

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 Washington DC 20005 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2006 through 07 31 2006

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 Anna Lee -Assistant Treas

Signature of Treasurer Electronically Filed by Anna Lee -Assistant Treas Date 08 10 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		371526.17
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	297113.33									
(c) Total Receipts (from Line 19)	70573.60	394546.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	367686.93	766072.99								
7. Total Disbursements (from Line 31)	39065.11	437451.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	328621.82	328621.82								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	65363.68	362833.46
(i) Itemized (use Schedule A)	5209.92	29713.36
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	70573.60	392546.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	70573.60	392546.82
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	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	2000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	70573.60	394546.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	70573.60	394546.82

DETAILED SUMMARY PAGE

of Disbursements

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.....	1065.11	4951.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1065.11	4951.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38000.00	429000.00
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	3500.00
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))..	39065.11	437451.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	39065.11	437451.17

DETAILED SUMMARY PAGE
of Disbursements

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)	70573.60	392546.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70573.60	392546.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1065.11	4951.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1065.11	4951.17

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 43
	<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

Full Name (Last, First, Middle Initial) A. Mr Steven E. Chies		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2006	
Mailing Address 1995 E. Rum River Drive S.		Transaction ID: 24240693	
City State Zip Code Cambridge MN 55008-2656	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Benedictine Health System-Cambridge	Occupation VP, Long Term Care Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Mr A D Buffington		Date of Receipt M M / D D / Y Y Y Y Y 07 / 03 / 2006	
Mailing Address 2506 Lakeland Dr Suite 102		Transaction ID: 24260502	
City State Zip Code Flowood MS 39232-7640	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hillcrest Health Center	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Alan Anderson		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006	
Mailing Address 5001 E. Anaheim St.		Transaction ID: 24260509	
City State Zip Code Long Beach CA 90804-3296	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Bel Vista Convalescent Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Tim Graves		Date of Receipt M M / D D / Y Y Y Y Y 07 / 05 / 2006
Mailing Address 4214 Medical Pkwy. 3rd Floor		Transaction ID: 24261323
City Austin State TX Zip Code 78756-3333	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Texas Health Care Association Occupation President	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr Thomas Moore		Date of Receipt M M / D D / Y Y Y Y Y 07 / 05 / 2006
Mailing Address 121 S Pinckney St #500		Transaction ID: 24261326
City Madison State WI Zip Code 53703-5114	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wisconsin Health Care Association Occupation Executive Director	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr Larry Lane		Date of Receipt M M / D D / Y Y Y Y Y 07 / 05 / 2006
Mailing Address 101 E. State St.		Transaction ID: 24261332
City Kennett Square State PA Zip Code 19348-3167	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Genesis Occupation Sr VP, Regulatory Affairs	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Lyn Bentley		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 2212 Hidden Valley Lane		Transaction ID: 24261361	
City State Zip Code Silver Spring MD 20904-5240		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: 24261399	
City State Zip Code Arlington VA 22206-1143		Amount of Each Receipt this Period 39.56	
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA Occupation Director, Assisted Living			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.72	

Full Name (Last, First, Middle Initial) C. Ms. Sharlyn Threadgill		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 3337 Far View		Transaction ID: 24269250	
City State Zip Code Austin TX 78730-3300		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Paramount Rehab Occupation Chief Operating Officer			
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) ▶	5059.56
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Mike Martel		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 21376 Hanly Oak		Transaction ID: 24269282	
City State Zip Code San Antonio TX 78258		Amount of Each Receipt this Period 4900.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Paramount Health President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Mr Jay Moskowitz		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 2932 Fenton Street		Transaction ID: 24275342	
City State Zip Code Wheat Ridge CO 80214-8116		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Quality Life Management Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) C. Mr. Thomas Mack		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2006	
Mailing Address 88 Daventry Hill Rd,		Transaction ID: 24276731	
City State Zip Code Avon CT 06001-2614		Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Information Requested Information Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) ▶	5680.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Gerald Schroer, Jr.

Mailing Address 7235 Whipple Ave. NW

City North Canton State OH Zip Code 44720-7137

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

Name of Employer Altercare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2006

Transaction ID: 24286671

Amount of Each Receipt this Period
 750.00

B. Full Name (Last, First, Middle Initial)
Mr. Clay Crosson

Mailing Address 21 South Oaks Drive

City Cartersville State GA Zip Code 30121-8111

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

Name of Employer Americare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 12 / 2006

Transaction ID: 24290353

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael A Newton

Mailing Address 1430 Progress Way #108

City Eldersburg State MD Zip Code 21784-6484

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

Name of Employer Nexion Health Occupation Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2006

Transaction ID: 24311568

Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr Alfred Santos

Mailing Address 57 Kilvert Street
Suite 200

City State Zip Code
Warwick RI 02886-1009

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

Name of Employer Occupation
Rhode Island Healthcare Executive Director
Assn

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 24317793

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Greg Lentz

Mailing Address 10003 Woodlands Forest Dr. Ste 25

City State Zip Code
The Woodlands TX 77380

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

Name of Employer Occupation
Healthmark Group Vice President Finance

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 24321335

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Cliff Coldren

Mailing Address 1930 Cliff Side Dr.

City State Zip Code
STATE COLLEGE PA 16801-7694

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

Name of Employer Occupation
Brookline Developer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 24321791

Amount of Each Receipt this Period
1000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Mr. Dean Shuford		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 213 Third St. PO Box 1833		Transaction ID: 24322708
City Macon State GA Zip Code 31201-3309	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Community Health Systems Occupation Executive VP	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Mr. Robert Siebel		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 13185 W. Great Mountain Drive		Transaction ID: 24324688
City Lakewood State CO Zip Code 80228-3512	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Carriage Healthcare Companies, Inc. Occupation President	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mr. Gerald Schroer, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 7235 Whipple Ave. NW		Transaction ID: 24324694
City North Canton State OH Zip Code 44720-7137	Amount of Each Receipt this Period -500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Altercare Occupation Administrator	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 513 E Whitaker Mill Rd

City Raleigh State NC Zip Code 27608-2699

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 ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 24324705

Amount of Each Receipt this Period
500.00

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

Mailing Address 33 Elk St. #300

City Albany State NY Zip Code 12207-1073

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

Name of Employer NYS Health Facilities Ass-ociation Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 24324709

Amount of Each Receipt this Period
125.00

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

Mailing Address 2212 Hidden Valley Lane

City Silver Spring State MD Zip Code 20904-5240

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

Name of Employer AHCA Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 24324833

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	645.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 43
	<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

Full Name (Last, First, Middle Initial) A. Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: 24324844
City Arlington State VA Zip Code 22206-1143	Amount of Each Receipt this Period 39.56	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA Occupation Director, Assisted Living	Aggregate Year-to-Date ▼ 539.28	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Neil Pruitt, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006
Mailing Address P.O. Box 1210		Transaction ID: 24330573
City Toccoa State GA Zip Code 30577-1421	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pruitt Corporation Occupation CEO	Aggregate Year-to-Date ▼ 3750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr Ira Alpert		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 285 South Street Suite J		Transaction ID: 24330936
City San Luis Obispo State CA Zip Code 93401-5037	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wilshire Foundation Inc Occupation President	Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1414.56
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr Robert M. Chur

Mailing Address 7 Limestone Drive

City State Zip Code
Williamsville NY 14221-7899

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

Name of Employer Occupation
Elderwood Affiliates Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 24330937

Amount of Each Receipt this Period
1250.00

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

Mailing Address 1383 MLK Drive

City State Zip Code
Asheboro NC 27203

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

Name of Employer Occupation
Clapp's Nursing Center Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 24330943

Amount of Each Receipt this Period
375.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert Sbriglio, MD,MPH,NHA

Mailing Address 88 Ryders Lane Suite 208

City State Zip Code
Stratford CT 06614-1666

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

Name of Employer Occupation
Ryders Health Management Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 24330944

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)	▶	2375.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code
Weirton WV 26062-3693

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

Name of Employer Occupation
Weirton Geriatric Center Owner/Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2006

Transaction ID: 24330950

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr Daniel Salmon

Mailing Address 85 Beaumont Dr

City State Zip Code
Northbridge MA 01534-1093

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

Name of Employer Occupation
Beaumont Nursing Home Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2006

Transaction ID: 24330951

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Mr Lee Marchant

Mailing Address 3800 Gifford Road

City State Zip Code
Bloomington IN 47403-2612

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

Name of Employer Occupation
LJM Enterprises President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2006

Transaction ID: 24330952

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mr. Ken Beebe		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 571 Hwy 51 Suite H		Transaction ID: 24330959	
City State Zip Code Ridgeland MS 39157-2564	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Legacy Care	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

B. Full Name (Last, First, Middle Initial) Dr. Stanley Dicker		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 182-15 Hillside Ave		Transaction ID: 24330973	
City State Zip Code Jamaica Estates NY 11432	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hillside Manor Rehab Ctr	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

C. Full Name (Last, First, Middle Initial) Ms Alice Kim Lew		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 58-130 Kam Hwy		Transaction ID: 24330975	
City State Zip Code Haleiwa HI 96712-9714	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Crawford's Convalescent Home	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Donald Franco

Mailing Address 8 Talmadge Avenue

City State Zip Code
East Haven CT 06512-3541

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

Name of Employer Occupation
Paragon Group Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2006

Transaction ID: 24330986

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Mr. Cliff Coldren

Mailing Address 1930 Cliff Side Dr.

City State Zip Code
STATE COLLEGE PA 16801-7694

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

Name of Employer Occupation
Brookline Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2006

Transaction ID: 24331002

Amount of Each Receipt this Period
500.00

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

Mailing Address 922 McDonough Rd

City State Zip Code
Jackson GA 30233-1522

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

Name of Employer Occupation
Westbury Medical Care Home Inc Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2006

Transaction ID: 24331004

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mr. Dion Sena		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006
Mailing Address 1301 NE 104th Street		Transaction ID: 24331006
City State Zip Code Miami Shores FL 33138-2661	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Alachua Health Consultants Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B. Full Name (Last, First, Middle Initial) Mr Edward L. Kuntz		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 680 South Fourth St.		Transaction ID: 24339706
City State Zip Code Louisville KY 40202-2412	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare	Occupation Chairman, CEO & President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C. Full Name (Last, First, Middle Initial) Mr R. Peter Madel, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 108 8th St NW		Transaction ID: 24339713
City State Zip Code Waseca MN 56093-1912	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lake Shore Inn Nursing Home	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Scott Carlson		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 994 Sharon Lane		Transaction ID: 24339714
City State Zip Code Ventura CA 93001-3847	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Sun Health Care Director Government Relations	Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms Jane Hibbard-Merrill		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address Gulford St PO Box 159		Transaction ID: 24345687
City State Zip Code Dover-Foxcroft ME 04426	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Hibbard Nsg Hm Administrator	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Kathleen Collins Pagels		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 9035 E. Lupine Ave		Transaction ID: 24345689
City State Zip Code Scottsdale AZ 85260-6837	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Arizona Health Care Association Executive Director	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	325.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr Kenneth Greiner		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address 4350 Will Rogers Pkwy Ste 300		Transaction ID: 24345691
City State Zip Code Oklahoma City OK 73108-1839	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Grace Living Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Bruce Yarwood		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address 200 P St #F31		Transaction ID: 24345966
City State Zip Code Sacramento CA 95814-6259	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA	Occupation CEO & President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Mr. Duane Shell		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address 1611 Layton Road		Transaction ID: 24345971
City State Zip Code Anderson IN 46011-1556	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr Delbert Ousley

Mailing Address 300 Provider Court

City Richmond State KY Zip Code 40475-8488

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

Name of Employer PMD Corporation Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
07 / 20 / 2006

Transaction ID: 24349251

Amount of Each Receipt this Period
250.00

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

Mailing Address 182-15 Hillside Ave

City Jamaica Estates 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 ▼ 3750.00

Date of Receipt
07 / 25 / 2006

Transaction ID: 24349570

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Ms Cheryl Rapp

Mailing Address 4001 Ponds Court

City Pleasanton State CA Zip Code 94566-7523

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

Name of Employer CARREI Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
07 / 25 / 2006

Transaction ID: 24349576

Amount of Each Receipt this Period
1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 101 Grace Drive

City State Zip Code
Easley SC 29640-9088

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

Name of Employer Health Management Resources
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 24349578

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen J. Allen

Mailing Address 921 E. Fort Avenue Suite 240

City State Zip Code
Baltimore MD 21230-5346

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

Name of Employer Xavier Health Care Services, Inc.
Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: 24352043

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. 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 Lyric 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
07 / 25 / 2006

Transaction ID: 24361771

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	6750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Gary Attman

Mailing Address 8028 Ritchie Hwy. #118

City Pasadena State MD Zip Code 21122-1069

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

Name of Employer FutureCare Health & Mgmt. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 24361772

Amount of Each Receipt this Period
1250.00

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

Mailing Address 304 South Van Dien

City Ridgewood State NJ Zip Code 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 ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 24361776

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary Anderson

Mailing Address 6618 McMakin Court

City Colleyville State TX Zip Code 76034-5752

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

Name of Employer Preferred Care Management Occupation President/Management Company

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: 24361780

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 43						
	(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

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

A. Full Name (Last, First, Middle Initial)
Ms. Marilyn K. Weber

Mailing Address PO Box 386

City State Zip Code
Wellington OH 44090-0386

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

Name of Employer Occupation
Weber Health Care Center, Inc. Superintendent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2006

Transaction ID: 24361781

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms Darlene Daugherty

Mailing Address 2247 C.R. 341

City State Zip Code
Marble Falls TX 78654

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

Name of Employer Occupation
Gateway Villa Owner/Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2006

Transaction ID: 24361783

Amount of Each Receipt this Period
250.00

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

Mailing Address 513 E Whitaker Mill Rd

City State Zip Code
Raleigh NC 27608-2699

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

Name of Employer Occupation
Mayview Conv Home Inc Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2006

Transaction ID: 24361785

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mr. Steve A Streetman		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 2 ROB Roy Road		Transaction ID: 24361787	
City Austin	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 78746-3120			
FEC ID number of contributing federal political committee. C			
Name of Employer Littleton Company	Occupation Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Ms Sandy Klein		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 4315 Gaidalupe #300		Transaction ID: 24361790	
City Austin	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 78751-3644			
FEC ID number of contributing federal political committee. C			
Name of Employer Mariner Health Care	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

C. Full Name (Last, First, Middle Initial) Mr Michael Scharfenberger		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 7265 Kenwood Rd #300		Transaction ID: 24362091	
City Cincinnati	State OH	Amount of Each Receipt this Period 125.00	
Zip Code 45236-4414			
FEC ID number of contributing federal political committee. C			
Name of Employer Nursing Care Management	Occupation Exec Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional) ▶	725.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Russell V Peterson		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 5281 Venturs Drive		Transaction ID: 24362093
City State Zip Code Fremont NE 68025-9779	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Nye Senior Living	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Mr. William Gillis		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 8 Avenue 1		Transaction ID: 24362095
City State Zip Code Scarborough ME 04074	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Continuum Health Care	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Ms Gail Clarkson		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 1387 Club Drive		Transaction ID: 24362161
City State Zip Code Bloomfield Hills MI 48302-0823	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Medilodge Group	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

SUBTOTAL of Receipts This Page (optional) ▶	1625.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr 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 Occupation
HCF, Inc. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: 24362162

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Mr W Parker Tomlinson

Mailing Address 513 E Whitaker Mill Rd

City State Zip Code
Raleigh NC 27608

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

Name of Employer Occupation
Mayview Convalescent Center Vice President

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: 24362163

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Mr. 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) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: 24362164

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1575.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Michael Morton Mailing Address 415 Rogers Avenue City State Zip Code Fort Smith AR 72901-1926 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 Transaction ID: 24362166 Amount of Each Receipt this Period 1250.00
Name of Employer Occupation Central Arkansas Nursing Owner Ctrs Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3750.00		

B. Full Name (Last, First, Middle Initial) Mr. Jeffrey B. Hendrickson Mailing Address 132 Loch Lomand City State Zip Code Rancho Mirage CA 92270-5600 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006 Transaction ID: 24368164 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Legacy Healthcare President Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		

C. Full Name (Last, First, Middle Initial) Mr. Jesse Johnson, Jr. Mailing Address 1500 E. First St. City State Zip Code Newberg OR 97132 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006 Transaction ID: 24368409 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Newberg Care Home Administrator/Owner Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr Steven Wolf		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 2810 Frank Scott Parkway West #820		Transaction ID: 24368721	
City State Zip Code Belleville IL 62223-5007	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Eldercare Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Mr. Nicholas Thisse		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 80 Access Road		Transaction ID: 24368914	
City State Zip Code Norwood MA 02062-5212	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rehab Associates	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Ms Sally Rapp		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 3308 Ocean Blvd Suite 280		Transaction ID: 24368943	
City State Zip Code Corona Del Mar CA 92625-3256	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 ▼ 3750.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms Arlene Miles

Mailing Address 225 E 16th Ave. #110

City State Zip Code
Denver CO 80203-1620

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 ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: 24368966

Amount of Each Receipt this Period
375.00

B. Full Name (Last, First, Middle Initial)
John Barber

Mailing Address PO Box 3347

City State Zip Code
Spartanburg SC 29302-4335

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

Name of Employer White Oak Manor
Occupation Executive VP/CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: 24368972

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Ms. Annette Simpkins

Mailing Address 1100 N. 4th

City State Zip Code
Longview TX 75601-4739

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

Name of Employer Highland Pines Nursing & Rehab
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: 24369409

Amount of Each Receipt this Period
230.00

SUBTOTAL of Receipts This Page (optional)	▶	1855.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr Paul Walczak		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 2979 PGA Blvd		Transaction ID: 24369430	
City State Zip Code Palm Beach Gardens FL 33410-2911		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Home Quality Management Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) B. Mr Michael Meillier		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 27 Brand Ave PO Box		Transaction ID: 24375430	
City State Zip Code Faribault MN 55021-6411		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Pleasant Manor Inc Occupation Social Services Dir			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Mr Roch Carter		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 111 W Michigan St		Transaction ID: 24375431	
City State Zip Code Milwaukee WI 53203-2903		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Unicare Health Facilities Occupation General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	2700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Douglas Burr

Mailing Address 1185 Wilde Run Court

City State Zip Code
Roswell GA 30075-7160

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

Name of Employer Occupation
Cypress Healthcare Management VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: 24375434

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Ms. 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
Liberty Health Care Corp President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: 24375436

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr Abraham Morse

Mailing Address 2310 Washington St #300

City State Zip Code
Newton Lower Falls MA 02462-1440

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

Name of Employer Occupation
MA Extended Care Federation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: 24375437

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr William Levering

Mailing Address 201 North Main St.

City State Zip Code
Mount Vernon OH 43050-2400

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

Name of Employer Occupation
Levering Management Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: 24375440

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Ms. Lyn Bentley

Mailing Address 2212 Hidden Valley Lane

City State Zip Code
Silver Spring MD 20904-5240

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

Name of Employer Occupation
AHCA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: 24375461

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Mr David Kylo

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206-1143

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

Name of Employer Occupation
AHCA Director, Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
578.84

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: 24375660

Amount of Each Receipt this Period
39.56

SUBTOTAL of Receipts This Page (optional)	1309.56
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 43
	(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)
Mr Gregory Chambery

Mailing Address 100 Daniel Dr

City State Zip Code
Webster NY 14580-2983

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

Name of Employer Occupation
Maplewood Nursing Home Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2006

Transaction ID: 24375719

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Mr Jack Vetter

Mailing Address 5020 South 118th St.

City State Zip Code
Omaha NE 68137-2223

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 ▼
3750.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: 24396972

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)	▶	1325.00
TOTAL This Period (last page this line number only)	▶	65363.68

**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)

PAGE 36 / 43

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Health Care Assoc PAC

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 24425241

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1065.11

SUBTOTAL of Disbursements This Page (optional)

1065.11

TOTAL This Period (last page this line number only)

1065.11

**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

Full Name (Last, First, Middle Initial) A. Mike Dewine For Us Senate		Transaction ID: 24249546 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 1000.00
City Columbus	State OH	
Zip Code 43234		
Purpose of Disbursement 011 Category/Type		
Candidate Name Sen. Mike DeWine		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 1		

Full Name (Last, First, Middle Initial) B. Bob Casey For Pennsylvania Committee		Transaction ID: 24257606 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address PO Box 22469		Amount of Each Disbursement this Period 2500.00
City Philadelphia	State PA	
Zip Code 19110		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Bob Casey		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 2		

Full Name (Last, First, Middle Initial) C. Citizens for Olympia Snowe		Transaction ID: 24260481 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 441 493 Russell SOB		Amount of Each Disbursement this Period 3000.00
City Portland	State ME	
Zip Code 04112		
Purpose of Disbursement 011 Category/Type		
Candidate Name Ms. Olympia Snowe		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) A. Latham for Congress		Transaction ID: 24260479 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000.00
City Clarion State IA Zip Code 50525		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Tom Latham		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Marion Berry for Cong Cmt		Transaction ID: 24260482 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address PO Box 8084		Amount of Each Disbursement this Period 2000.00
City Jonesboro State AR Zip Code 72055		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Marion Berry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charlie Dent For Congress		Transaction ID: 24260483 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1000.00
City Allentown State PA Zip Code 18105		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Charles Dent		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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) ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) A. Roskam For Congress Committee		Transaction ID: 24260480 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 141 Shelley Lane		Amount of Each Disbursement this Period 1000.00
City Wheaton State IL Zip Code 60187	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Peter Roskam	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Larson for Congress		Transaction ID: 24275228 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 1087 Old Maine Street		Amount of Each Disbursement this Period 3000.00
City East Hartford State CT Zip Code 06108	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr John Larson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Larson for Congress		Transaction ID: 24275229 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 1087 Old Maine Street		Amount of Each Disbursement this Period 2000.00
City East Hartford State CT Zip Code 06108	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr John Larson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PRYCE Project		Transaction ID: 24276974 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 2042 Peach Orchard Drive Ste. 316		Amount of Each Disbursement this Period 5000.00
City Falls Church State VA Zip Code 22043		
Purpose of Disbursement	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Congressman Bart Gordon Committee		Transaction ID: 24322730 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address PO Box 2008		Amount of Each Disbursement this Period 5000.00
City Murfreesboro State TN Zip Code 37133		
Purpose of Disbursement	011 Category/Type	
Candidate Name Mr. Bart Gordon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pryce for Congress		Transaction ID: 24322721 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 340 East Gay St.		Amount of Each Disbursement this Period 3500.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement	011 Category/Type	
Candidate Name Ms. Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	13500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Peter King for Congress		Transaction ID: 24322728 Date of Disbursement MM / DD / YYYY 07 / 17 / 2006
Mailing Address 1442 Roth Rd 118 Cannon House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City Seafood State NY Zip Code 11783	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Peter King	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Chabot for Congress		Transaction ID: 24322712 Date of Disbursement MM / DD / YYYY 07 / 17 / 2006
Mailing Address 105 West Fourth St, Rm 1133 1641 Longworth HOB		Amount of Each Disbursement this Period 1000.00
City Cincinnati State OH Zip Code 45202	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Steve Chabot	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mike Burgess for Congress		Transaction ID: 24322720 Date of Disbursement MM / DD / YYYY 07 / 17 / 2006
Mailing Address P.O.Box 2334		Amount of Each Disbursement this Period 1000.00
City Denton State TX Zip Code 76020	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Mike Burgess	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty)

**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

Full Name (Last, First, Middle Initial) A. Brown-Waite for Congress		Transaction ID: 24322722 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 6135 Deltona Blvd.		Amount of Each Disbursement this Period 1000.00
City Spring Hill	State FL	
Zip Code 34606		
Purpose of Disbursement 011 Category/Type		
Candidate Name Ms. Ginny Brown-Waite		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 5		

Full Name (Last, First, Middle Initial) B. Porter for Congress		Transaction ID: 24322711 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address PO Box 27972		Amount of Each Disbursement this Period 2000.00
City Las Vegas	State NV	
Zip Code 89126		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Jon Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 3		

Full Name (Last, First, Middle Initial) C. Thornberry For Congress Committee		Transaction ID: 24322719 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 9392 724 S Polk #730		Amount of Each Disbursement this Period 1000.00
City Amarillo	State TX	
Zip Code 79105		
Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Mac Thornberry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 13		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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

Full Name (Last, First, Middle Initial)

A. Ray Meier For Congress Committee

Mailing Address PO Box 120

City State Zip Code
Utica NY 13503

Purpose of Disbursement

Category/
Type

Candidate Name
Mr. Raymond Meier

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 24

Transaction ID: 24322729

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)