

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 01 2007 through 11 30 2007

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 Ms. Gail Clarkson

Signature of Treasurer Electronically Filed by Ms. Gail Clarkson Date 02 19 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		140530.01
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	166299.38									
(c) Total Receipts (from Line 19)	53547.98	598497.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	219847.36	739027.17								
7. Total Disbursements (from Line 31)	97307.95	616487.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	122539.41	122539.41								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	49668.05	545350.36
(i) Itemized (use Schedule A)	3879.93	48646.80
(ii) Unitemized	53547.98	593997.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	1500.00
(c) Other Political Committees (such as PACs)	53547.98	595497.16
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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	-1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
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))	53547.98	598497.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53547.98	598497.16

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	1807.95	8266.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1807.95	8266.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95500.00	608100.00
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	121.38
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))..	97307.95	616487.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97307.95	616487.76

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)	53547.98	595497.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53547.98	595497.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1807.95	8266.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	-1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1807.95	9266.38

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 48
(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) Ira Alpert		Date of Receipt MM / DD / YYYY 11 / 13 / 2007	
Mailing Address 285 South St Ste J		Transaction ID: C364933	
City San Luis Obispo	State CA	Zip Code 93401-5037	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wilshire Foundation Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B.

Full Name (Last, First, Middle Initial) Gary D Anderson		Date of Receipt MM / DD / YYYY 11 / 01 / 2007	
Mailing Address 6618 McMakin Court		Transaction ID: C351953	
City Colleyville	State TX	Zip Code 76034-5752	Amount of Each Receipt this Period 330.00
FEC ID number of contributing federal political committee. C			
Name of Employer Preferred Care Management	Occupation President/Management Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 930.00		

C.

Full Name (Last, First, Middle Initial) Todd Aronson		Date of Receipt MM / DD / YYYY 11 / 02 / 2007	
Mailing Address 644 Goffle Road		Transaction ID: C352169	
City Hawthorne	State NJ	Zip Code 07506	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Van Dyk Park Place	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	755.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 48
	<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) Don B. B Bedell		Date of Receipt MM / DD / YYYY 11 / 14 / 2007		
	Mailing Address PO Box 1210		Transaction ID: C364225		
	City Sikeston	State MO	Zip Code 63801-1210	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Facilities Mgmt Co.	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
5000.00

B.	Full Name (Last, First, Middle Initial) Don C. C Bedell		Date of Receipt MM / DD / YYYY 11 / 20 / 2007		
	Mailing Address 731 North Main Street PO Box 1210		Transaction ID: C364939		
	City Sikeston	State MO	Zip Code 63801	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Facilities Mgmt Co- rp	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
5000.00

C.	Full Name (Last, First, Middle Initial) Nancy Beecham		Date of Receipt MM / DD / YYYY 11 / 02 / 2007		
	Mailing Address 1827 Diesel Drive		Transaction ID: C352159		
	City El Cajon	State CA	Zip Code 92019-1153	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retro Medical Billing Inc.	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
600.00

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
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 / 48
(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)
Lyn Bentley

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer AHCA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 11 / 09 / 2007

Transaction ID: C364212

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Orlando Jr Bisbano, Jr.

Mailing Address 135 Tripps Lane

City Riverside State RI Zip Code 02915

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

Name of Employer Orchard View Manor Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2007

Transaction ID: C352165

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Ken Bittman

Mailing Address 304 South Van Dien Avenue

City Ridgewood State NJ Zip Code 07450

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

Name of Employer Van Dyk Health Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 02 / 2007

Transaction ID: C352168

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 420.00

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 / 48
(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)
Timothy J Boyle

Mailing Address 4412 Applewood Avenue

City State Zip Code
Sioux City IA 51106-3602

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

Name of Employer Occupation
Care Center Mgmt Co Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: C364228

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Phyllis Byrnes

Mailing Address 700 Hanover Street

City State Zip Code
Manchester NH 03104

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

Name of Employer Occupation
Hanover Hill HCC Nurse Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: C351950

Amount of Each Receipt this Period
505.00

C. Full Name (Last, First, Middle Initial)
Ruth Channels

Mailing Address 404 East Orchard Street

City State Zip Code
Odessa MO 64076

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

Name of Employer Occupation
Medicalodges Inc A.L. Services Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: C351946

Amount of Each Receipt this Period
115.00

SUBTOTAL of Receipts This Page (optional) ► 1870.00

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 10 / 48
(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)
Julie Cheeka

Mailing Address 3614 Connecticut Ave NW
Apt 22

City Washington State DC Zip Code 20008-2436

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

Name of Employer AHCA Occupation Senior Director of Constituency Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.38

Date of Receipt 11 / 09 / 2007
Transaction ID: C364213
 Amount of Each Receipt this Period 11.54

B. Full Name (Last, First, Middle Initial)
Gail Clarkson

Mailing Address 1387 Club Drive

City Bloomfield Hills State MI Zip Code 48302-0823

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

Name of Employer The Medilodge Group Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: C367303
 Amount of Each Receipt this Period 1250.00

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

Mailing Address 1950 Cliffside Drive

City State College State PA Zip Code 16801-7662

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

Name of Employer Brookline Occupation Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3680.00

Date of Receipt 11 / 05 / 2007
Transaction ID: C352508
 Amount of Each Receipt this Period 780.00

SUBTOTAL of Receipts This Page (optional) ► 2041.54

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 11 / 48

(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) Heather Anne Cutler		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 309 W Myrtle St		Transaction ID: C352502
	City Alexandria	State VA	Zip Code 22301-2428
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer American Health Care Association		Occupation PAC Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.93	

B.	Full Name (Last, First, Middle Initial) Heather Anne Cutler		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address 309 W Myrtle St		Transaction ID: C364224
	City Alexandria	State VA	Zip Code 22301-2428
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.29
Name of Employer American Health Care Association		Occupation PAC Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.93	

C.	Full Name (Last, First, Middle Initial) Veronica Damesyn-Sharpe		Date of Receipt MM / DD / YYYY 11 / 08 / 2007
	Mailing Address 102 Oakford Ave		Transaction ID: C353077
	City Edgewater	State MD	Zip Code 21037-4913
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DCHCA Association		Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	214.29
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 / 48
(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)
Jack Dwyer

Mailing Address 1422A Clarkview Road

City Baltimore State MD Zip Code 21209

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

Name of Employer Capital Lending & Mortgage Group, LLC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: C366963
 Amount of Each Receipt this Period 5000.00

B.

Full Name (Last, First, Middle Initial)
Fonda Elliot

Mailing Address 240 Capitol St Ste 500

City Charleston State WV Zip Code 25301-2297

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

Name of Employer AMFM, Inc. Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 21 / 2007
Transaction ID: C367309
 Amount of Each Receipt this Period 2500.00

C.

Full Name (Last, First, Middle Initial)
John Elliot

Mailing Address 240 Capitol St Ste 500

City Charleston State WV Zip Code 25301-2297

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

Name of Employer AMFM Inc Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 21 / 2007
Transaction ID: C367308
 Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 48
(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 ▼ 214.30

Date of Receipt 11 / 09 / 2007

Transaction ID: C364214

Amount of Each Receipt this Period 21.43

B.

Full Name (Last, First, Middle Initial)
Frances Foy

Mailing Address 4900 Telegraph Road

City Ventura State CA Zip Code 93003

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

Name of Employer DSI Corporation - The Venturian Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 02 / 2007

Transaction ID: C352161

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
James Gomez

Mailing Address 2201 K Street

City Sacramento State CA Zip Code 95816-4922

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

Name of Employer CA Association of Health Facilities Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 20 / 2007

Transaction ID: C364938

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **821.43**

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 / 48
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Howard Groff		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
Mailing Address 9031 Penn Ave S		Transaction ID: C352513
City Bloomington	State MN	Zip Code 55431-2225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Tealwood Care Centers Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Steve Hatlestad		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
Mailing Address 18705 West 153rd Terrace		Transaction ID: C352506
City Olathe	State KS	Zip Code 66062-3189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Americare Systemsm Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Mary Haynes		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
Mailing Address 2000 Newburg		Transaction ID: C351955
City Louisville	State KY	Zip Code 40205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Nazareth Home	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	2025.00
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 / 48
(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 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 AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.43

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: C352505

Amount of Each Receipt this Period
100.00

B.

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 AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.43

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

Transaction ID: C364216

Amount of Each Receipt this Period
43.65

C.

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 Plum Healthcare Group LLC Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C367304

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **1393.65**

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 / 48

(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 ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: C367307

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
Mary Jo Kurtz

Mailing Address 304 South Van Dien Avenue

City State Zip Code
Ridgewood NJ 07450

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

Name of Employer Occupation
Van Dyk Health Care Chief Operating Officer

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

Date of Receipt

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

Transaction ID: C352170

Amount of Each Receipt this Period

300.00

C.

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
AHCA Director, Assisted Living

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 909.88

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: C364219

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional) ▶

364.56

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 / 48
(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) Edward LaMonde		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
Mailing Address 38 Echo Ridge Drive		Transaction ID: C352150
City Vernon	State CT	Zip Code 06066-5909
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Haven	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) Paul Langevin, Jr.		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
Mailing Address 4 Aaa Drive Suite 203		Transaction ID: C351922
City Hamilton	State NJ	Zip Code 08691-1813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Care Association of New Jersey	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Howard Lipschutz		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
Mailing Address 1304 Laurel Oak Rd		Transaction ID: C352814
City Voorhees	State NJ	Zip Code 08043-4310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Burnt Tavern Rehabilitation HealthCare	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	925.00
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 / 48
(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)
Cindy Luxem

Mailing Address 117 SW 6th Street
Suite 200

City State Zip Code
Topeka KS 66606

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

Name of Employer Occupation
Kansas Health Care Association State Executive

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: C352156

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Cindy Luxem

Mailing Address 117 SW 6th Street
Suite 200

City State Zip Code
Topeka KS 66606

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

Name of Employer Occupation
Kansas Health Care Association State Executive

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: C352173

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
John Masternick

Mailing Address 101 W Liberty St

City State Zip Code
Girard OH 44420-2844

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

Name of Employer Occupation
Attorney AT LAW Attorney

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: C366967

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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 / 48
(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) Mark McKenzie		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
Mailing Address 930 Ridgebrook Road		Transaction ID: C351956
City State Zip Code Sparks Glencoe MD 21152	Amount of Each Receipt this Period 1450.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Fundamental Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

B.

Full Name (Last, First, Middle Initial) Rick Mendlen		Date of Receipt MM / DD / YYYY 11 / 28 / 2007
Mailing Address 1810 Gillespie Way Suite 212		Transaction ID: C367306
City State Zip Code El Cajon CA 92020-0921	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Kennon Shea & Assoc. Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.

Full Name (Last, First, Middle Initial) Arlene Miles		Date of Receipt MM / DD / YYYY 11 / 20 / 2007
Mailing Address 6061 South Brook Valley		Transaction ID: C364941
City State Zip Code Centennial CO 80121-3103	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Colorado Health Care Association State Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2350.00
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 / 48

(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)

Michaela Miller

Mailing Address 20023 SW Corrine Street

City State Zip Code
Beaverton OR 97007-8637

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

Name of Employer Occupation
Avamere Health Services Shareholder

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

Date of Receipt

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

Transaction ID: C364936

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Rick Miller

Mailing Address 25117 SW Parkway Avenue
Suite F

City State Zip Code
Wilsonville OR 97070-9697

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

Name of Employer Occupation
Avamere Health Services, NC President & CEO

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

Date of Receipt

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

Transaction ID: C364937

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

V. Richard Miller

Mailing Address 3594 East US Highway 30

City State Zip Code
Warsaw IN 46580-6720

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

Name of Employer Occupation
MMM Invest Inc CEO/CFO

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

Date of Receipt

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

Transaction ID: C364935

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) ▶

5000.00

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 / 48
(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)
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer
American Health Care Association

Occupation
Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: C352498

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Bobby Noon

Mailing Address 308 Centennial Boulevard

City State Zip Code
Edmond OK 73013

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

Name of Employer
Grace Living Centers

Occupation
Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: C351951

Amount of Each Receipt this Period
400.00

C.

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

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

Name of Employer
Sr. Director of Congressional Affairs

Occupation
American Health Care Association

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2007

Transaction ID: C364217

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **520.00**

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 22 / 48
(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)
Lassie Pappas

Mailing Address 6937 Warfield Avenue

City State Zip Code
Sykesville MD 21784

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

Name of Employer Occupation
Nexion Health, Inc. Information Requested

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: C351952

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Charles Perry

Mailing Address 4550 West Oakey Boulevard
Suite 99B

City State Zip Code
Las Vegas NV 89102-1599

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

Name of Employer Occupation
Nevada Health Care Assn. Executive Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: C364229

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Scott Pilgrim

Mailing Address 129 West 1st Street
Apartment B

City State Zip Code
Edmond OK 73003-5509

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

Name of Employer Occupation
Diakonos Group Owner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2007

Transaction ID: C353075

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional) ► 1925.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 48
(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) Tom Pollock		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
Mailing Address 9899 Avocet Street, NW		Transaction ID: C367354
City Coon Rapids	State MN	Zip Code 55433-6413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -900.00
Name of Employer Park River Estates Care Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

B.

Full Name (Last, First, Middle Initial) Neil Pruitt, Sr.		Date of Receipt MM / DD / YYYY 11 / 14 / 2007
Mailing Address PO Box 1210		Transaction ID: C364227
City Toccoa	State GA	Zip Code 30577-1421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Pruitt Corp.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.

Full Name (Last, First, Middle Initial) Daniel Rader		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
Mailing Address 1503 South Main Street		Transaction ID: C351957
City Phillipsburg	State NJ	Zip Code 08865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1105.00
Name of Employer Care Perspectives, Inc.	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.00	

SUBTOTAL of Receipts This Page (optional)	▶	1455.00
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 / 48
(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)
Roland Rapp
Mailing Address 3308 Ocean Boulevard
City State Zip Code
Corona Del Mar CA 92625-3256
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Fountain View General Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 11 / 05 / 2007
Transaction ID: C352509
Amount of Each Receipt this Period 210.00

B. Full Name (Last, First, Middle Initial)
Thomas G. Rau
Mailing Address 10503 Citation Drive
City State Zip Code
Brighton MI 48116
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Nexcare Health Systems, LLC Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3750.00
Date of Receipt 11 / 14 / 2007
Transaction ID: C364232
Amount of Each Receipt this Period 1250.00

C. Full Name (Last, First, Middle Initial)
Mark Emerson Reagan
Mailing Address 1508 Landmark Dr
City State Zip Code
Vallejo CA 94591-3845
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Information Requested Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 05 / 2007
Transaction ID: C353385
Amount of Each Receipt this Period 64.00

SUBTOTAL of Receipts This Page (optional) ► 1524.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 48
(check only one)

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

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) Frank Romano		Date of Receipt MM / DD / YYYY 11 / 14 / 2007
Mailing Address 57 Summer Street		Transaction ID: C364231
City Rowley	State MA	Zip Code 01969-1835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Essex Group	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Leonard Russ		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
Mailing Address 40 Keogh Lane		Transaction ID: C352174
City New Rochelle	State NY	Zip Code 10805-1308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Bayberry Nursing Home	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

C.

Full Name (Last, First, Middle Initial) Shelley Sabo		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 6360 Tisbury Dr PAYROLL DEDUCTION		Transaction ID: C364220
City Burke	State VA	Zip Code 22015-4061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer NCAL	Occupation Director Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	1360.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 48
(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)
Alfred Santos

Mailing Address 57 Kilvert Street
Suite 200

City State Zip Code
Warwick RI 02886-1054

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

Name of Employer Occupation
Rhode Island Healthcare Assn Executive Director

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

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

Transaction ID: C352162

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Alfred Santos

Mailing Address 57 Kilvert Street
Suite 200

City State Zip Code
Warwick RI 02886-1054

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

Name of Employer Occupation
Rhode Island Healthcare Assn Executive Director

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

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

Transaction ID: C364940

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City State Zip Code
Arlington VA 22204

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

Name of Employer Occupation
AHCA Director, Government Relations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 236.85

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

Transaction ID: C364221

Amount of Each Receipt this Period
15.79

SUBTOTAL of Receipts This Page (optional) ▶ **365.79**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 48
(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) Dion Sena		Date of Receipt MM / DD / YYYY 11 / 02 / 2007	
Mailing Address 1301 NE 104th Street		Transaction ID: C352154	
City Miami Shores	State FL	Zip Code 33138-2661	Amount of Each Receipt this Period 850.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alachua Health Consultants Inc.	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00		

B.

Full Name (Last, First, Middle Initial) John Kennon Shea		Date of Receipt MM / DD / YYYY 11 / 20 / 2007	
Mailing Address 1810 Gillespie Way Suite 212		Transaction ID: C364442	
City El Cajon	State CA	Zip Code 92020-0921	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kennon S. Shea and Associates	Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

C.

Full Name (Last, First, Middle Initial) Michael Shepard		Date of Receipt MM / DD / YYYY 11 / 01 / 2007	
Mailing Address 6810 South Hazel Street		Transaction ID: C351945	
City Pine Bluff	State AR	Zip Code 71603-7828	Amount of Each Receipt this Period 420.00
FEC ID number of contributing federal political committee. C			
Name of Employer Garden Point - Davis Life Care	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00		

SUBTOTAL of Receipts This Page (optional)	2520.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 48
(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 Shepard

Mailing Address 6810 South Hazel Street

City Pine Bluff State AR Zip Code 71603-7828

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

Name of Employer Garden Point - Davis Life Care Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 11 / 06 / 2007

Transaction ID: C352614

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 9507 Shelly Krasnow Ln

City Fairfax State VA Zip Code 22031-4720

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

Name of Employer AHCA Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.38

Date of Receipt 11 / 09 / 2007

Transaction ID: C364218

Amount of Each Receipt this Period 11.54

C.

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt 11 / 09 / 2007

Transaction ID: C364222

Amount of Each Receipt this Period 31.25

SUBTOTAL of Receipts This Page (optional) ▶ 62.79

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

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

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

FOR LINE NUMBER: PAGE 29 / 48
(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)
Andrea Solazzo

Mailing Address 42 North Mountain Avenue

City State Zip Code
Montclair NJ 07042

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

Name of Employer Van Dyk Healthcare Occupation Administrator

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

Date of Receipt

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

Transaction ID: C352171

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dean Solden

Mailing Address 12005 Scio Church Road

City State Zip Code
Chelsea MI 48118-9612

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

Name of Employer Solden Development Company LLC Occupation Information Requested

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 435.00

Date of Receipt

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

Transaction ID: C351925

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Dean Solden

Mailing Address 12005 Scio Church Road

City State Zip Code
Chelsea MI 48118-9612

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

Name of Employer Solden Development Company LLC Occupation Information Requested

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 435.00

Date of Receipt

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

Transaction ID: C351958

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **735.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 48

(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)

Dixie Taylor-Huff

Mailing Address 932 East Baddour Parkway

City State Zip Code
Lebanon TN 37087-3707

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

Name of Employer Occupation
Quality Care Health Center Administrator/Owner

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: C364226

Amount of Each Receipt this Period

1250.00

B.

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 ▼ 1530.00

Date of Receipt

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

Transaction ID: C352612

Amount of Each Receipt this Period

450.00

C.

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 ▼ 1530.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: C353076

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional) ▶

1780.00

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 31 / 48

(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)
Pamela Tokarczvk

Mailing Address 197 Cahill Cross Road

City State Zip Code
West Milford NJ 07480

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

Name of Employer Occupation
Van Dyk Health Care Executive Director

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

Date of Receipt

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

Transaction ID: C352172

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Travis Tomlinson

Mailing Address 513 East Whitaker Mill Road

City State Zip Code
Raleigh NC 27608-2633

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

Name of Employer Occupation
Mayview Conv Home Inc Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

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

Transaction ID: C351927

Amount of Each Receipt this Period

150.00

C.

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 Occupation
HCF, Inc. President

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

Date of Receipt

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

Transaction ID: C364934

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 48
(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)
Robert VandeMerwe

Mailing Address 802 West Bannock Suite 304

City State Zip Code
Boise ID 83702

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

Name of Employer Idaho Health Care Association
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

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

Transaction ID: C351928

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Robert VandeMerwe

Mailing Address 802 West Bannock Suite 304

City State Zip Code
Boise ID 83702

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

Name of Employer Idaho Health Care Association
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	7

Transaction ID: C367305

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Solanges Vivens

Mailing Address 4201 Connecticut Avenue, NW

City State Zip Code
Washington DC 20008

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

Name of Employer VMT Long Term Care Management Inc.
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: C351926

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **475.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 48
(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)
Yrene Waldron

Mailing Address 726 Loveville Road
Suite 3000

City Hockessin State DE Zip Code 19707-1536

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

Name of Employer Delaware Health Care Facilities Assn Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 01 / 2007
Transaction ID: C351923
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Yrene Waldron

Mailing Address 726 Loveville Road
Suite 3000

City Hockessin State DE Zip Code 19707-1536

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

Name of Employer Delaware Health Care Facilities Assn Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2007
Transaction ID: C352812
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Yrene Waldron

Mailing Address 726 Loveville Road
Suite 3000

City Hockessin State DE Zip Code 19707-1536

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

Name of Employer Delaware Health Care Facilities Assn Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 06 / 2007
Transaction ID: C352611
Amount of Each Receipt this Period 180.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 48

(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)
Marilyn K. Weber

Mailing Address PO Box 386

City State Zip Code
Wellington OH 44090-0386

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: C364230

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Andrew S Weisman

Mailing Address 5310 NW 33rd Ave
Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6319

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

Name of Employer Occupation
NuVision Management Vice President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 4250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: C366966

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Jack Wells

Mailing Address 725 Harvard Drive

City State Zip Code
Owensboro KY 42301-6185

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

Name of Employer Occupation
Wells Health Systems President & Owner

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1490.00

Date of Receipt

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

Transaction ID: C351949

Amount of Each Receipt this Period

1490.00

SUBTOTAL of Receipts This Page (optional)

2490.00

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 35 / 48

(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)

Jean Wells

Mailing Address 725 Harvard Drive

City State Zip Code
Owensboro KY 42301-6185

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

Name of Employer Occupation
Wells Health Systems Owner, Legislative Chair

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

Date of Receipt

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

Transaction ID: C351944

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael Wylie

Mailing Address 101 East State Street

City State Zip Code
Kennett Square PA 19348-3109

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

Name of Employer Occupation
Genesis Eldercare Network VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: C352151

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

49668.05

**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 / 48

<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 <hr/> Mailing Address 2200 Wilson Blvd Ste 200 <hr/> City Arlington State VA Zip Code 22201-3324 <hr/> Purpose of Disbursement CC Fees Candidate Name <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: D56609 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 1733.63
B. Full Name (Last, First, Middle Initial) BB & T <hr/> Mailing Address PO Box 819 Operations Center <hr/> City Wilson State NC Zip Code 27894-0819 <hr/> Purpose of Disbursement Bank Fees Candidate Name <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: D56608 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 74.32

SUBTOTAL of Disbursements This Page (optional) ►

1807.95

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

1807.95

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bob Schaffer for U.S. Senate	Transaction ID: D55740 Date of Disbursement
	Mailing Address PO Box 102135	<input type="text" value="11"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Denver State CO Zip Code 80250-2135	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Committee	<input type="text" value="1000.00"/>
	Candidate Name Bob Schaffer	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brown-Waite for Congress	Transaction ID: D54694 Date of Disbursement
	Mailing Address 6135 Deltona Blvd	<input type="text" value="11"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Spring Hill State FL Zip Code 34606-1000	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Committees	<input type="text" value="3000.00"/>
	Candidate Name Rep. Ginny Brown-Waite	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FREEDOM FUND	Transaction ID: D54697 Date of Disbursement
	Mailing Address 1155 21st Street NW Suite 300	<input type="text" value="11"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Committees	<input type="text" value="1500.00"/>
	Candidate Name	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
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)

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

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

A.	Full Name (Last, First, Middle Initial) Hillary Clinton for President	Transaction ID: D54678 Date of Disbursement 11 / 07 / 2007
	Mailing Address PO BOX 77593	Amount of Each Disbursement this Period 1500.00
	City WASHINGTON State DC Zip Code 20013	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Hillary Clinton For, President	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) HARRY MITCHELL FOR CONGRESS	Transaction ID: D54672 Date of Disbursement 11 / 07 / 2007
	Mailing Address PO Box 23748	Amount of Each Disbursement this Period 5000.00
	City Tempe State AZ Zip Code 85285	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Harry E. Mitchell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: AZ District: 05	

C.	Full Name (Last, First, Middle Initial) HARRY MITCHELL FOR CONGRESS	Transaction ID: D54673 Date of Disbursement 11 / 07 / 2007
	Mailing Address PO Box 23748	Amount of Each Disbursement this Period 5000.00
	City Tempe State AZ Zip Code 85285	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Harry E. Mitchell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: AZ District: 05	

SUBTOTAL of Disbursements This Page (optional)	▶	11500.00
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) CITIZENS FOR ALTMIRE	Transaction ID: D54664 Date of Disbursement 11 / 07 / 2007
	Mailing Address 499 S Capitol St SW Ste 404	Amount of Each Disbursement this Period 3000.00
	City Washington State DC Zip Code 20003-4004	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Jason Altmire	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: D54665 Date of Disbursement 11 / 07 / 2007
	Mailing Address 499 S Capitol St SW Ste 404	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003-4004	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Jason Altmire	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE	Transaction ID: D54701 Date of Disbursement 11 / 12 / 2007
	Mailing Address 911 Welsh Ayres Way	Amount of Each Disbursement this Period 2000.00
	City Downingtown State PA Zip Code 19335-1689	
	Purpose of Disbursement Contributions to Federal Committees	Category/ Type
	Candidate Name Rep. Jim Gerlach	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
JOE DONNELLY FOR CONGRESS

Mailing Address P.O. Box 1961

City State Zip Code
South Bend IN 46634

Purpose of Disbursement
Contributions to Federal Contributions

Candidate Name
Rep. Joe Donnelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 02

Transaction ID: D54632

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

250.00

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

Mailing Address PO Box 8013

City State Zip Code
SALEM MA 01971-8013

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John F. Tierney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MA District: 06

Transaction ID: D54630

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO Box 274

City State Zip Code
Hopewell Junction NY 12533-0274

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Hall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: D54629

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS <hr/> Mailing Address P.O. Box 534 <hr/> City Pueblo State CO Zip Code 81002 <hr/> Purpose of Disbursement Contributions to Federal Contributions Candidate Name Rep. John T. Salazar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D54631 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/ Type
B. Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS <hr/> Mailing Address 38 Risley Road <hr/> City Vernon State CT Zip Code 06066 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Joseph Courtney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D54653 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/ Type
C. Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS <hr/> Mailing Address P.O. Box 1279 <hr/> City Hudson State NY Zip Code 12534 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Kirsten Gillibrand <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D54670 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 5000.00
	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	7000.00
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) GILLIBRAND FOR CONGRESS	Transaction ID: D54671
	Mailing Address P.O. Box 1279	Date of Disbursement 11 / 07 / 2007
	City Hudson State NY Zip Code 12534	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Kirsten Gillibrand	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE	Transaction ID: D54676
	Mailing Address P. O. Box 408	Date of Disbursement 11 / 07 / 2007
	City Anderson State IN Zip Code 46015	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Mike Pence	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS	Transaction ID: D54677
	Mailing Address 5435 Madison Avenue	Date of Disbursement 11 / 07 / 2007
	City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Mike Thompson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10250.00
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 ROSA DELAURO	Transaction ID: D54696
	Mailing Address 49 HUNTINGTON STREET	Date of Disbursement MM / DD / YYYY 11 / 12 / 2007
	City NEW HAVEN State CT Zip Code 06511	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Rosa Delauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS	Transaction ID: D54695
	Mailing Address P.O. Box 11519	Date of Disbursement MM / DD / YYYY 11 / 12 / 2007
	City Charleston State WV Zip Code 25339	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Committees	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: D54659
	Mailing Address 100 W. College Ave.	Date of Disbursement MM / DD / YYYY 11 / 07 / 2007
	City Appleton State WI Zip Code 54911	Amount of Each Disbursement this Period 4500.00
	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS</p> <p>Mailing Address 100 W. College Ave.</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Steve Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 08</p>	<p>Transaction ID: D54660</p> <p>Date of Disbursement 11 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS</p> <p>Mailing Address PO BOX 938</p> <p>City MANKATO State MN Zip Code 56002</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Tim Walz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 01</p>	<p>Transaction ID: D54674</p> <p>Date of Disbursement 11 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS</p> <p>Mailing Address PO BOX 938</p> <p>City MANKATO State MN Zip Code 56002</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Tim Walz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 01</p>	<p>Transaction ID: D54675</p> <p>Date of Disbursement 11 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)	15000.00
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) TIM MAHONEY FOR FLORIDA	Transaction ID: D54667
	Mailing Address 1128-408 ROYAL PALM BEACH BLVD	Date of Disbursement 11 / 07 / 2007
	City ROYAL PALM BEACH State FL Zip Code 33411	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Timothy Mahoney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 16	

B.	Full Name (Last, First, Middle Initial) TIM MAHONEY FOR FLORIDA	Transaction ID: D54669
	Mailing Address 1128-408 ROYAL PALM BEACH BLVD	Date of Disbursement 11 / 07 / 2007
	City ROYAL PALM BEACH State FL Zip Code 33411	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Timothy Mahoney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 16	

C.	Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE	Transaction ID: D54662
	Mailing Address 714 N WOOSTER AVENUE	Date of Disbursement 11 / 07 / 2007
	City DOVER State OH Zip Code 44622	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Zack Space	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 18	

SUBTOTAL of Disbursements This Page (optional)	13000.00
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)
ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 714 N WOOSTER AVENUE

City DOVER State OH Zip Code 44622

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Zack Space

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 18

Transaction ID: D54663

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Rodriguez for Congress

Mailing Address 363 W. Harding

City San Antonio State TX Zip Code 78214

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ciro D. Rodriguez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 23

Transaction ID: D54698

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Schock for Congress

Mailing Address 1155 21st Street NW Ste 330

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name
Aaron Schock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District: 18

Transaction ID: D54699

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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) MARK PRYOR FOR US SENATE	Transaction ID: D54628 Date of Disbursement
	Mailing Address 227 Massachusetts Ave NE	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Washington State DC Zip Code 20002-4963	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Sen. Mark Pryor	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND	Transaction ID: D54693 Date of Disbursement
	Mailing Address P.O. Box 32025	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Committees	<input type="text" value="1500.00"/>
	Candidate Name	Category/ Type
	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) VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)	Transaction ID: D54682 Date of Disbursement
	Mailing Address 227 Massachusetts Ave. NE	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Committees	<input type="text" value="5000.00"/>
	Candidate Name	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="95500.00"/>

Image# 28990476254

Form/Schedule: **F3XA**

In response to FEC request dated 1/18/2008. Amended report is due to incorrect data entry.

Transaction ID:
