

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Leonard Russ

Signature of Treasurer Electronically Filed by Mr. Leonard Russ Date 07 20 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		128897.14
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	266120.07									
(c) Total Receipts (from Line 19)	115859.57	536682.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	381979.64	665579.64								
7. Total Disbursements (from Line 31)	103250.00	386850.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	278729.64	278729.64								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	98476.18	464794.57
(ii) Unitemized	7383.39	46887.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)	105859.57	511682.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	10500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	110859.57	522182.50
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)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	14500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	115859.57	536682.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	115859.57	536682.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	102000.00	385600.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1250.00	1250.00
(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))	1250.00	1250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	103250.00	386850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103250.00	386850.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	110859.57	522182.50
34. Total Contribution Refunds (from Line 28(d))	1250.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	109609.57	520932.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Steve Ackerson

Mailing Address 6750 Westown Pkwy

City State Zip Code
West Des Moines IA 50266-7716

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

Name of Employer Occupation
Iowa Health Care Assn. Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: C941925

Amount of Each Receipt this Period

2800.00

B.

Full Name (Last, First, Middle Initial)
Dirk Anjewierden

Mailing Address 2180 So. 1300 E

City State Zip Code
Salt Lake City UT 84106

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

Name of Employer Occupation
Utah Health Care Assn. Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 343.75

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: C935412

Amount of Each Receipt this Period

206.25

C.

Full Name (Last, First, Middle Initial)
David Anthony

Mailing Address Cypress Health Care
6762 64th Terrace East

City State Zip Code
Bradenton FL 34203

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

Name of Employer Occupation
Cypress Health Care Regional President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 0

Transaction ID: C926447

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

3306.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Gary Attman</p> <p>Mailing Address 8028 Ritchie Highway</p> <p>City State Zip Code Pasadena MD 21122-1069</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation FutureCare Health & Mgmt. President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 3750.00</p>	<p>Date of Receipt 06 / 10 / 2010</p> <p>Transaction ID: C933905</p> <p>Amount of Each Receipt this Period 1250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Terry Bane</p> <p>Mailing Address 1469 Humboldt Rd # 175</p> <p>City State Zip Code Chico CA 95928-9116</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation President Riverside Health Care Corp.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 958.33</p>	<p>Date of Receipt 06 / 10 / 2010</p> <p>Transaction ID: C931987</p> <p>Amount of Each Receipt this Period 283.33</p>
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<p>C. Full Name (Last, First, Middle Initial) Terry Bane</p> <p>Mailing Address 1469 Humboldt Rd # 175</p> <p>City State Zip Code Chico CA 95928-9116</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation President Riverside Health Care Corp.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 958.33</p>	<p>Date of Receipt 06 / 29 / 2010</p> <p>Transaction ID: C942914</p> <p>Amount of Each Receipt this Period 425.00</p>
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SUBTOTAL of Receipts This Page (optional)	1958.33
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dee Bangerter

Mailing Address 5250 Commerce Drive

City State Zip Code
Salt Lake City UT 84107-5390

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

Name of Employer Rocky Mountain Healthcare Occupation Owner & CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 02 / 2010
Transaction ID: C930715
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Harry Baum

Mailing Address 8300 NW Eastside Drive

City State Zip Code
Weatherby Lake MO 64152

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

Name of Employer Sharon Lake Nursing Home Occupation Owner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 06 / 29 / 2010
Transaction ID: C942915
Amount of Each Receipt this Period 550.00

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

Mailing Address 1308 Bruton Springs Road

City State Zip Code
Austin TX 78733

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

Name of Employer Louisiana Extended Care Centers Occupation Owner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 06 / 16 / 2010
Transaction ID: C942178
Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 2800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Ken Beebe, Jr.

Mailing Address 571 Highway 51

City State Zip Code
Ridgeland MS 39157-2597

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

Name of Employer Occupation
Legacy Care Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 675.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: C942970

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Steve Bellone

Mailing Address 921 East Fort Avenue

City State Zip Code
Baltimore MD 21230

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1916.66

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 0

Transaction ID: C935372

Amount of Each Receipt this Period

566.66

C.

Full Name (Last, First, Middle Initial)

Steve Bellone

Mailing Address 921 East Fort Avenue

City State Zip Code
Baltimore MD 21230

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1916.66

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: C942217

Amount of Each Receipt this Period

850.00

SUBTOTAL of Receipts This Page (optional)

1816.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lyn Bentley
Mailing Address 1201 L Street NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer AHCA Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 06 / 15 / 2010
Transaction ID: C935452
Amount of Each Receipt this Period 40.00

B. Full Name (Last, First, Middle Initial)
Lyn Bentley
Mailing Address 1201 L Street NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer AHCA Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 06 / 28 / 2010
Transaction ID: C942936
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
William Biggs
Mailing Address 101 Grace Street
City Easley State SC Zip Code 29640
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Management Resources Occupation Executive Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3750.00
Date of Receipt 06 / 14 / 2010
Transaction ID: C935382
Amount of Each Receipt this Period 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Bretton J Bolt

Mailing Address 6937 Warfield Avenue

City State Zip Code
Sykesville MD 21784

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

Name of Employer Occupation
Nexion Health Care CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: C942194

Amount of Each Receipt this Period
3750.00

B.

Full Name (Last, First, Middle Initial)
Calvin Callaway

Mailing Address 510 Mill St

City State Zip Code
Folsom CA 95630-2607

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

Name of Employer Occupation
Folsom Convalescent Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: C926448

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Rosemary Carbonelli

Mailing Address 7903 Ashley Circle

City State Zip Code
Bradenton FL 34201

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

Name of Employer Occupation
Pines of Sarasota Administrator -- ALF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: C926804

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **4350.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rosemary Carbonelli
 Mailing Address 7903 Ashley Circle
 City Bradenton State FL Zip Code 34201
 Date of Receipt 06 / 24 / 2010
Transaction ID: C942968
 Amount of Each Receipt this Period 101.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Pines of Sarasota Occupation Administrator -- ALF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 201.00

B. Full Name (Last, First, Middle Initial)
KaraLe Causey
 Mailing Address 7726 Highway 165
 City Columbia State LA Zip Code 71418
 Date of Receipt 06 / 28 / 2010
Transaction ID: C942930
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Haven Nursing Center, Inc. Occupation Owner/ Administrator/ CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1500.00

C. Full Name (Last, First, Middle Initial)
Deborah K. Choma
 Mailing Address 46 Indian Point Rd
 City Bomoseen State VT Zip Code 05732-9617
 Date of Receipt 06 / 07 / 2010
Transaction ID: C932000
 Amount of Each Receipt this Period 220.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Shard Villa Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 220.00

SUBTOTAL of Receipts This Page (optional) ► 1321.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 56
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Full Name (Last, First, Middle Initial)
Michael D'Arcangelo

Mailing Address 200 Dryden Road

City Dresher State PA Zip Code 19025

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

Name of Employer Complete Healthcare Resources Occupation Senior Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 14 / 2010

Transaction ID: C935375

Amount of Each Receipt this Period 3750.00

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

Mailing Address 910 Lia St

City Patterson State LA Zip Code 70392-4220

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

Name of Employer Patterson Healthcare Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2010

Transaction ID: C935425

Amount of Each Receipt this Period 500.00

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

Mailing Address 705 N Main St

City Lumberton State TX Zip Code 77657-7356

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

Name of Employer Nexion Health, Inc. Occupation Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2010

Transaction ID: C946972

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 4750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
Joseph DeMattos

Mailing Address 7135 Minstrel Way

City State Zip Code
Columbia MD 21046

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

Name of Employer Health Facilities Association of Maryland
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: C935487

Amount of Each Receipt this Period
600.00

B.

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

Mailing Address 18215 Hillside Avenue

City State Zip Code
Jamaica NY 11432

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

Name of Employer Hillside Manor
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: C935410

Amount of Each Receipt this Period
1250.00

C.

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

Mailing Address 18215 Hillside Ave

City State Zip Code
Jamaica NY 11432

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

Name of Employer Hillside Manor Rehab Ctr
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: C935408

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **3100.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jonathan P Dolan

Mailing Address 236 Metro Drive

City State Zip Code
Jefferson City MO 65109-1103

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

Name of Employer Missouri Health Care Association Occupation Executive Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: C935443
Amount of Each Receipt this Period: 500.00

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

Mailing Address 870 Bexley Ave

City State Zip Code
Marion OH 43302-5463

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

Name of Employer Marion Manor Nursing Hm Inc Occupation Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 23 / 2010
Transaction ID: C942232
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Gregory J. Elliot

Mailing Address 240 Capitol Street

City State Zip Code
Charleston WV 25301-2297

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

Name of Employer AMFM, Inc. Occupation IT Coordinator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 18 / 2010
Transaction ID: C942188
Amount of Each Receipt this Period: 84.00

SUBTOTAL of Receipts This Page (optional) ► 709.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Rebecca Estes

Mailing Address 931 Fairfax Park

City Tuscaloosa State AL Zip Code 35406-2805

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

Name of Employer Northport Health Services Inc. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 15 / 2010

Transaction ID: C935444

Amount of Each Receipt this Period 5000.00

B.

Full Name (Last, First, Middle Initial)
Teresa Eyt

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20001

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

Name of Employer AHCA Occupation Director, Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 15 / 2010

Transaction ID: C935454

Amount of Each Receipt this Period 40.00

C.

Full Name (Last, First, Middle Initial)
Teresa Eyt

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20001

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

Name of Employer AHCA Occupation Director, Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 28 / 2010

Transaction ID: C942937

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 5060.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City Falls Church State VA Zip Code 22043-2330

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

Name of Employer American Health Care Association Occupation Vice President, Public Affairs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.12

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: C935455

Amount of Each Receipt this Period

38.48

B.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City Falls Church State VA Zip Code 22043-2330

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

Name of Employer American Health Care Association Occupation Vice President, Public Affairs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.12

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: C942938

Amount of Each Receipt this Period

19.24

C.

Full Name (Last, First, Middle Initial)

Phillip Fogg, Jr.

Mailing Address 4560 SE International Way

City Milwaukie State OR Zip Code 97222

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

Name of Employer Marquis Companies, Inc. Occupation CEO

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: C933698

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5057.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Donald Franco

Mailing Address 5 O'Kill Drive

City State Zip Code
East Haven CT 06513

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

Name of Employer Occupation
Paragon Group Inc. SNF Administrator/Owner/President

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: C936679

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Gavin Gadberry

Mailing Address PO Box 9158

City State Zip Code
Amarillo TX 79105

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

Name of Employer Occupation
Underwood Law Firm Attorney

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: C931988

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Richard Greer

Mailing Address 17760 Preston Road

City State Zip Code
Dallas TX 75252

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

Name of Employer Occupation
Southwest LTC Gulf Health Executive

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: C935438

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

7275.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David Hebert
Mailing Address 7605 Ridgecrest Drive
City Alexandria State VA Zip Code 22308-1049
FEC ID number of contributing federal political committee. **C**
Name of Employer AHCA Occupation Senior Vice President of Advocacy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.36
Date of Receipt 06 / 15 / 2010
Transaction ID: C935468
Amount of Each Receipt this Period 76.94

B. Full Name (Last, First, Middle Initial)
David Hebert
Mailing Address 7605 Ridgecrest Drive
City Alexandria State VA Zip Code 22308-1049
FEC ID number of contributing federal political committee. **C**
Name of Employer AHCA Occupation Senior Vice President of Advocacy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.36
Date of Receipt 06 / 28 / 2010
Transaction ID: C942955
Amount of Each Receipt this Period 38.47

C. Full Name (Last, First, Middle Initial)
Herbert Heflich
Mailing Address 857 Vosseller Avenue
City Martinsville State NJ Zip Code 08836-2387
FEC ID number of contributing federal political committee. **C**
Name of Employer Long Term Care Mgt Co Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1550.00
Date of Receipt 06 / 29 / 2010
Transaction ID: C942912
Amount of Each Receipt this Period 550.00

SUBTOTAL of Receipts This Page (optional) ► 665.41
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Dave Helmsin		Date of Receipt MM / DD / YYYY 06 / 21 / 2010
Mailing Address 1717 I St		Transaction ID: C942209
City Sacramento	State CA	Zip Code 95811-3001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 425.00
Name of Employer Capitol Advocacy	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.

Full Name (Last, First, Middle Initial) Richard Herrick		Date of Receipt MM / DD / YYYY 06 / 29 / 2010
Mailing Address 33 Elk Street 300		Transaction ID: C942911
City Albany	State NY	Zip Code 12207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer NYS Health Facilities Ass- ociation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

C.

Full Name (Last, First, Middle Initial) Brian Holloway		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 1001 Center Street		Transaction ID: C942966
City Little Egg Harbor	State NJ	Zip Code 08087-1364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Seacrest Village	Occupation Owner/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	3525.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Evan Lansing Kolb

Mailing Address 2701 Marye Street

City State Zip Code
Alexandria LA 71301

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

Name of Employer Magnolia Management Corporation
Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2010

Transaction ID: C942180

Amount of Each Receipt this Period
265.00

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

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer AHCA
Occupation Director, Assisted Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
553.84

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: C935470

Amount of Each Receipt this Period
79.12

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

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer AHCA
Occupation Director, Assisted Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
553.84

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2010

Transaction ID: C942957

Amount of Each Receipt this Period
39.56

SUBTOTAL of Receipts This Page (optional) ► **383.68**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
David LaLumia

Mailing Address 12761 South Wacousta Road

City State Zip Code
Eagle MI 48822

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

Name of Employer Occupation
Health Care Association of Michigan President

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 02 / 2010

Transaction ID: C930711

Amount of Each Receipt this Period

1000.00

B.

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

Mailing Address 700 Hanover St

City State Zip Code
Manchester NH 03104-5309

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

Name of Employer Occupation
Hanover Hill Health Care President

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: C933694

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Ted LeNeave

Mailing Address 5372 Fallowater Lane

City State Zip Code
Roanoke VA 24018-0909

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

Name of Employer Occupation
American HealthCare, LLC Partner

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2010

Transaction ID: C930234

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Barbara K. Lombardi

Mailing Address 1008 Pineview Court

City State Zip Code
Alma MI 48801-0341

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

Name of Employer Occupation
Laurel Health Care Company Vice President of Operations

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: C935402

Amount of Each Receipt this Period
265.00

B.

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

Mailing Address 213 Water Street

City State Zip Code
Dawson Springs KY 42408

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

Name of Employer Occupation
Dawson Pointe LLC Partner

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: C942932

Amount of Each Receipt this Period
5000.00

C.

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

Mailing Address 108 8th St NW

City State Zip Code
Waseca MN 56093-1912

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

Name of Employer Occupation
Lake Shore Inn Nursing Home CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: C946898

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional)

5540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Debbie McLarty

Mailing Address 101 Sun Avenue NE

City State Zip Code
Albuquerque NM 87109

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

Name of Employer Occupation
Sun Health Care Group, Inc Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: C941869

Amount of Each Receipt this Period
175.00

B.

Full Name (Last, First, Middle Initial)
Donna Melchionda

Mailing Address 39 Rose Terrace

City State Zip Code
Cedar Grove NJ 07009

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

Name of Employer Occupation
Van Dyk Healthcare CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2010

Transaction ID: C933788

Amount of Each Receipt this Period
220.00

C.

Full Name (Last, First, Middle Initial)
Arlene Miles

Mailing Address 6061 South Brook Valley

City State Zip Code
Centennial CO 80121-3103

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

Name of Employer Occupation
Colorado Health Care Association State Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: C942191

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► **995.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Van Moore		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 3155 River Rd S		Transaction ID: C935446
City Salem	State OR	Zip Code 97302-9819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Westcare Management, Inc.	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Stephen Morrisette		Date of Receipt MM / DD / YYYY 06 / 23 / 2010
Mailing Address 2112 W Laburnum Avenue		Transaction ID: C942243
City Richmond	State VA	Zip Code 23227-4358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Virginia Health Care Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Abraham Morse		Date of Receipt MM / DD / YYYY 06 / 01 / 2010
Mailing Address 21 Sagamore Road		Transaction ID: C930241
City Newton Highlands	State MA	Zip Code 02461
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
Name of Employer Massachusetts Senior Care Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	2050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

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

A.

Full Name (Last, First, Middle Initial) Cynthia Klisz Morton		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 4609 Overbrook Road		Transaction ID: C935476
City Bethesda	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.94
Name of Employer American Health Care Association	Occupation VP, Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.77	

B.

Full Name (Last, First, Middle Initial) Cynthia Klisz Morton		Date of Receipt MM / DD / YYYY 06 / 28 / 2010
Mailing Address 4609 Overbrook Road		Transaction ID: C942956
City Bethesda	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47
Name of Employer American Health Care Association	Occupation VP, Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.77	

C.

Full Name (Last, First, Middle Initial) Michael Morton		Date of Receipt MM / DD / YYYY 06 / 17 / 2010
Mailing Address 415 Rogers Avenue		Transaction ID: C942187
City Fort Smith	State AR	Zip Code 72901-1903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Central Arkansas Nursing Centers	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

SUBTOTAL of Receipts This Page (optional)	1365.41
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 27 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Renee Lynn Naylor

Mailing Address 3155 River Road South

City State Zip Code
Salem OR 97302

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

Name of Employer: Westcare Management, Inc. Occupation: Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: C933696
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

Name of Employer: AHCA Occupation: Sr. Director of Congressional Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: C935477
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

Name of Employer: AHCA Occupation: Sr. Director of Congressional Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 28 / 2010
Transaction ID: C942958
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 560.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Ronald R. Payne

Mailing Address 1518 Legacy Dr
Ste 110

City Frisco State TX Zip Code 75034

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

Name of Employer Southwest LTC Gulf Health Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 15 / 2010
Transaction ID: C935442
Amount of Each Receipt this Period 5000.00

B.

Full Name (Last, First, Middle Initial)
Rich Pell

Mailing Address 21 Greystone Drive

City Shepherdstown State WV Zip Code 25443-4075

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

Name of Employer Genesis Health Care Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt 06 / 23 / 2010
Transaction ID: C942236
Amount of Each Receipt this Period 275.00

C.

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

Mailing Address 11608 Scott Simpson Dr

City El Paso State TX Zip Code 79936-6210

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

Name of Employer Convalescent Enterprises, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 15 / 2010
Transaction ID: C935445
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **6275.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Ann Petock		Date of Receipt MM / DD / YYYY 06 / 14 / 2010
Mailing Address 909 Lincoln Avenue		Transaction ID: C935378
City Lockport	State NY	Zip Code 14094-6142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Briody Health Care Facility	Occupation Administrator/Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.

Full Name (Last, First, Middle Initial) W. Scott Plumb		Date of Receipt MM / DD / YYYY 06 / 17 / 2010
Mailing Address 2310 Washington St		Transaction ID: C942184
City Newton Lower Falls	State MA	Zip Code 02462-1449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MA Extended Care Federation	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Teddy Rae Price		Date of Receipt MM / DD / YYYY 06 / 21 / 2010
Mailing Address PO Box 1438		Transaction ID: C942228
City Winnfield	State LA	Zip Code 71483-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Central Management Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Richard Rau		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
Mailing Address 3939 S 92nd Street		Transaction ID: C926802
City Greenfield	State WI	Zip Code 53228-2140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 137.50
Name of Employer Clement Manor Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) Thomas G. Rau		Date of Receipt MM / DD / YYYY 06 / 17 / 2010
Mailing Address PO Box 2215		Transaction ID: C935417
City Brighton	State MI	Zip Code 48116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Nexcare Health Systems, Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

C.

Full Name (Last, First, Middle Initial) Candace Read		Date of Receipt MM / DD / YYYY 06 / 01 / 2010
Mailing Address 600 East Whaley		Transaction ID: C930242
City Longview	State TX	Zip Code 75601-6525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer Stebbins Five Companies	Occupation Director of Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1527.50
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jon Reardon
Mailing Address 1202 Weiss Street
City State Zip Code
Saginaw MI 48602-5471
FEC ID number of contributing federal political committee. **C**
Name of Employer: Hoyt Nursing & Rehab Centre
Occupation: Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00
Date of Receipt: 06 / 14 / 2010
Transaction ID: C935390
Amount of Each Receipt this Period: 275.00

B. Full Name (Last, First, Middle Initial)
Angelo S. Rotella
Mailing Address 303 Rhodes Avenue
City State Zip Code
Woonsocket RI 02895-2821
FEC ID number of contributing federal political committee. **C**
Name of Employer: Friendly Home Inc
Occupation: President/Admin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 06 / 08 / 2010
Transaction ID: C930282
Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Joseph William Sadler
Mailing Address 1305 W Causeway Approach # 114
City State Zip Code
Mandeville LA 70471-3043
FEC ID number of contributing federal political committee. **C**
Name of Employer: Magnolia Ancillary Services
Occupation: Regional Director of LTC Facilities
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 06 / 11 / 2010
Transaction ID: C935367
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2775.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jerry Schroer, Jr.

Mailing Address 1608 Muirfield NW

City State Zip Code
Canton OH 44708

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

Name of Employer Occupation
Altercare Executive

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: C929763

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John Sells

Mailing Address 16312 Wilson Farm Drive

City State Zip Code
Chesterfield MO 63005

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

Name of Employer Occupation
Benchmark Healthcare CEO

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: C935447

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code
Weirton WV 26062-3634

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

Name of Employer Occupation
Weirton Geriatric Center Owner/Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 0

Transaction ID: C935387

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

6550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Mary Shabo

Mailing Address 67 Cascade Road

City State Zip Code
Old Orchard Beach ME 04064

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

Name of Employer Occupation
University of New England Nurse

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: C941567

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mary Shabo

Mailing Address 67 Cascade Road

City State Zip Code
Old Orchard Beach ME 04064

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

Name of Employer Occupation
University of New England Nurse

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: C942786

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Michael Shepard

Mailing Address PO Box 125

City State Zip Code
Mena AR 71953

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

Name of Employer Occupation
Shepard Group President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: C935448

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ▶

2200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 56
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.12

Date of Receipt: 06 / 15 / 2010
Transaction ID: C935484
 Amount of Each Receipt this Period: 38.48

B.

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.12

Date of Receipt: 06 / 28 / 2010
Transaction ID: C942963
 Amount of Each Receipt this Period: 19.24

C.

Full Name (Last, First, Middle Initial)
Janet Snipes

Mailing Address 6000 E Iliff Avenue

City Denver State CO Zip Code 80222-5721

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

Name of Employer Holly Heights Nursing Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 06 / 21 / 2010
Transaction ID: C942213
 Amount of Each Receipt this Period: 330.00

SUBTOTAL of Receipts This Page (optional) ► **387.72**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 56
(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
							17

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

A.

Full Name (Last, First, Middle Initial) Brad Stebbins		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
Mailing Address 600 East Whaley		Transaction ID: C931989
City Longview	State TX	Zip Code 75601-6525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Stebbins Five Companies	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) Dick Stebbins		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 600 E Whaley St		Transaction ID: C935441
City Longview	State TX	Zip Code 75601-6525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Stebbins Five Companies	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey Steggerda		Date of Receipt MM / DD / YYYY 06 / 28 / 2010
Mailing Address 6750 Westown Pkwy		Transaction ID: C942907
City West Des Moines	State IA	Zip Code 50266-7726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Iowa Health Care Association	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
Jennifer Swim

Mailing Address 8354 Chickamauga Trail

City State Zip Code
Shreveport LA 71107

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

Name of Employer Occupation
Vivian Health Care Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2010

Transaction ID: C942928

Amount of Each Receipt this Period
75.00

B.

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

Mailing Address 5155 North High Street

City State Zip Code
Columbus OH 43214

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

Name of Employer Occupation
Wesley Glen Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: C935377

Amount of Each Receipt this Period
137.50

C.

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

Mailing Address 922 McDonough Road

City State Zip Code
Jackson GA 30233-1522

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

Name of Employer Occupation
Westbury Medical Care Home Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: C935415

Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional) ► **762.50**

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

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

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

FOR LINE NUMBER: PAGE 37 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Arnold Whitman
Mailing Address 1035 Powers Place
City State Zip Code
Alpharetta GA 30004
FEC ID number of contributing federal political committee. **C**
Name of Employer Formation Capital Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt MM / DD / YYYY 06 / 11 / 2010
Transaction ID: C935368
Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
Bruce Yarwood
Mailing Address 200 P Street Apt F31
City State Zip Code
Sacramento CA 95814-6259
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation CEO & President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4000.00
Date of Receipt MM / DD / YYYY 06 / 08 / 2010
Transaction ID: C930280
Amount of Each Receipt this Period 1500.00

C. Full Name (Last, First, Middle Initial)
Alan Zuccari
Mailing Address 7712 Carlton Place
City State Zip Code
Mclean VA 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer Hamilton Insurance Agency Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3750.00
Date of Receipt MM / DD / YYYY 06 / 29 / 2010
Transaction ID: C942910
Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00
TOTAL This Period (last page this line number only) ► 98476.18

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 38 / 56	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) National Health Corporation PAC		Date of Receipt	
	Mailing Address P.O. Box 1398		M M / D D / Y Y Y Y 06 / 15 / 2010	
	City	State	Zip Code	Transaction ID: C935449
	Murfreesboro	TN	37130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C C00153445		5000.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 / 56	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) FRIENDS OF TREY GRAYSON		Date of Receipt	
Mailing Address PO BOX 175726		M M / D D / Y Y Y Y 06 / 25 / 2010	
City	State	Zip Code	Transaction ID: C942050
Fort Mitchell	KY	41017	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C C00461681		5000.00	
Name of Employer	Occupation		
Receipt For: 2010		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	5000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc	Transaction ID: D95675 Date of Disbursement 06 / 30 / 2010
	Mailing Address PO Box 549	Amount of Each Disbursement this Period 1000.00
	City Napoleonville State LA Zip Code 70390-0549	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Charles Melancon	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Roy Blunt	Transaction ID: D95050 Date of Disbursement 06 / 04 / 2010
	Mailing Address PO Box 50100	Amount of Each Disbursement this Period 5000.00
	City Springfield State MO Zip Code 65805-0100	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Roy Blunt	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Roy Blunt	Transaction ID: D95051 Date of Disbursement 06 / 04 / 2010
	Mailing Address PO Box 50100	Amount of Each Disbursement this Period 5000.00
	City Springfield State MO Zip Code 65805-0100	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Roy Blunt	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Denham for Congress	Transaction ID: D95497 Date of Disbursement 06 / 24 / 2010
	Mailing Address 2150 RIVER PLAZA DR #150	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95833	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mr Jeff Denham	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 19	

B.	Full Name (Last, First, Middle Initial) Jim Renacci for Congress	Transaction ID: D95535 Date of Disbursement 06 / 29 / 2010
	Mailing Address 150 Smokerise Drive	Amount of Each Disbursement this Period 3000.00
	City Wadsworth State OH Zip Code 44281	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mr James B Renacci	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 16	

C.	Full Name (Last, First, Middle Initial) Sestak For Senate	Transaction ID: D95541 Date of Disbursement 06 / 29 / 2010
	Mailing Address PO Box 1936	Amount of Each Disbursement this Period 2000.00
	City Media State PA Zip Code 19063-8936	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Joseph Sestak	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District:	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) LEADERSHIP OF TODAY AND TOMORROW</p> <p>Mailing Address 607 14TH STREET NW SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Contributions to Federal PACs</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95542 Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) CHARLIE CRIST FOR US SENATE</p> <p>Mailing Address PO BOX 1694</p> <p>City Tallahassee State FL Zip Code 32302</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95494 Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Pat Roberts Victory Committee</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Pat Roberts</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95512 Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 28001

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Bob Etheridge

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District: 02

Transaction ID: D95316

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
CATHY MCMORRIS FOR CONGRESS

Mailing Address 301 W Main Ave

City Spokane State WA Zip Code 99201-0207

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WA District: 05

Transaction ID: D95036

Date of Disbursement

06 / 04 / 2010

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
DREIER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 505

City UPLAND State CA Zip Code 91785

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. David Dreier

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 26

Transaction ID: D95040

Date of Disbursement

06 / 04 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. WASSERMAN-SCHULTZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Debbie Wasserman Schultz

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 20

Transaction ID: D95493

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Devin Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 21

Transaction ID: D95039

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. MATSUI FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 233 Massachusetts AVenue NE
2nd Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Doris Matsui

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 05

Transaction ID: D95317

Date of Disbursement

/ /

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)

PAGE 45 / 56

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

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

A. Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS <hr/> Mailing Address 830 NE Holladay Suite 105 <hr/> City Portland State OR Zip Code 97232 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Earl Blumenauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95538 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. BOX 391 <hr/> City HOPKINSVILLE State KY Zip Code 42241 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Edward Whitfield <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95539 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS <hr/> Mailing Address PO BOX 3176 <hr/> City LONG BRANCH State NJ Zip Code 07740 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95041 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE</p> <p>Mailing Address PO BOX 68444</p> <p>City VIRGINIA BEACH State VA Zip Code 23471</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Glenn C. Nye</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95048 Date of Disbursement 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN</p> <p>Mailing Address Post Office Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. James Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D94994 Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LANGEVIN FOR CONGRESS</p> <p>Mailing Address 181-A KNIGHT ST</p> <p>City WARWICK State RI Zip Code 02886</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. James R. Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95632 Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) LANGEVIN FOR CONGRESS</p> <p>Mailing Address 181-A KNIGHT ST</p> <p>City WARWICK State RI Zip Code 02886</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. James R. Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95672 Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LEWIS FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. Box 247</p> <p>City Redlands State CA Zip Code 92373</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jerry Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95499 Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) TEAM EMERSON FOR JO ANN EMERSON</p> <p>Mailing Address PO BOX 822</p> <p>City CAPE GIRARDEAU State MO Zip Code 63702</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jo Ann H. Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95489 Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
JOHN D. DINGELL FOR CONGRESS COMMITTEE

Mailing Address 607 14th Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John D. Dingell

Office Sought: House
 Senate
 President

State: MI District: 15

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D95488

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
JOHN SPRATT FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 10986

City ROCK HILL State SC Zip Code 29731

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John M. Spratt, Jr.

Office Sought: House
 Senate
 President

State: SC District: 05

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D95319

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR JOHN OLVER FOR CONGRESS

Mailing Address P.O. Box 819

City Amherst State MA Zip Code 01004

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John W. Olver

Office Sought: House
 Senate
 President

State: MA District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D95492

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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

A.	Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS	Transaction ID: D95046
	Mailing Address 301 W. Platt Street #385	Date of Disbursement 06 / 04 / 2010
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Kathy Castor	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS	Transaction ID: D95318
	Mailing Address 205 N Main St.	Date of Disbursement 06 / 17 / 2010
	City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Kurt Schrader	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS	Transaction ID: D95049
	Mailing Address PO Box 2334	Date of Disbursement 06 / 04 / 2010
	City Denton State TX Zip Code 76202-2334	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Michael C. Burgess	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS</p> <p>Mailing Address PO Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95047 Date of Disbursement 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE</p> <p>Mailing Address P. O. Box 408</p> <p>City Anderson State IN Zip Code 46015</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Mike Pence</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95043 Date of Disbursement 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS</p> <p>Mailing Address 235 Montgomery Street</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95038 Date of Disbursement 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NIKI TSONGAS COMMITTEE, THE	Transaction ID: D95044 Date of Disbursement 06 / 04 / 2010
	Mailing Address PO Box 1454	Amount of Each Disbursement this Period 2000.00
	City Lowell State MA Zip Code 01853	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Niki Tsongas	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) NIKI TSONGAS COMMITTEE, THE	Transaction ID: D95045 Date of Disbursement 06 / 04 / 2010
	Mailing Address PO Box 1454	Amount of Each Disbursement this Period 3000.00
	City Lowell State MA Zip Code 01853	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Niki Tsongas	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS	Transaction ID: D95487 Date of Disbursement 06 / 24 / 2010
	Mailing Address PO BOX 1682	Amount of Each Disbursement this Period 1000.00
	City BURLINGTON State VT Zip Code 05402	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Peter Welch	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE</p> <p>Mailing Address 224 18th Street</p> <p>City Rock Island State IL Zip Code 61204</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Phil Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95037 Date of Disbursement 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO</p> <p>Mailing Address 49 HUNTINGTON STREET</p> <p>City NEW HAVEN State CT Zip Code 06511</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Rosa Delauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95320 Date of Disbursement 06 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Stephanie Herseith Herseith Sandlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95042 Date of Disbursement 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN	Transaction ID: D95490
	Mailing Address 18 N. SECOND ST., BOX 37	Date of Disbursement 06 / 24 / 2010
	City SAINT CLAIR State PA Zip Code 17970	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Tim Holden	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RESPONSIBILITY AND FREEDOM WORK PAC (RFPAC)	Transaction ID: D95503
	Mailing Address P. O. Box 1281	Date of Disbursement 06 / 24 / 2010
	City Tupelo State MS Zip Code 38802	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name Roger Wicker	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Robert Hurt for Congress	Transaction ID: D95543
	Mailing Address PO Box 2	Date of Disbursement 06 / 29 / 2010
	City Chatham State VA Zip Code 24531	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Robert Hurt	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) KLOBUCHAR FOR MINNESOTA 2012</p> <p>Mailing Address PO BOX 4146</p> <p>City ST PAUL State MN Zip Code 55104</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Amy Klobuchar</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95545 Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC</p> <p>Mailing Address PO BOX 1000</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95631 Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) TED DEUTCH FOR CONGRESS COMMITTEE</p> <p>Mailing Address 20423 SR 7 Suite F6-383</p> <p>City Boca Raton State FL Zip Code 33498</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Theodore Deutch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95548 Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Trent for Congress Mailing Address PO Box 357 City Evansville State IN Zip Code 47703 Purpose of Disbursement Contributions to Federal Candidates Candidate Name William Trent Van Haaften Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95537 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Yolly Roberson for Congress Mailing Address 850 Ives Dairy Road P.O. Box T-57, #306 City North Miami Beach State FL Zip Code 33179 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Ms Yolly Roberson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95510 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

102000.00

**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)

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<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

A.

Full Name (Last, First, Middle Initial)

Mr. Chris Wright

Transaction ID: D95673

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Mailing Address iCare Management
341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement
Refund of Individual Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

1250.00