipt this Period

265.00

B.

Full Name (Last, First, Middle Initial)

Shawn Scott

Mailing Address Medline Industries
One Medline Place

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Medline Industries VP, Healthcare Corporate

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: C871712

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Linda Sechovec

Mailing Address New Mexico Health Care Association
2329 Wisconsin Street NE

City State Zip Code
Albuquerque NM 87110

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

Name of Employer Occupation
New Mexico Health Care Association Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 1 0

Transaction ID: C872339

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

990.00

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: PAGE 40 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Louis Serra

Mailing Address 2525 Pennsylvania Ave

City Weirton State WV Zip Code 26062-3634

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

Name of Employer Weirton Geriatric Center Occupation Owner/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 04 / 2010

Transaction ID: C872364

Amount of Each Receipt this Period 550.00

B.

Full Name (Last, First, Middle Initial)
Dean Shuford

Mailing Address 103 Club Ct

City Warner Robins State GA Zip Code 31088-7534

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

Name of Employer Ethica Health & Retirement Communities Occupation Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 02 / 16 / 2010

Transaction ID: C876156

Amount of Each Receipt this Period 1250.00

C.

Full Name (Last, First, Middle Initial)
Robert Siebel

Mailing Address 13185 W Great Mountain Drive

City Lakewood State CO Zip Code 80228-3512

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

Name of Employer Carriage Healthcare Companies, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2010

Transaction ID: C871473

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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: PAGE 41 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial) David Stallard		Date of Receipt MM / DD / YYYY 02 / 12 / 2010
Mailing Address 1305 West Causeway Approach #212		Transaction ID: C871474
City Mandeville	State LA	Zip Code 70471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Covington Suites	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B.

Full Name (Last, First, Middle Initial) Andrew Stokes		Date of Receipt MM / DD / YYYY 02 / 22 / 2010
Mailing Address 2927 Sterling Place		Transaction ID: C877689
City Altadena	State CA	Zip Code 91001-4930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer LTC Properties, Inc.	Occupation VP, Marketing & Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dixie Taylor-Huff		Date of Receipt MM / DD / YYYY 02 / 12 / 2010
Mailing Address 932 East Baddour Parkway		Transaction ID: C871475
City Lebanon	State TN	Zip Code 37087-3707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Quality Care Health Center	Occupation Administrator/Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	3500.00
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: PAGE 42 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Morris Tenenbaum

Mailing Address Kings Harbor Multicare Center
2000 East Gun Hill Road

City State Zip Code
Bronx NY 10469

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

Name of Employer Kings Harbor Multicare Ctr Occupation Information Requested

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: C872316

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Raymond Thivierge

Mailing Address 11 Greenway Road

City State Zip Code
Windham NH 03087

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

Name of Employer SunBridge Healthcare Occupation SVPO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2010

Transaction ID: C872362

Amount of Each Receipt this Period
265.00

C. Full Name (Last, First, Middle Initial)
Travis Tomlinson

Mailing Address 513 East Whitaker Mill Road

City State Zip Code
Raleigh NC 27608-2633

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

Name of Employer Mayview Conv Home Inc Occupation Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: C878050

Amount of Each Receipt this Period
2200.00

SUBTOTAL of Receipts This Page (optional) ► **7465.00**

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: PAGE 43 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5120 West Goldleaf Circle
Suite 400

City State Zip Code
Los Angeles CA 90056-1297

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

Name of Employer Country Villa Health Services
Occupation Vice President, Customer Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C871476

Amount of Each Receipt this Period
250.00

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

Mailing Address 1100 Shawnee Road

City State Zip Code
Lima OH 45805-3583

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

Name of Employer HCF, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

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

Transaction ID: C871477

Amount of Each Receipt this Period
1250.00

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

Mailing Address 304 South Van Dien Avenue

City State Zip Code
Ridgewood NJ 07450-5200

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

Name of Employer Van Dyk Health Care
Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	1	0

Transaction ID: C872348

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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: PAGE 44 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Glenn Van Ekeren

Mailing Address 20220 Harney St
Vetter Health Services, Inc.

City State Zip Code
Elkhorn NE 68022-2063

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

Name of Employer Occupation
Vetter Health Services President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2010

Transaction ID: C873792

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Maryjane Venteicher

Mailing Address 6323 Panorama Drive

City State Zip Code
Panora IA 50216

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

Name of Employer Occupation
Thomas Rest Haven Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2010

Transaction ID: C872345

Amount of Each Receipt this Period
250.00

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

Mailing Address 2105 Avocet Drive

City State Zip Code
Idaho Falls ID 83401

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

Name of Employer Occupation
New Beginnings Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: C877691

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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: PAGE 45 / 53
(check only one)

<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.

Full Name (Last, First, Middle Initial)
James R. Westbury, Sr.

Mailing Address 922 McDonough Road

City State Zip Code
Jackson GA 30233-1522

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

Name of Employer
Westbury Medical Care Home Inc

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: C873783

Amount of Each Receipt this Period
275.00

B.

Full Name (Last, First, Middle Initial)
Bill Williamson

Mailing Address 405 Sugar Mill Rd.

City State Zip Code
Greer SC 29650

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

Name of Employer
Advantage Health Systems, Inc.

Occupation
VP/COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
880.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: C872283

Amount of Each Receipt this Period
880.00

C.

Full Name (Last, First, Middle Initial)
Matt Yarwood

Mailing Address 247 Joaquin Dr

City State Zip Code
Danville CA 94526-3058

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

Name of Employer
Vintage Estates - Hayward

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: C872309

Amount of Each Receipt this Period
265.00

SUBTOTAL of Receipts This Page (optional) ► **1420.00**

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: PAGE 46 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Alan Zuccari

Mailing Address 7712 Carlton Place

City State Zip Code
Mclean VA 22102

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

Name of Employer Occupation
Hamilton Insurance Agency Insurance Representative

Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 1 0

Transaction ID: C872308

Amount of Each Receipt this Period
 1250.00

Aggregate Year-to-Date ▼
 1250.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	131373.94

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 47 / 53	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
TITUS FOR CONGRESS

Mailing Address 3711 East Sunset Road

City State Zip Code
Las Vegas NV 89120

FEC ID number of contributing federal political committee. **C** C00450577

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 1 0

Transaction ID: C871481

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

**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

A.	Full Name (Last, First, Middle Initial) BRIDGE PAC	Transaction ID: D92709 Date of Disbursement 02 / 25 / 2010
	Mailing Address 499 S Capitol St SW Ste 412	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003-4009	
	Purpose of Disbursement Contributions to Federal Committees	Category/ Type
	Candidate Name BRIDGE PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Kirk For Senate	Transaction ID: D92388 Date of Disbursement 02 / 01 / 2010
	Mailing Address PO Box 8	Amount of Each Disbursement this Period 2500.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mr Mark S Kirk	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District:	

C.	Full Name (Last, First, Middle Initial) MODERATE DEMOCRATS PAC	Transaction ID: D92710 Date of Disbursement 02 / 25 / 2010
	Mailing Address 426 C STREET NE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contributions to Federal PACs/Committees	Category/ Type
	Candidate Name MODERATE DEMOCRATS PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
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

A.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: D92623 Date of Disbursement 02 / 19 / 2010
	Mailing Address PO Box 133	Amount of Each Disbursement this Period 1000.00
	City Wilmington State DE Zip Code 19899	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mr. Michael N. Castle	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:	

B.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: D92711 Date of Disbursement 02 / 25 / 2010
	Mailing Address 320 1st St SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003-1838	
	Purpose of Disbursement Contributions to Federal Committees	Category/ Type
	Candidate Name National Republican Congressional Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) PRESERVING AMERICA'S TRADITIONS (PATPAC)	Transaction ID: D92708 Date of Disbursement 02 / 25 / 2010
	Mailing Address 228 SOUTH WASHINGTON STREET SUITE B-20	Amount of Each Disbursement this Period 1000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name PRESERVING AMERICA'S TRADITIONS (PATPAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	17000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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

<p>A. Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS</p> <p>Mailing Address P.O. Box 45706</p> <p>City Philadelphia State PA Zip Code 19149</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92707</p> <p>Date of Disbursement 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bruce L. Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92705</p> <p>Date of Disbursement 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CHET EDWARDS FOR CONGRESS</p> <p>Mailing Address PO Box 23273</p> <p>City WACO State TX Zip Code 76702</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Chet Edwards</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92630</p> <p>Date of Disbursement 02 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY	Transaction ID: D92390 Date of Disbursement 02 / 01 / 2010
	Mailing Address P.O. Box 127	Amount of Each Disbursement this Period 1000.00
	City Cheshire State CT Zip Code 06410	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Christopher S. Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN THOMPSON	Transaction ID: D92712 Date of Disbursement 02 / 25 / 2010
	Mailing Address 198 PARK ROAD	Amount of Each Disbursement this Period 2000.00
	City HOWARD State PA Zip Code 16841	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Glenn W. Thompson, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS	Transaction ID: D92680 Date of Disbursement 02 / 23 / 2010
	Mailing Address P.O. Box 8277	Amount of Each Disbursement this Period 5000.00
	City The Woodlands State TX Zip Code 77387	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Kevin Brady	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
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

<p>A. Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS</p> <p>Mailing Address 213 Lisbon Street</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Michael H. Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92713</p> <p>Date of Disbursement 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Mike Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92622</p> <p>Date of Disbursement 02 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL)</p> <p>Mailing Address POST OFFICE BOX 711</p> <p>City ROCKWALL State TX Zip Code 75087</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Ralph M. Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92681</p> <p>Date of Disbursement 02 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)

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<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

A.	Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS	Transaction ID: D92706
	Mailing Address 21301 POWERLINE ROAD SUITE 204	Date of Disbursement 02 / 25 / 2010
	City BOCA RATON State FL Zip Code 33433	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Ron Klein	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: D92389
	Mailing Address 49 HUNTINGTON STREET	Date of Disbursement 02 / 01 / 2010
	City NEW HAVEN State CT Zip Code 06511	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Rosa Delauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: D92624
	Mailing Address P.O. BOX 19163	Date of Disbursement 02 / 19 / 2010
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	51500.00