

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 12 01 2009 through 12 31 2009

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 02 18 2011

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XA**

Removed two voided checks that were subsequently cashed and added two disbursements.

Transaction ID :

**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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		121831.57
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	157126.09									
(c) Total Receipts (from Line 19) .....	12276.30	841471.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	169402.39	963303.14								
7. Total Disbursements (from Line 31) .....	49755.25	843656.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	119647.14	119647.14								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	11452.44	752506.13
(ii) Unitemized .....	823.86	78965.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12276.30	831471.57
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12276.30	841471.57
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)) .....	12276.30	841471.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12276.30	841471.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	755.25	15186.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	755.25	15186.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48250.00	827720.00
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 .....	750.00	750.00
(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)) .....	750.00	750.00
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))..	49755.25	843656.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49755.25	843656.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12276.30	841471.57
34. Total Contribution Refunds (from Line 28(d)) .....	750.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11526.30	840721.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	755.25	15186.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	755.25	15186.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Terry Bane		Date of Receipt
	Mailing Address 1469 Humboldt Rd # 175		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Chico	CA	95928-9116
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C811714
Name of Employer President		Occupation Riverside Health Care Corp.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Cecil Barcelo		Date of Receipt
	Mailing Address 411 Alabama Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	League City	TX	77573-2615
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C815155
Name of Employer Baywind Village		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1000.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt
	Mailing Address 2212 Hidden Valley Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Silver Spring	MD	20904-5240
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C814256
Name of Employer American Health Care Association		Occupation Director, Regulatory	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 520.00	<input type="text"/> 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 520.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 2212 Hidden Valley Ln		<b>Transaction ID:</b> C820292		
	City Silver Spring	State MD	Zip Code 20904-5240	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Health Care Association	Occupation Director, Regulatory	Aggregate Year-to-Date 520.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Jim Cooper		Date of Receipt MM / DD / YYYY 12 / 01 / 2009		
	Mailing Address PO Box 506		<b>Transaction ID:</b> C810283		
	City Melbourne	State AR	Zip Code 72556-0506	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cooper Management Corporation	Occupation Adminstrator	Aggregate Year-to-Date 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Gregory J. Elliot		Date of Receipt MM / DD / YYYY 12 / 03 / 2009		
	Mailing Address 240 Capitol Street		<b>Transaction ID:</b> C811710		
	City Charleston	State WV	Zip Code 25301-2297	Amount of Each Receipt this Period 72.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AMFM, Inc.	Occupation IT Coordinator	Aggregate Year-to-Date 604.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>392.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 9 / 33

(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)  
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 Occupation  
American Health Care Association Director, Education

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: C814257

Amount of Each Receipt this Period

20.00
-------

**B.**

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 Occupation  
American Health Care Association Director, Education

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

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

Transaction ID: C820293

Amount of Each Receipt this Period

20.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
Susan Feeny

Mailing Address 7005 Metropolitan PI

City State Zip Code  
Falls Church VA 22043-2330

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

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

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: C814258

Amount of Each Receipt this Period

19.24
-------

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

59.24

**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 10 / 33  
(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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820294

Amount of Each Receipt this Period  
19.24

**B.**

Full Name (Last, First, Middle Initial)  
Lowell Feldman

Mailing Address 163 West Kingsbridge Road

City Bronx State NY Zip Code 10463

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

Name of Employer Terrace Healthcare Center, Inc Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: C815154

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address PO Box 9559

City Huntsville State TX Zip Code 77340

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

Name of Employer Green Acres of Huntsville Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: C811712

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1519.24**

**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 11 / 33  
(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)  
Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW  
#407

City State Zip Code  
Washington DC 20005

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

Name of Employer American Health Care Association      Occupation Vice President

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** C814260

Amount of Each Receipt this Period  
10.00

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

Mailing Address 1210 Massachusetts Avenue, NW  
#407

City State Zip Code  
Washington DC 20005

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

Name of Employer American Health Care Association      Occupation Vice President

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** C820296

Amount of Each Receipt this Period  
10.00

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code  
Alexandria VA 22308-1049

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

Name of Employer American Health Care Association      Occupation Senior Vice President of Advocacy

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.21

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** C814297

Amount of Each Receipt this Period  
38.47

**SUBTOTAL** of Receipts This Page (optional) ..... ► 58.47

**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 / 33  
(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 State Zip Code  
Alexandria VA 22308-1049

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

Name of Employer American Health Care Association      Occupation Senior Vice President of Advocacy

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.21

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** C820300

Amount of Each Receipt this Period  
38.47

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

Mailing Address 15099 Mission Hills Road

City State Zip Code  
Mission Hills CA 91345-1102

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

Name of Employer Ararat Nursing Facility      Occupation Administrator

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** C814254

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5102 Scenic Dr

City State Zip Code  
Yakima WA 98908-2229

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

Name of Employer Hyatt Management Corp.      Occupation President

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

**Transaction ID:** C815156

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **788.47**

**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 / 33

(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)

Cheryl Killian

Mailing Address 3801 Woodside Dr

City State Zip Code  
Arlington TX 76016-3030

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

Name of Employer Occupation  
Legacy Care Centers Inc. President

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

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820380

Amount of Each Receipt this Period

25.00

**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 Occupation  
National Center for Assisted Living Executive Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1028.56

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814298

Amount of Each Receipt this Period

39.56

**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 Occupation  
National Center for Assisted Living Executive Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1028.56

Date of Receipt

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

Transaction ID: C820301

Amount of Each Receipt this Period

39.56

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

104.12

**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 / 33  
(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)  
Paul Langevin, Jr.  
 Mailing Address 4 AAA Drive  
Suite 203  
 City Hamilton State NJ Zip Code 08691  
 Date of Receipt 12 / 31 / 2009  
**Transaction ID: C820463**  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Care Association of New Jersey Occupation State Executive  
 Receipt For:  Primary  General Aggregate Year-to-Date 600.00  
 Other (specify) ▼

**B.** Full Name (Last, First, Middle Initial)  
Cynthia Klisz Morton  
 Mailing Address 4609 Overbrook Road  
 City Bethesda State MD Zip Code 20816  
 Date of Receipt 12 / 08 / 2009  
**Transaction ID: C814299**  
 Amount of Each Receipt this Period 90.63  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NASL Occupation EVP  
 Receipt For:  Primary  General Aggregate Year-to-Date 1042.44  
 Other (specify) ▼

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Klisz Morton  
 Mailing Address 4609 Overbrook Road  
 City Bethesda State MD Zip Code 20816  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID: C820302**  
 Amount of Each Receipt this Period 90.63  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NASL Occupation EVP  
 Receipt For:  Primary  General Aggregate Year-to-Date 1042.44  
 Other (specify) ▼

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **681.26**  
**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 / 33  
(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)  
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 American Health Care Association  
Occupation Sr. Director of Congressional Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** C814300

Amount of Each Receipt this Period  
20.00

**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 American Health Care Association  
Occupation Sr. Director of Congressional Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** C820303

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Julie Painter

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City State Zip Code  
Washington DC 20008-2436

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

Name of Employer American Health Care Association  
Occupation Senior Director of Constituency Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** C814301

Amount of Each Receipt this Period  
11.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► **51.54**

**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 / 33

(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)

Julie Painter

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City State Zip Code  
Washington DC 20008-2436

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

Name of Employer Occupation  
American Health Care Association Senior Director of Constituency Affair

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

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820304

Amount of Each Receipt this Period

11.54

**B.**

Full Name (Last, First, Middle Initial)

Wade Peterson

Mailing Address 201 14th Street NW

City State Zip Code  
Mandan ND 58554-2063

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

Name of Employer Occupation  
MedCenter One Care Center Administrator

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: C813686

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Emmett Reed

Mailing Address Florida Health Care Association  
PO Box 1459

City State Zip Code  
Tallahassee FL 32301

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

Name of Employer Occupation  
Florida Health Care Association Executive Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 767.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: C813684

Amount of Each Receipt this Period

334.00

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

595.54

**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 / 33  
(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)  
Shari Richey

Mailing Address Southwood Nursing & Rehabilitation  
200 Southwood Drive

City Henderson State TX Zip Code 75652

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

Name of Employer Southwood Nursing & Rehabilitation Cen Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2009  
Transaction ID: C814253  
Amount of Each Receipt this Period 500.00

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

Mailing Address 40 Keogh Lane

City New Rochelle State NY Zip Code 10805-1308

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

Name of Employer Bayberry Nursing Home Occupation Owner/Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 03 / 2009  
Transaction ID: C811667  
Amount of Each Receipt this Period 500.00

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

Mailing Address 6360 Tisbury Dr

City Burke State VA Zip Code 22015-4061

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

Name of Employer National Center for Assisted Living Occupation Director Assisted Living

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 08 / 2009  
Transaction ID: C814303  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1010.00

**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 / 33  
(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)  
Shelley Sabo  
Mailing Address 6360 Tisbury Dr  
City State Zip Code  
Burke VA 22015-4061  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Center for Assisted Living  
Occupation Director Assisted Living  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 12 / 29 / 2009  
Transaction ID: C820306  
Amount of Each Receipt this Period 10.00

**B.** Full Name (Last, First, Middle Initial)  
John Kennon Shea  
Mailing Address 5120 Rockridge Rd.  
City State Zip Code  
La Mesa CA 91941  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kennon S. Shea & Associates  
Occupation Healthcare Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 12 / 11 / 2009  
Transaction ID: C815063  
Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Shimer  
Mailing Address 9507 Shelly Krasnow Ln  
City State Zip Code  
Fairfax VA 22031-4720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association  
Occupation COO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 12 / 08 / 2009  
Transaction ID: C814304  
Amount of Each Receipt this Period 11.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5021.54  
**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 / 33

(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 Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
Fairfax VA 22031-4720

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

Name of Employer American Health Care Association  
Occupation COO

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

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820307

Amount of Each Receipt this Period

11.54

**B.**

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City State Zip Code  
Washington DC 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 ▼ 600.23

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814305

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City State Zip Code  
Washington DC 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 ▼ 600.23

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820308

Amount of Each Receipt this Period

19.24

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

50.02

**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 / 33  
(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) Ruth Stelly		Date of Receipt MM / DD / YYYY 12 / 03 / 2009	
Mailing Address 325 Bacque Crescent Drive		<b>Transaction ID:</b> C811713	
City Lafayette	State LA	Zip Code 70503	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nexion Health	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

**B.**

Full Name (Last, First, Middle Initial) Harvey Tettlebaum		Date of Receipt MM / DD / YYYY 12 / 08 / 2009	
Mailing Address 56295 Little Moniteau Road		<b>Transaction ID:</b> C814255	
City California	State MO	Zip Code 65018-3069	Amount of Each Receipt this Period 101.00
FEC ID number of contributing federal political committee. C			
Name of Employer Husch & Eppenberger, LLC	Occupation lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	601.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11452.44

**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 21 / 33

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

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

**A.**

Full Name (Last, First, Middle Initial)  
BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd  
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement  
CC FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D91984  
Date of Disbursement

1 2 / 3 1 / 2 0 0 9

Amount of Each Disbursement this Period

553.28

**B.**

Full Name (Last, First, Middle Initial)  
BB & T

Mailing Address PO Box 819  
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D91983  
Date of Disbursement

1 2 / 3 1 / 2 0 0 9

Amount of Each Disbursement this Period

201.97

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

755.25

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

755.25

# 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Country First Political Action Committee, Inc.</p> <p>Mailing Address 228 S Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contributions to Federal PACs</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90847 <b>Date of Disbursement</b> 12 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE</p> <p>Mailing Address 424 C Street NE Basement UNIT</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contributions To Federal PACS/Committees</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90843 <b>Date of Disbursement</b> 12 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NEW MILLENNIUM PAC</p> <p>Mailing Address PO Box 632</p> <p>City Union City State NJ Zip Code 07087-0632</p> <p>Purpose of Disbursement Contribution to Federal PAC/Committees</p> <p>Candidate Name Robert Menendez</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><b>Transaction ID:</b> D90845 <b>Date of Disbursement</b> 12 / 18 / 2009</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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) NODAK PAC</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name Rep. Earl Pomeroy</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><b>Transaction ID:</b> D90682 <b>Date of Disbursement</b> 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) PALMETTO FREEDOM PAC</p> <p>Mailing Address PO BOX 1995</p> <p>City LEXINGTON State SC Zip Code 29071</p> <p>Purpose of Disbursement Voided Contribution of 6/24/2009</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><b>Transaction ID:</b> D91925 <b>Date of Disbursement</b> 12 / 31 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS</p> <p>Mailing Address P.O. Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bill Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90680 <b>Date of Disbursement</b> 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

5000.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Charles Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90290 <b>Date of Disbursement</b> 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Charlie Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90848 <b>Date of Disbursement</b> 12 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CHRIS LEE FOR CONGRESS</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Christopher Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90689 <b>Date of Disbursement</b> 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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) CHRIS LEE FOR CONGRESS	Transaction ID: D90690 Date of Disbursement 12 / 14 / 2009
	Mailing Address PO Box 15395	Amount of Each Disbursement this Period 1000.00
	City Rochester State NY Zip Code 14615	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Christopher Lee	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: D90681 Date of Disbursement 12 / 14 / 2009
	Mailing Address P.O. Box 9336	Amount of Each Disbursement this Period 3000.00
	City Fargo State ND Zip Code 58106	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Earl Pomeroy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	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	Transaction ID: D90289 Date of Disbursement 12 / 01 / 2009
	Mailing Address PO Box 3176	Amount of Each Disbursement this Period 1000.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Frank Pallone, Jr.	
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> 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) <b>COURTNEY FOR CONGRESS</b>	<b>Transaction ID:</b> D90688
	Mailing Address 38 Risley Road	Date of Disbursement 12 / 14 / 2009
	City: Vernon State: CT Zip Code: 06066	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement: Contributions to Federal Candidates	Category/Type
	Candidate Name: Rep. Joe Courtney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CT District: 02	

B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF JOHN BOEHNER</b>	<b>Transaction ID:</b> D90298
	Mailing Address 7908 Cincinnati Dayton Road	Date of Disbursement 12 / 01 / 2009
	City: West Chester State: OH Zip Code: 45069	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement: Contributions to Federal Candidates	Category/Type
	Candidate Name: Rep. John A. Boehner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District: 08	

C.	Full Name (Last, First, Middle Initial) <b>ADLER FOR CONGRESS</b>	<b>Transaction ID:</b> D90294
	Mailing Address 14 KNIGHTSWOOD DRIVE	Date of Disbursement 12 / 01 / 2009
	City: MARLTON State: NJ Zip Code: 08053	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement: Contributions to Federal Candidates	Category/Type
	Candidate Name: Rep. John H. Adler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NJ District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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) <b>VOLUNTEERS FOR SHIMKUS</b>	<b>Transaction ID:</b> D90846
	Mailing Address P.O. BOX 661	Date of Disbursement 12 / 18 / 2009
	City COLLINSVILLE State IL Zip Code 62234	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. John Shimkus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 19	

B.	Full Name (Last, First, Middle Initial) <b>Lincoln Davis for Congress</b>	<b>Transaction ID:</b> D90691
	Mailing Address PO Box 2002	Date of Disbursement 12 / 14 / 2009
	City Pall Mall State TN Zip Code 38577	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Lincoln Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TN District: 04	

C.	Full Name (Last, First, Middle Initial) <b>LYNN JENKINS FOR CONGRESS</b>	<b>Transaction ID:</b> D90685
	Mailing Address P.O. Box 1441	Date of Disbursement 12 / 14 / 2009
	City Topeka State KS Zip Code 66601	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Lynn Jenkins	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KS District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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) <b>MARSHA BLACKBURN FOR CONGRESS INC.</b>	<b>Transaction ID:</b> D90844
	Mailing Address PO Box 3750	Date of Disbursement 12 / 18 / 2009
	City Brentwood State TN Zip Code 37024	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Marsha Blackburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>MICHAUD FOR CONGRESS</b>	<b>Transaction ID:</b> D90292
	Mailing Address 213 Lisbon St	Date of Disbursement 12 / 01 / 2009
	City Lewiston State ME Zip Code 04240	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Michael H. Michaud	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>SHELLEY MOORE CAPITO FOR CONGRESS</b>	<b>Transaction ID:</b> D91929
	Mailing Address P.O. Box 11519	Date of Disbursement 12 / 31 / 2009
	City Charleston State WV Zip Code 25339	Amount of Each Disbursement this Period -500.00
	Purpose of Disbursement Voided Contribution of 6/24/2009	Category/ Type
	Candidate Name Rep. Shelley Moore Capito	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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) <b>STEVE AUSTRIA FOR CONGRESS</b>	<b>Transaction ID:</b> D90534
	Mailing Address 20 S Limestone St Suite 390	Date of Disbursement 12 / 02 / 2009
	City Springfield State OH Zip Code 45502	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Voided contribution of 9/10/2009	Category/ Type
	Candidate Name Rep. Steve Austria	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>KAGEN 4 CONGRESS</b>	<b>Transaction ID:</b> D90683
	Mailing Address 100 W. College Ave.	Date of Disbursement 12 / 14 / 2009
	City Appleton State WI Zip Code 54911	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Steve Kagen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>KAGEN 4 CONGRESS</b>	<b>Transaction ID:</b> D90684
	Mailing Address 100 W. College Ave.	Date of Disbursement 12 / 14 / 2009
	City Appleton State WI Zip Code 54911	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Steve Kagen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY</b></p> <p>Mailing Address <b>PO BOX 3662</b></p> <p>City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98124</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Sen. Patty Murray</b></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WA</b> District: <b>00</b></p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90686</p> <p>Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY</b></p> <p>Mailing Address <b>PO BOX 3662</b></p> <p>City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98124</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Sen. Patty Murray</b></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WA</b> District: <b>00</b></p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90296</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY</b></p> <p>Mailing Address <b>PO BOX 3662</b></p> <p>City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98124</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Sen. Patty Murray</b></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WA</b> District: <b>00</b></p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90297</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

**6500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	Transaction ID: D90288 Date of Disbursement 12 / 01 / 2009
	Mailing Address PO BOX 76187	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20013	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Sen. Sherrrod Brown	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Solidarity PAC	Transaction ID: D111332 Date of Disbursement 12 / 14 / 2009
	Mailing Address 607 14th Street NW Suite 800 Suite 800	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contributions to Federal PACs	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Come Back PAC	Transaction ID: D90687 Date of Disbursement 12 / 14 / 2009
	Mailing Address PO Box 2485	Amount of Each Disbursement this Period 1000.00
	City Springfield State VA Zip Code 22152	
	Purpose of Disbursement Contributions to Federal PACs/Committees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	48250.00

**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)

PAGE 33 / 33

<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)

Cindy Luxem

Mailing Address 117 SW 6th Street  
Suite 200

City State Zip Code  
Topeka KS 66606

Purpose of Disbursement  
Refund of individual contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D111333

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

750.00

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

750.00

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

750.00