



**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="355025.32"/>	<input type="text" value="355025.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="481726.16"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="117717.34"/>	<input type="text" value="429482.02"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="599443.50"/>	<input type="text" value="784507.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="63061.05"/>	<input type="text" value="248124.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="536382.45"/>	<input type="text" value="536382.45"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Health Care Association Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	90187.82	374648.98
(ii) Unitemized .....	4710.86	16872.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	94898.68	391521.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	104898.68	406521.50
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).....	2818.66	6060.52
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	10000.00	15000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1900.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	117717.34	429482.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	117717.34	429482.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2061.05	8129.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2061.05	8129.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60500.00	239495.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	500.00
(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)).....	500.00	500.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	63061.05	248124.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63061.05	248124.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	104898.68	406521.50
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	104398.68	406021.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2061.05	8129.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2818.66	6060.52
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-757.61	2069.37

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mary Ayers**  
Full Name (Last, First, Middle Initial)

Mailing Address 2969 Wedgewood

City Charles City State IA Zip Code 50616

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

Name of Employer New Hampton Nursing and Rehab Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 19 / 2012**

**Transaction ID : C1617151**

Amount of Each Receipt this Period  
**500.00**

**B. Letty Azar**  
Full Name (Last, First, Middle Initial)

Mailing Address 39538 Macomber Street

City Harrison Township State MI Zip Code 48045

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

Name of Employer Ciena Healthcare Occupation Professional Services Liaison

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 19 / 2012**

**Transaction ID : C1617154**

Amount of Each Receipt this Period  
**249.00**

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

Mailing Address 763 Avery Blvd N

City Ridgeland State MS Zip Code 39157-5218

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

Name of Employer Magnolia Management Corp Occupation President/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 08 / 2012**

**Transaction ID : C1612143**

Amount of Each Receipt this Period  
**3750.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>4499.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Marilyn Berg**

Mailing Address 314 Stephenson Street

City Shreveport State LA Zip Code 71104

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

Name of Employer Nexion Health Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2012**

**Transaction ID : C1607717**

Amount of Each Receipt this Period  
**48.00**

Full Name (Last, First, Middle Initial)  
**B. Blankenship Enterprises, Inc.**

Mailing Address PO Box 1017

City Heber Springs State AR Zip Code 72543

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 06 / 2012**

**Transaction ID : C1613181**

Amount of Each Receipt this Period  
**500.00**

See Refund 3/12/2012

Full Name (Last, First, Middle Initial)  
**C. Lori Brunholtz**

Mailing Address 7361 N. 202nd E. Ave

City Owasso State OK Zip Code 74055

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

Name of Employer BKD, LLP Occupation Director, Health Care Consulting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2012**

**Transaction ID : C1607746**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1548.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
	<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. Raymond Calhoun**  
Full Name (Last, First, Middle Initial)

Mailing Address 583 Horizon Drive

City Bruckway State PA Zip Code 15824

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

Name of Employer Guardian Elder Care Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2012

**Transaction ID : C1607509**

Amount of Each Receipt this Period  
 500.00

**B. Elizabeth Casey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3075 E Thousand Oaks Blvd

City Westlake Village State CA Zip Code 91362-3402

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

Name of Employer The Chase Group Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : C1617346**

Amount of Each Receipt this Period  
 1250.00

**C. Phil Chase**  
Full Name (Last, First, Middle Initial)

Mailing Address 3075 E Thousand Oaks Blvd

City Thousand Oaks State CA Zip Code 91362-3402

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

Name of Employer The Chase Group Occupation Nursing Home Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : C1617336**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
	<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. Susan Chase**  
Full Name (Last, First, Middle Initial)

Mailing Address 5374 Long Shadow Ct

City Westlake Village State CA Zip Code 91362-5223

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

Name of Employer The Chase Group Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012  
**Transaction ID : C1617340**

Amount of Each Receipt this Period  
 1250.00

**B. Abby Copeland**  
Full Name (Last, First, Middle Initial)

Mailing Address 1704 Summer Spring Road

City Knoxville State TN Zip Code 37931

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

Name of Employer Mabry Healthcare and Rehab Occupation Assistant Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012  
**Transaction ID : C1617159**

Amount of Each Receipt this Period  
 625.00

**C. Geri Leneish Cunningham**  
Full Name (Last, First, Middle Initial)

Mailing Address 540 Brimstone Creek Road

City Moss State TN Zip Code 38575

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

Name of Employer Mabry Healthcare and Rehab Occupation LPN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012  
**Transaction ID : C1617160**

Amount of Each Receipt this Period  
 625.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
	<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. Robert Dalton**  
Full Name (Last, First, Middle Initial)

Mailing Address 6423 Westshire Ct.

City Roanoke State VA Zip Code 24018

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

Name of Employer American HealthCare LLC Occupation Vice President Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : C1622733**

Amount of Each Receipt this Period  
 250.00

**B. Nader Damaghi**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Shore Drive

City Kings Point State NY Zip Code 11024

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

Name of Employer First Quality Enterprises Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : C1617325**

Amount of Each Receipt this Period  
 500.00

**C. Karl Ann Eleaver**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Third Branch Road

City Swansea State SC Zip Code 29160

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

Name of Employer Laurel Baye Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : C1606858**

Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
	<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. Irene Fleshner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1688 Floyd Street

City Sarasota State FL Zip Code 34239

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

Name of Employer Genesis HealthCare Corporation Occupation Nurse Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2012

**Transaction ID : C1611940**

Amount of Each Receipt this Period  
 250.00

**B. Gavin Gadberry**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9158

City Amarillo State TX Zip Code 79105

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

Name of Employer Underwood Law Firm Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : C1616614**

Amount of Each Receipt this Period  
 250.00

**C. John Gammon**  
Full Name (Last, First, Middle Initial)

Mailing Address 285 Fairway Green Drive

City O'Fallon State MO Zip Code 63368

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

Name of Employer First Capitol Group Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : C1617152**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 50
	<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. Jeremy Goux**  
Full Name (Last, First, Middle Initial)

Mailing Address 410 N. Jefferson Ave.

City Covington State LA Zip Code 70433

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

Name of Employer Wynne, Goux & Lobello Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : C1621709**

Amount of Each Receipt this Period  
 250.00

**B. Kathleen Graves**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7

City Gainesboro State TN Zip Code 38562

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

Name of Employer Mabry Healthcare and Rehab Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : C1617157**

Amount of Each Receipt this Period  
 1250.00

**C. Dennis Hansen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1791 Conner Station Rd

City Simpsonville State KY Zip Code 40067-6616

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

Name of Employer Kindred Healthcare Occupation Sr. VP of Operational Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2012

**Transaction ID : C1616096**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
<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. Jerrine Harrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 8406 Fairway Dr

City Pineville	State LA	Zip Code 71360-2616
-------------------	-------------	------------------------

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

Name of Employer Central Control LLC	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2012

**Transaction ID : C1608264**

Amount of Each Receipt this Period  
1000.00

**B. Dennis Haws**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Midwestern Parkway

City Wichita Falls	State TX	Zip Code 76302
-----------------------	-------------	-------------------

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

Name of Employer Midwestern Healthcare Center	Occupation Administrator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

**Transaction ID : C1622646**

Amount of Each Receipt this Period  
390.00

**C. Walter J. Hekimian**  
Full Name (Last, First, Middle Initial)

Mailing Address 6531 Silent Harbor Drive

City Huntington Beach	State CA	Zip Code 92648
--------------------------	-------------	-------------------

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

Name of Employer San Diego County	Occupation Administrator
--------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : C1622864**

Amount of Each Receipt this Period  
550.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1940.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 50
	<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. Brian Hensgens**  
Full Name (Last, First, Middle Initial)

Mailing Address 830 South Broadway

City	State	Zip Code
Church Point	LA	70525

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

Name of Employer	Occupation
Acadia St. Landry	Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **501.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

**Transaction ID : C1616675**

Amount of Each Receipt this Period  

195.00
--------

**B. Brian Hensgens**  
Full Name (Last, First, Middle Initial)

Mailing Address 830 South Broadway

City	State	Zip Code
Church Point	LA	70525

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

Name of Employer	Occupation
Acadia St. Landry	Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **501.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

**Transaction ID : C1616676**

Amount of Each Receipt this Period  

195.00
--------

**C. Eddy Inzana**  
Full Name (Last, First, Middle Initial)

Mailing Address 8796 Route 219

City	State	Zip Code
Brockway	PA	15824

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

Name of Employer	Occupation
Guardian Elder Care	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2012

**Transaction ID : C1617324**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>640.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
	<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. Robin Jensen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1810 Gillespie Way, Suite 212

City	State	Zip Code
El Cajon	CA	92020

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

Name of Employer	Occupation
Kennon S. Shea and Associates	Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2012

**Transaction ID : C1622736**

Amount of Each Receipt this Period  
1250.00

**B. Douglas Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1501 42nd Street

City	State	Zip Code
West Des Moines	IA	50266-1005

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

Name of Employer	Occupation
Hawkeye Care Centers, Inc.	President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

**Transaction ID : C1621720**

Amount of Each Receipt this Period  
1200.00

**C. Tiffany Karlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 4541 East Anaheim Street

City	State	Zip Code
Long Beach	CA	90804

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

Name of Employer	Occupation
Accurate Business Results	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2012

**Transaction ID : C1617153**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 50
	<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. Sonya Kemp**  
Full Name (Last, First, Middle Initial)

Mailing Address 438 N. Water Ave

City Gallatin State TN Zip Code 37066

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

Name of Employer Gallatin Healthcare Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2012  
**Transaction ID : C1617158**

Amount of Each Receipt this Period  
 1250.00

**B. Jefferey Kinard**  
Full Name (Last, First, Middle Initial)

Mailing Address 3409 Salterbeck Court

City Mount Pleasant State SC Zip Code 29466

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

Name of Employer Laurel Baye Healthcare Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2012  
**Transaction ID : C1612076**

Amount of Each Receipt this Period  
 2500.00

**C. Jody Knox**  
Full Name (Last, First, Middle Initial)

Mailing Address 2017 Patricia Dr

City Carlsbad State NM Zip Code 88220

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

Name of Employer Lakeview Christian Home Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2012  
**Transaction ID : C1607121**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
	<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. David Kylo**  
Full Name (Last, First, Middle Initial)

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.64**

Date of Receipt **03 / 06 / 2012**

**Transaction ID : C1612019**

Amount of Each Receipt this Period **192.32**

**B. William Levering**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 North Main Street

City Mount Vernon State OH Zip Code 43050

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

Name of Employer Levering Management Inc. Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **03 / 05 / 2012**

**Transaction ID : C1612145**

Amount of Each Receipt this Period **1500.00**

**C. Lawrence Lopardo**  
Full Name (Last, First, Middle Initial)

Mailing Address 25117 SW Parkway Suite F

City Wilsonville State OR Zip Code 97070

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

Name of Employer Avamere Health Services, LLC Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 27 / 2012**

**Transaction ID : C1621643**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2192.32**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
<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. Cindy Luxem**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 SW 6th Street

City Topeka State KS Zip Code 66606

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

Name of Employer Kansas Health Care Association Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **03 / 27 / 2012**

**Transaction ID : C1621607**

Amount of Each Receipt this Period **125.00**

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

Mailing Address PO Box 339

City Whiteville State NC Zip Code 28472-0339

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

Name of Employer McNeill and Sons Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **03 / 09 / 2012**

**Transaction ID : C1616132**

Amount of Each Receipt this Period **2500.00**

**C. Ronald McNeill**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Magnolia Drive

City Wilmington State NC Zip Code 28409

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

Name of Employer Liberty Healthcare Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **03 / 09 / 2012**

**Transaction ID : C1616133**

Amount of Each Receipt this Period **2500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **5125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<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. Scott Meek**  
Full Name (Last, First, Middle Initial)

Mailing Address 3633 Stoney Creek Court

City Gastonia State NC Zip Code 28056

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

Name of Employer Allied Health Resources Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2012  
**Transaction ID : C1606844**

Amount of Each Receipt this Period  
 500.00

**B. Gregory Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 11573 Stablewatch Court

City Cincinnati State OH Zip Code 45249

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

Name of Employer Health Care Management Group Occupation VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2012  
**Transaction ID : C1608214**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 21 Sagamore Road

City Newton Highlands State MA Zip Code 02461

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

Name of Employer Massachusetts Senior Care Association Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2012  
**Transaction ID : C1614511**

Amount of Each Receipt this Period  
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
	<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	<input type="checkbox"/> 17

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

**A. Natasha Nadkarni**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Faskin Lane

City Lexington State SC Zip Code 29072

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

Name of Employer Laurel Baye Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2012  
**Transaction ID : C1607625**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 3075 E Thousand Oaks Blvd

City Westlake Village State CA Zip Code 91362-3402

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

Name of Employer The Chase Group Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012  
**Transaction ID : C1617343**

Amount of Each Receipt this Period  
 1250.00

**C. David Norsworthy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1902 S. 8th Street

City Rogers State AR Zip Code 72758

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

Name of Employer Central Arkansas Nursing Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2012  
**Transaction ID : C1616075**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<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. Ron Odermott**  
Full Name (Last, First, Middle Initial)

Mailing Address 4803 NE 126th Circle

City Vancouver State WA Zip Code 98683

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

Name of Employer Avamere Health Services Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : C1612424**

Amount of Each Receipt this Period  
 500.00

**B. Mark Parkinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8930 Harvest Square Ct

City Potomac State MD Zip Code 20854-4475

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

Name of Employer American Health Care Association Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2012

**Transaction ID : C1612024**

Amount of Each Receipt this Period  
 400.00

**C. William J. Pascoello**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Sunnyside Way

City New Rochelle State NY Zip Code 10804-2108

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

Name of Employer Niagara Nursing and Rehabilitation Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : C1606843**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
<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. Kelly Priegnitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 262 Pine Island Turnpike

City Warwick State NY Zip Code 10990

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

Name of Employer Kindred Healthcare, Inc. Occupation VP and Chief Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : C1621653**

Amount of Each Receipt this Period 250.00

**B. Mohammad Qazi**  
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Town Center Suite 700

City Southfield State MI Zip Code 48075

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

Name of Employer Ciena Healthcare Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 08 / 2012  
**Transaction ID : C1612142**

Amount of Each Receipt this Period 5000.00

**C. Eli Quinones**  
Full Name (Last, First, Middle Initial)

Mailing Address 3825 North Durfee Avenue

City El Monte State CA Zip Code 91732-2505

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

Name of Employer Alliance Nursing & Rehabilitation Ctr Occupation Owner/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2012  
**Transaction ID : C1612004**

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
	<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. Eli Quinones**  
Full Name (Last, First, Middle Initial)

Mailing Address 3825 North Durfee Avenue

City El Monte State CA Zip Code 91732-2505

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

Name of Employer Alliance Nursing & Rehabilitation Ctr Occupation Owner/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 06 / 2012**

**Transaction ID : C1608263**

Amount of Each Receipt this Period  
**300.00**

**B. Eileen Ramage**  
Full Name (Last, First, Middle Initial)

Mailing Address 11108 Post House Court

City Potomac State MD Zip Code 20854

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

Name of Employer American Health Care Association Occupation SVP, Finance and Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2012**

**Transaction ID : C1607747**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 6400 SW 44th Street

City Miami State FL Zip Code 33155-5145

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

Name of Employer 21st Century Health Group Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2012**

**Transaction ID : C1616673**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Bernard Ross**  
Full Name (Last, First, Middle Initial)

Mailing Address 6350 Regency Parkway, Suite 500

City Norcross	State GA	Zip Code 30071
------------------	-------------	-------------------

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

Name of Employer Allied Health Resources	Occupation Executive
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

**Transaction ID : C1606861**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 451 Truman Rd

City Franklin	State TN	Zip Code 37064-8322
------------------	-------------	------------------------

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

Name of Employer Tennessee Health Care Association	Occupation Executive Director
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

**Transaction ID : C1612146**

Amount of Each Receipt this Period  
250.00

**C. Jeanne Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 NH Rt 104

City Meredith	State NH	Zip Code 03253
------------------	-------------	-------------------

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

Name of Employer Golden View Health Care	Occupation Administrator
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

**Transaction ID : C1608261**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Vincent Saturnino</b>		Date of Receipt
Mailing Address 14699 East Hampden		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City Arvada State CO Zip Code 80004		<b>Transaction ID : C1607716</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Nexion Health Corporation Occupation Administrator		<input type="text" value="203.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="393.50"/>	

Full Name (Last, First, Middle Initial) <b>B. Vincent Saturnino</b>		Date of Receipt
Mailing Address 14699 East Hampden		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Arvada State CO Zip Code 80004		<b>Transaction ID : C1622643</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Nexion Health Corporation Occupation Administrator		<input type="text" value="190.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="393.50"/>	

Full Name (Last, First, Middle Initial) <b>C. Laura Saull-Smith</b>		Date of Receipt
Mailing Address 4115 N. 18th Road		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Arlington State VA Zip Code 22207		<b>Transaction ID : C1617155</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Love Funding Corporation Occupation Mortgage Banking		<input type="text" value="2500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2893.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
<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. Linda Sechovec**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2329 Wisconsin St NE  
 Ste B  
 City Albuquerque State NM Zip Code 87110-4655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Mexico Health Care Association Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2012  
**Transaction ID : C1608265**  
 Amount of Each Receipt this Period  
**500.00**

**B. Robert St Pierre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Tardiff Road  
 City Clinton State ME Zip Code 04927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maine Veterans Homes Occupation Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012  
**Transaction ID : C1622694**  
 Amount of Each Receipt this Period  
**250.00**

**C. Carla Tenbrook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1308  
 City Mena State AR Zip Code 71953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shepard Group LLC 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 Y Y  
 03 / 19 / 2012  
**Transaction ID : C1617156**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
	<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. Tom Tiller**  
Full Name (Last, First, Middle Initial)

Mailing Address 3409 Salterbeck St.

City State Zip Code  
Mt. Pleasant SC 29466

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

Name of Employer Occupation  
Laurel Baye Healthcare Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 01 / 2012  
**Transaction ID : C1606842**

Amount of Each Receipt this Period  
5000.00

**B. Joey Wiggins**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Spring Valley Lane

City State Zip Code  
Little Rock AR 72223

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

Name of Employer Occupation  
ConvaCare Management President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 19 / 2012  
**Transaction ID : C1617314**

Amount of Each Receipt this Period  
5000.00

**C. Leslie Wiggins**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Spring Valley Lane

City State Zip Code  
Little Rock AR 72223

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

Name of Employer Occupation  
ConvaCare Management Administrative Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 19 / 2012  
**Transaction ID : C1617316**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Jeff S. Wilson**

Mailing Address 3435 Camberly Drive

City Fayetteville State NC Zip Code 28306

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

Name of Employer Liberty Healthcare and Rehabilitation Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 23 / 2012**

**Transaction ID : C1620280**

Amount of Each Receipt this Period  
**5000.00**

Full Name (Last, First, Middle Initial)  
**B. Central Management Company, LLC**

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483-1438

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 02 / 2012**

**Transaction ID : C1607719**

Amount of Each Receipt this Period  
**2500.00**

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**C. Teddy Rae Price**

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483-1438

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

Name of Employer Central Management Company, LLC Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 02 / 2012**

**Transaction ID : C1636480**

Amount of Each Receipt this Period  
**2500.00**

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 50
	<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. Central Management Company, LLC**

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483-1438

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2012  
**Transaction ID : C1607720**

Amount of Each Receipt this Period  
2500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**B. Teddy Rae Price**

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483-1438

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

Name of Employer Occupation  
Central Management Company, LLC Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2012  
**Transaction ID : C1636478**

Amount of Each Receipt this Period  
2500.00

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**C. Gamvest Limited Partnership**

Mailing Address PO Box 52389

City Shreveport State LA Zip Code 71135-2389

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2012  
**Transaction ID : C1613027**

Amount of Each Receipt this Period  
1250.00

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
	<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. Kit E. Gamble**

Mailing Address **PO Box 52389**

City **Shreveport** State **LA** Zip Code **71135-2389**

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

Name of Employer **Gamble Guest Care Corporation** Occupation **President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	2

**Transaction ID : C1634524**

Amount of Each Receipt this Period  

1	2	5	0	0	0
---	---	---	---	---	---

**1250.00**

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**B. WW Health Care Consultants, LLC**

Mailing Address **PO Box 1667**

City **Hickory** State **NC** Zip Code **28603-1667**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	2

**Transaction ID : C1617329**

Amount of Each Receipt this Period  

5	0	0	0	0	0
---	---	---	---	---	---

**500.00**

**PARTNERSHIP--partners below if itemized**

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

Mailing Address **PO Box 1667**

City **Hickory** State **NC** Zip Code **28603-1667**

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

Name of Employer **WW Healthcare Consultants, LLC** Occupation **CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	2

**Transaction ID : C1637490**

Amount of Each Receipt this Period  

2	5	0	0	0	0
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**250.00**

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"><tr><td>500.00</td></tr></table>	500.00
500.00		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"><tr><td></td></tr></table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Melvin Woodward Jr.**

Mailing Address PO Box 1667

City Hickory State NC Zip Code 28603

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

Name of Employer WW Healthcare Consultants, LLC Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2012  
**Transaction ID : C1637489**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**B. Millenium Health Systems LLC dba Nuvision Management**

Mailing Address 5310 NW 33rd Ave Ste 211

City Fort Lauderdale State FL Zip Code 33309-6319

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2012  
**Transaction ID : C1621634**

Amount of Each Receipt this Period  
1250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**C. Howard Lipschutz**

Mailing Address 1304 Laurel Oak Rd

City Voorhees State NJ Zip Code 08043-4310

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

Name of Employer Burnt Tavern Rehabilitation HealthCare Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1702.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2012  
**Transaction ID : C1637134**

Amount of Each Receipt this Period  
202.70

**[MEMO ITEM]**  
\*

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 50
	<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. Andrew S Weisman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5310 NW 35th Ave  
Ste 211

City Fort Lauderdale State FL Zip Code 33309-6314

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

Name of Employer NuVision Management Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
472.98

Date of Receipt  
03 / 19 / 2012  
Transaction ID : C1637133

Amount of Each Receipt this Period  
472.98

[MEMO ITEM]  
\*

**B. Barton D. Weisman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5310 NW 33rd Ave  
Ste 211

City Ft Lauderdale State FL Zip Code 33309-6319

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

Name of Employer Millennium Health Systems Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
472.98

Date of Receipt  
03 / 19 / 2012  
Transaction ID : C1637132

Amount of Each Receipt this Period  
472.98

[MEMO ITEM]  
\*

**C. Peachtree Mena, LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1803 Cordie Drive

City Mena State AR Zip Code 71953

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
03 / 13 / 2012  
Transaction ID : C1624821

Amount of Each Receipt this Period  
1250.00

PARTNERSHIP--partners below if itemized

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

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

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

FOR LINE NUMBER: PAGE 33 OF 50  
(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**

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

Mailing Address 1803 Cordie Dr  
PO Box 125

City Mena State AR Zip Code 71953-9340

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

Name of Employer Shepard Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2012

Transaction ID : **C1637356**

Amount of Each Receipt this Period  
1250.00

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	90187.82

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. ADVOCAT INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1621 Galleria Blvd

City State Zip Code  
Brentwood TN 37027-2926

FEC ID number of contributing federal political committee. **C** C00421735

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012  
**Transaction ID : C1613026**

Amount of Each Receipt this Period  
5000.00

Unsolicited Contribution

Full Name (Last, First, Middle Initial)  
**B. NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00434233

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012  
**Transaction ID : C1613025**

Amount of Each Receipt this Period  
5000.00

Unsolicited Contribution

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. American Health Care Association</b>		Date of Receipt
Mailing Address 1201 L St. NW		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C1634427</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="341.21"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of Bank Fees
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="6060.52"/>	

Full Name (Last, First, Middle Initial) <b>B. American Health Care Association</b>		Date of Receipt
Mailing Address 1201 L St. NW		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C1634436</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2477.45"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of Credit Card Processing Fees
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="6060.52"/>	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2818.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="2818.66"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 50
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. SNOWE FOR SENATE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2012  
 City PORTLAND State ME Zip Code 04104  
 FEC ID number of contributing federal political committee. **C** C00291955  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012  
**Transaction ID : C1613327**  
 Amount of Each Receipt this Period  
 5000.00  
 Refund of 8/3/2010 Contribution

**B. WALLY HERGER FOR CONGRESS COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1007  
 City Willows State CA Zip Code 95988  
 FEC ID number of contributing federal political committee. **C** C00202523  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012  
**Transaction ID : C1613326**  
 Amount of Each Receipt this Period  
 5000.00  
 Refund of 5/31/2011 Contribution

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2012

**Transaction ID : D127375**

Amount of Each Disbursement this Period

64.00

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2012

**Transaction ID : D127376**

Amount of Each Disbursement this Period

272.00

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2012

**Transaction ID : D127377**

Amount of Each Disbursement this Period

24.00

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

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

360.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2012

**Transaction ID : D127378**

Amount of Each Disbursement this Period

6.40

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2012

**Transaction ID : D127379**

Amount of Each Disbursement this Period

293.60

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2012

**Transaction ID : D127382**

Amount of Each Disbursement this Period

120.00

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

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

420.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BB&T Merchant Services**

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2012

**Transaction ID : D127380**

Amount of Each Disbursement this Period

99.99  
49.40

Full Name (Last, First, Middle Initial)

**B. BB&T Merchant Services**

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2012

**Transaction ID : D127381**

Amount of Each Disbursement this Period

99.99  
837.42

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2012

**Transaction ID : D127383**

Amount of Each Disbursement this Period

99.99  
83.10

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

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

99.99  
969.92

99.99

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

**Transaction ID : D127384**

Amount of Each Disbursement this Period

311.13
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

311.13
--------

2061.05
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BIG EASY COMMITTEE**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D126885**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BLUE HEN PAC**

Mailing Address PO BOX 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions to Federal Committees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D127054**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BRIDGE PAC**

Mailing Address 499 S Capitol St SW  
Ste 412

City Washington State DC Zip Code 20003-4009

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D127058**

Amount of Each Disbursement this Period

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

**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. Elect Clark Hall**

Mailing Address PO Box 276

City Marvell State AR Zip Code 72366

Purpose of Disbursement  
Contribution

Candidate Name

**Clark Hall**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	2

**Transaction ID : D125597**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. JEFF FLAKE FOR US SENATE INC**

Mailing Address PO BOX 12512

City Tempe State AZ Zip Code 85284

Purpose of Disbursement  
Contribution

Candidate Name

**Jeff Flake**

Office Sought:  House  
 Senate  
 President  
State: AZ District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : D127057**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. CASTRO FOR CONGRESS**

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292-0544

Purpose of Disbursement  
Contribution

Candidate Name

**Joaquin Castro**

Office Sought:  House  
 Senate  
 President  
State: TX District: 20

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	2

**Transaction ID : D126824**

Amount of Each Disbursement this Period

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

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



**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. COMMITTEE TO RE-ELECT ED TOWNS**

Mailing Address 438 Lewis Avenue

City State Zip Code  
Brooklyn NY 11233

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Edolphus Towns**

Office Sought:  House  
 Senate  
 President  
State: NY District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2012

Transaction ID : **D126817**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City State Zip Code  
HOPKINSVILLE KY 42241

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Edward Whitfield**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2012

Transaction ID : **D126964**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BERMAN FOR CONGRESS**

Mailing Address 6380 Wilshire Blvd. #1612

City State Zip Code  
Los Angeles CA 90048

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**Rep. Howard L. Berman**

Office Sought:  House  
 Senate  
 President  
State: CA District: 28

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2012

Transaction ID : **D126401**

Amount of Each Disbursement this Period

4000.00

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BERMAN FOR CONGRESS**

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
**Rep. Howard L. Berman**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: CA District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2012

**Transaction ID : D126402**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR ALTMIRE**

Mailing Address P.O. Box 1776  
Ste 404

City Freedom State PA Zip Code 15042

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
**Rep. Jason Altmire**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: PA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2012

**Transaction ID : D126823**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. MATHESON FOR CONGRESS**

Mailing Address P.O. BOX 521048

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Jim Matheson**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2012

**Transaction ID : D126821**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CASTOR FOR CONGRESS**

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kathy Castor**

Office Sought:  House  
 Senate  
 President  
State: FL District: 11

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : D125598**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LEE TERRY FOR CONGRESS**

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Lee Terry**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2012

**Transaction ID : D126820**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. MARY BONO MACK COMMITTEE**

Mailing Address PO Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mary Bono Mack**

Office Sought:  House  
 Senate  
 President  
State: CA District: 45

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2012

**Transaction ID : D126819**

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF NAN HAYWORTH**

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Nan Hayworth**

Office Sought:  House  
 Senate  
 President  
State: NY District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2012

**Transaction ID : D126818**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ron Kind**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2012

**Transaction ID : D126445**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Bill Nelson**

Office Sought:  House  
 Senate  
 President  
State: FL District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : D127035**

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CARPER FOR SENATE**

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement  
Void of 9/29/2011 Contribution

Candidate Name  
**Sen. Thomas R. Carper**

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

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2012

**Transaction ID : D127003**

Amount of Each Disbursement this Period

----- -2000.00

Full Name (Last, First, Middle Initial)

**B. CARPER FOR SENATE**

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement  
Contribution

Candidate Name  
**Sen. Thomas R. Carper**

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

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2012

**Transaction ID : D127052**

Amount of Each Disbursement this Period

----- 3380.00

Full Name (Last, First, Middle Initial)

**C. CARPER FOR SENATE**

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement  
Contribution

Candidate Name  
**Sen. Thomas R. Carper**

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

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2012

**Transaction ID : D127053**

Amount of Each Disbursement this Period

----- 1620.00

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

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

----- 3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SHORE PAC**

Mailing Address PO. Box 3157

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	2

**Transaction ID : D126822**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. STEVE HOBBS FOR CONGRESS**

Mailing Address 3309 114th Dr NE

City State Zip Code  
Lake Stevens WA 98258-8787

Purpose of Disbursement  
Contribution

Candidate Name

**Steve Hobbs**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

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

**Transaction ID : D126886**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

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

2	0	0	0	0	0	0	0	0	0
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6	0	5	0	0	0	0	0	0	0
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Blankenship Enterprises, Inc.

Mailing Address PO Box 1017

City Heber Springs State AR Zip Code 72543

Purpose of Disbursement  
Refund of Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

Transaction ID : D126516

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

500.00
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500.00
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