

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	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		110057.22
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	348373.22									
(c) Total Receipts (from Line 19)	82327.45	488143.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	430700.67	598200.67								
7. Total Disbursements (from Line 31)	109500.00	277000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	321200.67	321200.67								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	65077.51	434337.47
(ii) Unitemized	12249.94	38805.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)	77327.45	473143.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	82327.45	488143.45
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	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))	82327.45	488143.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	82327.45	488143.45

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.....	109500.00	277000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	109500.00	277000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109500.00	277000.00

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)	82327.45	488143.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82327.45	488143.45
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 / 36
(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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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)
Jeremy Anderson

Mailing Address 915 Summerfield Court

City State Zip Code
Lawrence KS 66049

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

Name of Employer
American Health Care Association
Occupation
Regional Multi Facility Liasion

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: C1291743

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 5013 Centennial Oak Circle

City State Zip Code
Tallahassee FL 32308

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

Name of Employer
Asztalos & Associates
Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.50

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: C1289861

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Gary Attman

Mailing Address 8028 Ritchie Highway

City State Zip Code
Pasadena MD 21122-1069

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

Name of Employer
FutureCare Health & Mgmt.
Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: C1291381

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3600.00**

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 7 / 36
(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

<p>A. Full Name (Last, First, Middle Initial) Mary Baker</p> <p>Mailing Address PO Box 1129</p> <p>City State Zip Code Turlock CA 95381</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mark One Corp. Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt 05 / 26 / 2011</p> <p>Transaction ID: C1292647</p> <p>Amount of Each Receipt this Period 1250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mark Ballif</p> <p>Mailing Address 100 E San Marcos Blvd Suite 200</p> <p>City State Zip Code San Marcos CA 92069</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Plum Healthcare Group Partner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p>	<p>Date of Receipt 05 / 11 / 2011</p> <p>Transaction ID: C1288178</p> <p>Amount of Each Receipt this Period 1250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Lyn Bentley</p> <p>Mailing Address 2212 Hidden Valley Ln</p> <p>City State Zip Code Silver Spring MD 20904-5240</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation American Health Care Association Director, Regulatory</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>	<p>Date of Receipt 05 / 19 / 2011</p> <p>Transaction ID: C1291234</p> <p>Amount of Each Receipt this Period 40.00</p>
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SUBTOTAL of Receipts This Page (optional)	2540.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 36
(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 2212 Hidden Valley Ln
City State Zip Code
Silver Spring MD 20904-5240
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation Director, Regulatory
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
Date of Receipt 05 / 31 / 2011
Transaction ID: C1293418
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Linda Black-Kurek
Mailing Address 7445 Liberty Woods Lane
City State Zip Code
Dayton OH 45459-3911
FEC ID number of contributing federal political committee. **C**
Name of Employer LBK Healthcare, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 05 / 02 / 2011
Transaction ID: C1279128
Amount of Each Receipt this Period 1250.00

C. Full Name (Last, First, Middle Initial)
Lane Bowen
Mailing Address 680 South Fourth Street
City State Zip Code
Louisville KY 40202
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Occupation EVP & President, Health Services Division
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 05 / 27 / 2011
Transaction ID: C1293949
Amount of Each Receipt this Period 3750.00

SUBTOTAL of Receipts This Page (optional) ▶ 5020.00
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 / 36

(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)
Scott Brown

Mailing Address 269 Gilman Street

City State Zip Code
Bridgeport CT 06605

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

Name of Employer Occupation
Lincoln Healthcare Events Executive

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: C1289782

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Stuart Brown

Mailing Address 909 S 336th St
Ste 200

City State Zip Code
Federal Way WA 98003-7394

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

Name of Employer Occupation
Village Concepts Inc. COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.33

Date of Receipt

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

Transaction ID: C1288681

Amount of Each Receipt this Period

333.33

C.

Full Name (Last, First, Middle Initial)
Elizabeth Casey

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
Westlake Village CA 91362-3402

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

Name of Employer Occupation
The Chase Group Partner

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 1

Transaction ID: C1285050

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

4083.33

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 10 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory Chambery

Mailing Address 7 Sweets View Drive

City State Zip Code
Fairport NY 14450

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

Name of Employer Occupation
Maplewood Nursing Home Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1175.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: C1289695

Amount of Each Receipt this Period
175.00

B.

Full Name (Last, First, Middle Initial)

Susan Chase

Mailing Address 5374 Long Shadow Ct

City State Zip Code
Westlake Village CA 91362-5223

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

Name of Employer Occupation
The Chase Group Partner

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 1

Transaction ID: C1285049

Amount of Each Receipt this Period
1250.00

C.

Full Name (Last, First, Middle Initial)

John Derr

Mailing Address 2001 Piper Circle

City State Zip Code
Anacortes WA 98221-3125

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

Name of Employer Occupation
JD 7 Associates Enterprises Partner

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

Date of Receipt

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

Transaction ID: C1288679

Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional) ▶

1975.00

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 11 / 36
(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)
Anthony Durante

Mailing Address 26 North Broadway

City State Zip Code
Schenectady NY 12305

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

Name of Employer Occupation
DMN Management Services Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: C1289698

Amount of Each Receipt this Period
1250.00

B. 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 Occupation
AMFM, Inc. IT Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.38

Date of Receipt
MM / DD / YYYY
05 / 17 / 2011

Transaction ID: C1289710

Amount of Each Receipt this Period
416.66

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

Mailing Address 18 Silver Brook Rd

City State Zip Code
Westport CT 06880-1523

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

Name of Employer Occupation
Lincoln Healthcare President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: C1289783

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 6666.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 36
(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) Jon-Patrick Ewing		Date of Receipt MM / DD / YYYY 05 / 19 / 2011
Mailing Address 3219 11th St NW Unit 1		Transaction ID: C1291236
City Washington	State DC	Zip Code 20010-2403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer American Health Care Association	Occupation Director, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Jon-Patrick Ewing		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 3219 11th St NW Unit 1		Transaction ID: C1293420
City Washington	State DC	Zip Code 20010-2403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer American Health Care Association	Occupation Director, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Teresa Eyt		Date of Receipt MM / DD / YYYY 05 / 19 / 2011
Mailing Address 10009 Dallas Ave		Transaction ID: C1291235
City Takoma Park	State MD	Zip Code 20901-2240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Health Care Association	Occupation Director, Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	340.00
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 13 / 36
(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)
Teresa Eyet
Mailing Address 10009 Dallas Ave
City State Zip Code
Takoma Park MD 20901-2240
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation Director, Education
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
Date of Receipt 05 / 31 / 2011
Transaction ID: C1293419
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Scott Franklin
Mailing Address 62 County Road 2005
City State Zip Code
Clarksville TX 75426-6816
FEC ID number of contributing federal political committee. **C**
Name of Employer Nexion Health Occupation Administrator
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 31 / 2011
Transaction ID: C1293413
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Kimberly Huang
Mailing Address 5429 Pandale Valley Dr
City State Zip Code
McKinney TX 75071-7723
FEC ID number of contributing federal political committee. **C**
Name of Employer Nexion Health Occupation Administrator
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 05 / 2011
Transaction ID: C1285347
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1020.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 36

(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)
Paul Hubbard

Mailing Address 16540 North Woodson Drive

City State Zip Code
Ramona CA 92065

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

Name of Employer Occupation
Plum Healthcare Group LLC Owner

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

Date of Receipt

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

Transaction ID: C1288179

Amount of Each Receipt this Period

5000.00

B.

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

Mailing Address 12120 - 24th Street

City State Zip Code
Clear Lake MN 55319

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

Name of Employer Occupation
Tealwood Care Centers Housing Director

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

Date of Receipt

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

Transaction ID: C1283214

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Thomas H. Keim, Jr.

Mailing Address PO Box 5398

City State Zip Code
Spartanburg SC 29304-5398

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

Name of Employer Occupation
Ford & Harrison LLP Partner

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

Date of Receipt

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

Transaction ID: C1288366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 36

(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 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 Occupation
National Center for Assisted Living Executive Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 435.16

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: C1291241

Amount of Each Receipt this Period

79.12

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 Occupation
National Center for Assisted Living Executive Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 435.16

Date of Receipt

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

Transaction ID: C1293425

Amount of Each Receipt this Period

39.56

C.

Full Name (Last, First, Middle Initial)

Mapu Lemanua

Mailing Address 419 S. Cockrell Hill Road

City State Zip Code
Duncanville TX 75116

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

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 289.46

Date of Receipt

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

Transaction ID: C1293415

Amount of Each Receipt this Period

289.46

SUBTOTAL of Receipts This Page (optional) ▶

408.14

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 / 36
(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)
Tricia Lies

Mailing Address 3412 Yosemite Ave S

City State Zip Code
Minneapolis MN 55416

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

Name of Employer Occupation
Tealwood Care Center Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2011

Transaction ID: C1285047

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 100 W Ramsey St

City State Zip Code
Dawson Springs KY 42408-1739

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

Name of Employer Occupation
Tradewater Pointe LLC Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: C1291379

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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2011

Transaction ID: C1285046

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **5525.00**

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 / 36

(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)
Clint Malin

Mailing Address 1721 Pier Ave

City State Zip Code
Santa Monica CA 90405-5915

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

Name of Employer Occupation
LTC Properties VP and CIO

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

Date of Receipt

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

Transaction ID: C1289863

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Patrick Martone

Mailing Address 26 North Broadway

City State Zip Code
Schenectady NY 12305-1932

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

Name of Employer Occupation
Hallmark Nursing Centre Inc. Administrator and CEO

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: C1289699

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)
Stan Maynard

Mailing Address 1742 Hickory Ridge Drive

City State Zip Code
Starkville MS 39759

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

Name of Employer Occupation
Mississippi Methodist Senior Services Executive Director

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

Date of Receipt

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

Transaction ID: C1283215

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 36
(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)
Roberts Nelson

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
Westlake Village CA 91362-3402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Chase Group Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
05 / 04 / 2011

Transaction ID: C1285051

Amount of Each Receipt this Period 1250.00

B.

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

Mailing Address 15 Ocean Harbour Cir

City State Zip Code
Ocean Ridge FL 33435-6207

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Lyric Health Care President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
05 / 19 / 2011

Transaction ID: C1289852

Amount of Each Receipt this Period 1250.00

C.

Full Name (Last, First, Middle Initial)
Stephen O'Neill

Mailing Address Campbell Hall Rehabilitation Center
23 Kiernan Road

City State Zip Code
Campbell Hall NY 10916

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Campbell Hall Rehabilitation Center, I Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
05 / 16 / 2011

Transaction ID: C1289705

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 36

(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 Ousley

Mailing Address 101 Bittersweet Drive

City State Zip Code
Richmond KY 40475-8639

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

Name of Employer Occupation
PMD Corporation Owner

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: C1291378

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

John Ponthie

Mailing Address 2723 Alvarado Drive

City State Zip Code
Shreveport LA 71106

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

Name of Employer Occupation
Summit Health Resources, LLC Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: C1289867

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Candi Rogers

Mailing Address 905 West Carnuvia Road

City State Zip Code
Gonzales LA 70737

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

Name of Employer Occupation
Nexion Health Corporation Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: C1293412

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

3900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 36
(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)
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 Occupation
Friendly Home Inc President/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: C1289868

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Gwen Rucker

Mailing Address 15106 59th Place NE

City State Zip Code
Kenmore WA 98028

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

Name of Employer Occupation
Kindred Healthcare Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2011

Transaction ID: C1288265

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 9200 Sunset Boulevard
1100

City State Zip Code
West Hollywood CA 90069

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

Name of Employer Occupation
SNF Management/ Windsor President/ CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: C1292648

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 21 / 36
(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) Michael Scharfenberger		Date of Receipt MM / DD / YYYY 05 / 09 / 2011
Mailing Address 7265 Kenwood Road # 300		Transaction ID: C1288257
City Cincinnati	State Zip Code OH 45236-4414	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 137.50
Name of Employer Nursing Care Management	Occupation Exec Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) Terry Schmoyer, Jr.CPA, Pr		Date of Receipt MM / DD / YYYY 05 / 05 / 2011
Mailing Address 1330 Lady St Ste 507		Transaction ID: C1285039
City Columbia	State Zip Code SC 29201-3300	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 265.00
Name of Employer Schmoyer & Co. ,LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

C.

Full Name (Last, First, Middle Initial) Matthew D. Smyth		Date of Receipt MM / DD / YYYY 05 / 19 / 2011
Mailing Address 2405 I St NW		Transaction ID: C1291248
City Washington	State Zip Code DC 20037-2206	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.48
Name of Employer American Health Care Association	Occupation Director of Grassroots	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

SUBTOTAL of Receipts This Page (optional)	▶	440.98
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 / 36
(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)
Matthew D. Smyth

Mailing Address 2405 I St NW

City Washington State DC Zip Code 20037-2206

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 ▼ 211.64

Date of Receipt 05 / 31 / 2011

Transaction ID: C1293432

Amount of Each Receipt this Period 19.24

B. 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 ▼ 1000.00

Date of Receipt 05 / 26 / 2011

Transaction ID: C1292649

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Martin Stott

Mailing Address 15035 Memorial Tower Drive

City Baton Rouge State LA Zip Code 70810

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

Name of Employer Diversified Health Care Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 17 / 2011

Transaction ID: C1291250

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2019.24

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 / 36
(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)
Nicholas Thisse

Mailing Address 80 Access Rd

City State Zip Code
Norwood MA 02062

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

Name of Employer Occupation
Rehab Associates Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2011

Transaction ID: C1288173

Amount of Each Receipt this Period
1200.00

B.

Full Name (Last, First, Middle Initial)
Molly B. Toulouse

Mailing Address 2072 Highwood Avenue

City State Zip Code
Saint Paul MN 55119

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

Name of Employer Occupation
Tealwood Care Centers CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2011

Transaction ID: C1283213

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Muoi Tran

Mailing Address 204 W Nash St

City State Zip Code
Terrell TX 75160-2607

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

Name of Employer Occupation
Terrell Healthcare Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: C1293417

Amount of Each Receipt this Period
500.00

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 24 / 36
(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)
James Unverferth

Mailing Address 1100 Shawnee Road

City State Zip Code
Lima OH 45805-3583

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

Name of Employer HCF Management, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.66

Date of Receipt: 05 / 03 / 2011
Transaction ID: C1281995
Amount of Each Receipt this Period: 1666.66

B. Full Name (Last, First, Middle Initial)
Larry Walker

Mailing Address 1413 W Main St

City State Zip Code
Waxahachie TX 75165-2241

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

Name of Employer Nexion Health Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 05 / 2011
Transaction ID: C1285348
Amount of Each Receipt this Period: 80.00

C. Full Name (Last, First, Middle Initial)
Larry Walker

Mailing Address 1413 W Main St

City State Zip Code
Waxahachie TX 75165-2241

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

Name of Employer Nexion Health Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: C1293416
Amount of Each Receipt this Period: 55.00

SUBTOTAL of Receipts This Page (optional) ► 1801.66

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 / 36
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Robert Wehner		Date of Receipt MM / DD / YYYY 05 / 02 / 2011
Mailing Address 5155 North High Street		Transaction ID: C1285043
City Columbus	State OH	Zip Code 43214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 137.50
Name of Employer Wesley Glen	Occupation Chief Financial Officer	
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) Andrew S Weisman		Date of Receipt MM / DD / YYYY 05 / 05 / 2011
Mailing Address 7442 Stonegate Blvd.		Transaction ID: C1285349
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer NuVision Management	Occupation Vice President	
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) Jeffrey Wilson		Date of Receipt MM / DD / YYYY 05 / 17 / 2011
Mailing Address 110 East Main Street		Transaction ID: C1289460
City Clinton	State NC	Zip Code 28328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Long Term Care Management Services	Occupation 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)	▶	4637.50
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 26 / 36	
	(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"/> 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) Frank Wronski		Date of Receipt																					
	Mailing Address 64500 Van Dyke Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	6		2	0	1	1														
	City	State	Zip Code		Transaction ID: C1293098																			
	Washington	MI	48095-2583																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Medilodge Group		Occupation President		<input type="text" value="100.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="1100.00"/>																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="65077.51"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 36	
	(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) Sun Healthcare PAC		Date of Receipt																					
	Mailing Address 101 Sun Ave NE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	3		2	0	1	1														
	City State Zip Code Albuquerque NM 87109-4373		Transaction ID: C1291744																					
FEC ID number of contributing federal political committee. C C00398826		Amount of Each Receipt this Period 5000.00																						
Name of Employer Occupation		Aggregate Year-to-Date ▼ 5000.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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) FREEDOM FUND <hr/> Mailing Address 1155 21st Street NW Suite 300 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Contributions to Federal PACs Candidate Name <input type="text"/> Category/Type <hr/> 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) ▼	Transaction ID: D116352 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) GLACIER PAC <hr/> Mailing Address 236 Massachusetts Avenue NE Suite 603 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contributions to Federal Committees Candidate Name <input type="text"/> Category/Type <hr/> 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) ▼	Transaction ID: D116732 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Boehner for Speaker Committee <hr/> Mailing Address 631 Pennsylvania Ave SE Basement Unit <hr/> City Washington State DC Zip Code 20003-4452 <hr/> Purpose of Disbursement Contributions to Federal Committees Candidate Name <input type="text"/> Category/Type <hr/> 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) ▼	Transaction ID: D116929 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 25000.00

SUBTOTAL of Disbursements This Page (optional) ▶	32500.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

**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 29 / 36

<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) ORRINPAC F.K.A. CAMPAIGN FOR AMERICAS FUTURE	Transaction ID: D117055
	Mailing Address 175 S. WEST TEMPLE SUITE 650	Date of Disbursement 05 / 31 / 2011
	City SALT LAKE CITY State UT Zip Code 84101	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Committees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS	Transaction ID: D116353
	Mailing Address PO Box 1527	Date of Disbursement 05 / 03 / 2011
	City Annapolis State MD Zip Code 21404	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Debt Retirement Contribution to Federal Candidates	Category/ Type
	Candidate Name Rep. Andy Harris	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: MD District: 01	

C.	Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.	Transaction ID: D116351
	Mailing Address PO Box 80126	Date of Disbursement 05 / 03 / 2011
	City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Charles Boustany, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: LA District: 07	

SUBTOTAL of Disbursements This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MCKINLEY FOR CONGRESS	Transaction ID: D116730 Date of Disbursement 05 / 13 / 2011
	Mailing Address 32 20TH STREET	Amount of Each Disbursement this Period 1000.00
	City WHEELING State WV Zip Code 26003	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. David B. McKinley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS CARDOZA	Transaction ID: D116728 Date of Disbursement 05 / 13 / 2011
	Mailing Address PO Box 2749	Amount of Each Disbursement this Period 2500.00
	City Merced State CA Zip Code 95340	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Dennis Cardoza	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF FRANK GUINTA	Transaction ID: D116729 Date of Disbursement 05 / 13 / 2011
	Mailing Address P.O. Box 877	Amount of Each Disbursement this Period 2000.00
	City Manchester State NH Zip Code 03105	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Frank Guinta	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5500.00
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) JIM RENACCI FOR CONGRESS	Transaction ID: D116727 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1	
	Mailing Address 150 Smokerise Drive		Amount of Each Disbursement this Period 5000.00
	City Wadsworth State OH Zip Code 44281		
	Purpose of Disbursement Contributions to Federal Candidates		
	Candidate Name Rep. James B. Renacci	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) LANGEVIN FOR CONGRESS	Transaction ID: D116930 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 1 1	
	Mailing Address 181A Knight Street		Amount of Each Disbursement this Period 4000.00
	City Warwick State RI Zip Code 02886		
	Purpose of Disbursement Contributions to Federal Candidates		
	Candidate Name Rep. Jim Langevin	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS	Transaction ID: D117059 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 1	
	Mailing Address 38 Risley Road		Amount of Each Disbursement this Period 5000.00
	City Vernon State CT Zip Code 06066		
	Purpose of Disbursement Contributions to Federal Candidates		
	Candidate Name Rep. Joe Courtney	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	14000.00
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) FRIENDS OF LOIS CAPPS	Transaction ID: D116731 Date of Disbursement 05 / 13 / 2011
	Mailing Address PO Box 23940	Amount of Each Disbursement this Period 5000.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Lois Capps	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: D116933 Date of Disbursement 05 / 23 / 2011
	Mailing Address 2931 E Dublin Granville Road	Amount of Each Disbursement this Period 2000.00
	City Columbus State OH Zip Code 43231	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Pat Tiberi	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS	Transaction ID: D117054 Date of Disbursement 05 / 31 / 2011
	Mailing Address PO Box 23219	Amount of Each Disbursement this Period 2500.00
	City Jefferson State LA Zip Code 70183	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Steve Scalise	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	9500.00
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)
WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Wally Herger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 02

Transaction ID: D117057

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
BOB CASEY FOR SENATE INC

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Bob Casey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 00

Transaction ID: D116973

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 00

Transaction ID: D116955

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)

<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) TEAM GRAHAM INC	Transaction ID: D116931
	Mailing Address PO BOX 1801	Date of Disbursement MM / DD / YYYY 05 / 23 / 2011
	City COLUMBIA State SC Zip Code 29202	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Lindsey Graham	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: SC District: 00	

B.	Full Name (Last, First, Middle Initial) SCOTT BROWN FOR US SENATE COMMITTEE	Transaction ID: D116972
	Mailing Address P.O. BOX 395	Date of Disbursement MM / DD / YYYY 05 / 25 / 2011
	City WRENTHAM State MA Zip Code 02903	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Scott P. Brown	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MA District: 00	

C.	Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee	Transaction ID: D116350
	Mailing Address PO Box 11586	Date of Disbursement MM / DD / YYYY 05 / 03 / 2011
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Committees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	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)

PAGE 36 / 36

<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)

VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)

Mailing Address 227 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D116971

Date of Disbursement

^M 0	^M 5	/	^D 2	^D 5	/	^Y 2	^Y 0	^Y 1	^Y 1
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Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

109500.00
