

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 11 04 2008 in the State of DC

5. Covering Period 10 16 2008 through 11 24 2008

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 01 28 2009

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	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		112871.46
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	104463.78									
(c) Total Receipts (from Line 19)	89437.33	725203.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	193901.11	838075.06								
7. Total Disbursements (from Line 31)	76344.21	720518.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	117556.90	117556.90								
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	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	76463.38	666821.98
(i) Itemized (use Schedule A)	10973.95	46881.62
(ii) Unitemized	87437.33	713703.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	2000.00	9500.00
(c) Other Political Committees (such as PACs)	89437.33	723203.60
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
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))	89437.33	725203.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	89437.33	725203.60

DETAILED SUMMARY PAGE

of Disbursements

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.....	1844.21	12074.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1844.21	12074.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75500.00	705650.00
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	3793.64
(b) Political Party Committees	-1000.00	-1000.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	-1000.00	2793.64
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	76344.21	720518.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76344.21	720518.16

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)	89437.33	723203.60
34. Total Contribution Refunds (from Line 28(d))	-1000.00	2793.64
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90437.33	720409.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1844.21	12074.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1844.21	12074.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 80

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Ackerson

Mailing Address 6750 Westown Pkwy
Ste 100

City State Zip Code
West Des Moines IA 50266-7716

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

Name of Employer Occupation
Iowa Health Care Assn. Executive Director

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 4545.00

Date of Receipt

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

Transaction ID: C522501

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Steve Ackerson

Mailing Address 6750 Westown Pkwy
Ste 100

City State Zip Code
West Des Moines IA 50266-7716

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

Name of Employer Occupation
Iowa Health Care Assn. Executive Director

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 4545.00

Date of Receipt

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

Transaction ID: C524814

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Denise T. Allen

Mailing Address 80 Access Road

City State Zip Code
Norwood MA 02062

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

Name of Employer Occupation
Rehabilitation Associates, Inc. Information Requested

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00

Date of Receipt

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

Transaction ID: C520275

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional) ▶

690.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 80

(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)

Denise T. Allen

Mailing Address 80 Access Road

City State Zip Code
Norwood MA 02062

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

Name of Employer
Rehabilitation Associates,
Inc.

Occupation
Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

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

Transaction ID: C522552

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gary D Anderson

Mailing Address 6618 McMakin Court

City State Zip Code
Colleyville TX 76034-5752

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

Name of Employer
Preferred Care Partners
Management Gro

Occupation
President/Management Company

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: C522513

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Gary D Anderson

Mailing Address 6618 McMakin Court

City State Zip Code
Colleyville TX 76034-5752

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

Name of Employer
Preferred Care Partners
Management Gro

Occupation
President/Management Company

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: C524285

Amount of Each Receipt this Period

3150.00

SUBTOTAL of Receipts This Page (optional)

3450.00

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 8 / 80
	<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) Coral Teresa Andrews		Date of Receipt MM / DD / YYYY 11 / 05 / 2008		
	Mailing Address 932 Ward Ave Ste 430		Transaction ID: C526240		
	City Honolulu	State HI	Zip Code 96814-2126	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Association of Hawaii	Occupation Executive Director	Aggregate Year-to-Date 312.50		

B.	Full Name (Last, First, Middle Initial) Robert Asztalos		Date of Receipt MM / DD / YYYY 10 / 23 / 2008		
	Mailing Address 713 E Park Ave		Transaction ID: C522514		
	City Tallahassee	State FL	Zip Code 32301-2618	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Buigas, Asztalos & Associates	Occupation Lobbyist	Aggregate Year-to-Date 700.00		

C.	Full Name (Last, First, Middle Initial) Mary Baker		Date of Receipt MM / DD / YYYY 11 / 07 / 2008		
	Mailing Address 108 Starr Avenue PO Box 1127		Transaction ID: C526537		
	City Turlock	State CA	Zip Code 95380	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mark One Corp.	Occupation Administrator	Aggregate Year-to-Date 5000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2825.00
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 / 80

(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 Ballif

Mailing Address 100 E San Marcos Blvd
Suite 200

City State Zip Code
San Marcos CA 92069

FEC ID number of contributing federal political committee.

C

Name of Employer
Plum Healthcare Group

Occupation
Executive Assistant

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 8 / 2 0 0 8

Transaction ID: C528449

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Cecil Barcelo

Mailing Address 411 Alabama Ave

City State Zip Code
League City TX 77573-2615

FEC ID number of contributing federal political committee.

C

Name of Employer
Baywind Village

Occupation
Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: C524094

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Cecil Barcelo

Mailing Address 411 Alabama Ave

City State Zip Code
League City TX 77573-2615

FEC ID number of contributing federal political committee.

C

Name of Employer
Baywind Village

Occupation
Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C595678

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 80

(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)

Don C. Bedell

Mailing Address 731 North Main Street
PO Box 1210

City State Zip Code
Sikeston MO 63801

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

Name of Employer Occupation
Castle Partners 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 / 0 5 / 2 0 0 8

Transaction ID: C526241

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Ken Beebe, Jr.

Mailing Address 571 Highway 51
Ste H

City State Zip Code
Ridgeland MS 39157-2597

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

Name of Employer Occupation
Legacy Care Owner

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

Date of Receipt

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

Transaction ID: C526236

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
AHCA Director

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
480.00

Date of Receipt

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

Transaction ID: C521479

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 80
(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 ▼ 480.00

Date of Receipt 11 / 07 / 2008

Transaction ID: C528226

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Lyn Bentley

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer AHCA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 21 / 2008

Transaction ID: C593341

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City Dayton State OH Zip Code 45459-3911

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

Name of Employer LBK Healthcare, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2760.00

Date of Receipt 10 / 16 / 2008

Transaction ID: C520280

Amount of Each Receipt this Period 260.00

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 12 / 80
(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)
Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City State Zip Code
Dayton OH 45459-3911

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

Name of Employer Occupation
LBK Healthcare, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2760.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 8

Transaction ID: C523317

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Richard Blinn

Mailing Address 200 Brickstone Square

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Genesis Eldercare President, New England

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

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

Transaction ID: C521307

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Richard Blinn

Mailing Address 200 Brickstone Square

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Genesis Eldercare President, New England

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

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

Transaction ID: C521596

Amount of Each Receipt this Period
345.00

SUBTOTAL of Receipts This Page (optional) ► 1945.00

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 / 80
(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) Timothy J Boyle		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 4412 Applewood Avenue		Transaction ID: C526242
City Sioux City	State IA	Zip Code 51106-3602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Care Center Mgmt Co	Occupation Chief Operating Officer	
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) Christopher R. Bryson		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 1626 Jeurgens Court		Transaction ID: C521293
City Norcross	State GA	Zip Code 30096
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer UHS-Pruitt Corporation, Inc.	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

C.

Full Name (Last, First, Middle Initial) Christopher R. Bryson		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 1626 Jeurgens Court		Transaction ID: C526243
City Norcross	State GA	Zip Code 30096
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer UHS-Pruitt Corporation, Inc.	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	▶	1475.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 80
(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) Virginia Burke		Date of Receipt MM / DD / YYYY 11 / 04 / 2008
Mailing Address 17 Heritage Road		Transaction ID: C527321
City Barrington	State RI	Zip Code 02806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

B.

Full Name (Last, First, Middle Initial) Douglas Burr		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 1185 Wilde Run Court		Transaction ID: C521271
City Roswell	State GA	Zip Code 30075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested Cypress Administrative Services, LLC	Occupation Information Requested VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Douglas Burr		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
Mailing Address 1185 Wilde Run Court		Transaction ID: C521598
City Roswell	State GA	Zip Code 30075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Information Requested Cypress Administrative Services, LLC	Occupation Information Requested VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	835.00
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 / 80
(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)
Bernardo Carotenuto

Mailing Address 702 S Kings Ave

City State Zip Code
Brandon FL 33511-5925

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

Name of Employer: Genoa Healthcare Consulting, LLC
Occupation: Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: C521282

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Bernardo Carotenuto

Mailing Address 702 S Kings Ave

City State Zip Code
Brandon FL 33511-5925

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

Name of Employer: Genoa Healthcare Consulting, LLC
Occupation: Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: C521865

Amount of Each Receipt this Period
200.00

C.

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

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

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

Name of Employer: AHCA
Occupation: Senior Director of Constituency Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.92

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

Transaction ID: C521481

Amount of Each Receipt this Period
11.54

SUBTOTAL of Receipts This Page (optional) ► **311.54**

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

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

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

FOR LINE NUMBER: PAGE 16 / 80
(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 State Zip Code
Washington DC 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 ▼ 276.92

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

Transaction ID: C528227

Amount of Each Receipt this Period
11.54

B. Full Name (Last, First, Middle Initial)
Julie Cheeka

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

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

Name of Employer AHCA Occupation Senior Director of Constituency Affair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.92

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

Transaction ID: C593342

Amount of Each Receipt this Period
11.54

C. Full Name (Last, First, Middle Initial)
Steven E. Chies

Mailing Address 8624 Mississippi Blvd NW

City State Zip Code
Coon Rapids MN 55433-5968

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

Name of Employer Benedictine Health System-Cambridge Occupation VP, Long Term Care Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526244

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► 1273.08

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 / 80
(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)
Mark Stuart Clay

Mailing Address 86 Kimberly Drive

City Columbus State MS Zip Code 39702-8360

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

Name of Employer Windsor Place Nursing & Rehab Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2008

Transaction ID: C522430

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Vickie Cox, RN

Mailing Address 1203 Walker Road

City Dover State DE Zip Code 19904

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

Name of Employer Heritage at Dover Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2008

Transaction ID: C521464

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Patricia Cullen

Mailing Address 7851 Metro Pkwy Suite 200

City Bloomington State MN Zip Code 55425-1524

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

Name of Employer Care Providers of Minnesota Occupation VP, Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2008

Transaction ID: C520279

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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 / 80
(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)
John Derr

Mailing Address 2001 Piper Circle

City Anacortes State WA Zip Code 98221-3125

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

Name of Employer JD 7 Associates Enterprises Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 965.00

Date of Receipt 10 / 20 / 2008

Transaction ID: C521468

Amount of Each Receipt this Period 100.00

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

Mailing Address 2001 Piper Circle

City Anacortes State WA Zip Code 98221-3125

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

Name of Employer JD 7 Associates Enterprises Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 965.00

Date of Receipt 11 / 18 / 2008

Transaction ID: C529211

Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Joseph Donchess

Mailing Address Louisiana Nursing Home Association
7844 Office Park Boulevard

City Baton Rouge State LA Zip Code 70809-7603

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

Name of Employer Louisiana Nursing Home Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 24 / 2008

Transaction ID: C523958

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 565.00

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 / 80
(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)
William Dunn

Mailing Address 870 Bexley Ave

City Marion State OH Zip Code 43302-5463

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

Name of Employer Marion Manor Nursing Hm Inc Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2008

Transaction ID: C521572

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20001

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

Name of Employer AHCA Occupation Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 20 / 2008

Transaction ID: C521485

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20001

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

Name of Employer AHCA Occupation Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 07 / 2008

Transaction ID: C528228

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 290.00

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 / 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Teresa Eyet
Mailing Address 1201 L Street NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer AHCA Occupation Education
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00
Date of Receipt 11 / 21 / 2008
Transaction ID: C593343
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Toni Fatone
Mailing Address 111 Founders Plaza
City East Hartford State CT Zip Code 06108
FEC ID number of contributing federal political committee. **C**
Name of Employer Connecticut Association of HC Faciliti Occupation Executive Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt 10 / 20 / 2008
Transaction ID: C521523
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Susan Feeny
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 ▼ 463.93
Date of Receipt 10 / 20 / 2008
Transaction ID: C521488
Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional) ► 139.24
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 80
(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 ▼ 463.93

Date of Receipt 11 / 07 / 2008

Transaction ID: C528229

Amount of Each Receipt this Period 19.24

B.

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

Mailing Address 7005 Metropolitan PI

City Falls Church State VA Zip Code 22043-2330

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 463.93

Date of Receipt 11 / 21 / 2008

Transaction ID: C593347

Amount of Each Receipt this Period 19.24

C.

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

Mailing Address 163 West Kingsbridge Road

City Bronx State NY Zip Code 10463

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

Name of Employer Terrace Healthcare Center, Inc Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2008

Transaction ID: C529209

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1038.48**

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 / 80
(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)
Sandra Ferguson

Mailing Address Hilltop Care Center
1912 Zenith Avenue

City Spirit Lake State IA Zip Code 51360

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

Name of Employer Hilltop Care Center Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C520278

Amount of Each Receipt this Period
1320.00

B.

Full Name (Last, First, Middle Initial)
Jim Giardina

Mailing Address 312 Solley Dr
Rear

City Ballwin State MO Zip Code 63021-5248

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

Name of Employer Community Care Centers Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: C521732

Amount of Each Receipt this Period
200.00

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

Transaction ID: C526667

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1770.00**

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 / 80
(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)
Don Gormly

Mailing Address 1685 Shaffer Rd

City State Zip Code
Atwater CA 95301-4456

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

Name of Employer Anberry Rehab Hosp Occupation Owner

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526245

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Ronald Goux

Mailing Address 2045 Highway 59
PO Box 1429

City State Zip Code
Mandeville LA 70448-1909

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

Name of Employer Gulf South Medical Enterprises Occupation President

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

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

Transaction ID: C521867

Amount of Each Receipt this Period
2000.00

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

Mailing Address 9031 Penn Avenue S

City State Zip Code
Bloomington MN 55431-2225

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

Name of Employer Tealwood Care Centers Inc Occupation President

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

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

Transaction ID: C597579

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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 / 80
(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)
Merrilee Hawk

Mailing Address Nexion -- McKinney Healthcare
215 Enterprise Drive

City State Zip Code
McKinney TX 75069

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

Name of Employer Occupation
Nexion -- McKinney Health-care Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

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

Transaction ID: C521907

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Merrilee Hawk

Mailing Address Nexion -- McKinney Healthcare
215 Enterprise Drive

City State Zip Code
McKinney TX 75069

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

Name of Employer Occupation
Nexion -- McKinney Health-care Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526268

Amount of Each Receipt this Period
340.00

C. Full Name (Last, First, Middle Initial)
Mary Haynes

Mailing Address Nazareth Home
2000 Newburg

City State Zip Code
Louisville KY 40205

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

Name of Employer Occupation
Nazareth Home Information Requested

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C520285

Amount of Each Receipt this Period
265.00

SUBTOTAL of Receipts This Page (optional) ▶ **705.00**

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 / 80
(check only one)

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

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

A.

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

Mailing Address Nazareth Home
2000 Newburg

City State Zip Code
Louisville KY 40205

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

Name of Employer Nazareth Home Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2008

Transaction ID: C522509

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 ▼
840.94

Date of Receipt
MM / DD / YYYY
10 / 20 / 2008

Transaction ID: C521494

Amount of Each Receipt this Period
38.46

C.

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.94

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: C528232

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **176.92**

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 / 80
(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)
David Hebert

Mailing Address 7605 Ridgecrest Drive

City Alexandria State VA Zip Code 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.94

Date of Receipt 11 / 21 / 2008

Transaction ID: C593350

Amount of Each Receipt this Period 38.46

B.

Full Name (Last, First, Middle Initial)
Dave Helmsin

Mailing Address 1717 I St

City Sacramento State CA Zip Code 95811-3001

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

Name of Employer Capitol Advocacy Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2008

Transaction ID: C526234

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Richard Herrick

Mailing Address 33 Elk Street 300

City Albany State NY Zip Code 12207

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

Name of Employer NYS Health Facilities Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 22 / 2008

Transaction ID: C521859

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 388.46

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 / 80
(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) Jane Hibbard-Merrill		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
Mailing Address Gulford St PO Box 159		Transaction ID: C521599
City Dover-Foxcroft	State ME	Zip Code 04426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Hibbard Nsg Hm	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Robin L. Hillier		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address RLH Consulting 1161 Green Knoll		Transaction ID: C526269
City Westerville	State OH	Zip Code 43081-7043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RLH Consulting	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

C.

Full Name (Last, First, Middle Initial) Matt Hilty		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address Avamere Health Services, Inc. 25117 SW Parkway		Transaction ID: C526267
City Wilsonville	State OR	Zip Code 97070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 510.00
Name of Employer Avamere Health Services, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1410.00	

SUBTOTAL of Receipts This Page (optional)	785.00
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 / 80
(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)
Eric Holland

Mailing Address 1677 Highway 9 North

City State Zip Code
Pontotoc MS 38865

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

Name of Employer Occupation
Sunshine Health Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

Transaction ID: C521326

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Norm Hyatt

Mailing Address 5102 Scenic Dr

City State Zip Code
Yakima WA 98908-2229

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

Name of Employer Occupation
Hyatt Management Corp. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C523959

Amount of Each Receipt this Period
375.00

C.

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

Mailing Address 1501 42nd Street
Suite 230

City State Zip Code
West Des Moines IA 50266-1005

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

Name of Employer Occupation
Hawkeye Care Centers, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

Transaction ID: C521291

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **575.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 80
(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)
Brent Jones

Mailing Address 6737 West 5700 South

City State Zip Code
Hooper UT 84315

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

Name of Employer Daywest Health Care Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: C593338

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City State Zip Code
Lithia FL 33547

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

Name of Employer Cypress Healthcare Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2008

Transaction ID: C521288

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City State Zip Code
Lithia FL 33547

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

Name of Employer Cypress Healthcare Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: C526246

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 / 80
(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)
Bruce Kelly

Mailing Address 323 Highland

City Natchez State MS Zip Code 39120

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

Name of Employer Senior Living Centers Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 27 / 2008
Transaction ID: C523960
 Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
Gary Kelso

Mailing Address 10331 E Highway 39

City Huntsville State UT Zip Code 84317-9670

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

Name of Employer Mission Health Services Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 23 / 2008
Transaction ID: C522580
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Cheryl Killian

Mailing Address 3801 Woodside Dr

City Arlington State TX Zip Code 76016-3030

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

Name of Employer Legacy Care Centers Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 24 / 2008
Transaction ID: C524252
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 2625.00

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 31 / 80
	<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) Joel Kirchick	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 100 High Meadow Ln	Transaction ID: C524813
	City State Zip Code Wakefield RI 02879-7653	Amount of Each Receipt this Period 1100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	

B.	Full Name (Last, First, Middle Initial) Jody Knox	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 1905 West Pierce Street	Transaction ID: C522511
	City State Zip Code Carlsbad NM 88220-4025	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Debra Kriner	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address D. Kriner & Associates 7608 Shadywood Lane	Transaction ID: C522492
	City State Zip Code Sylvania OH 43560-1841	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Occupation Information Requested 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)	▶	1300.00
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 / 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 949.44

Date of Receipt: 10 / 20 / 2008
Transaction ID: C521498
Amount of Each Receipt this Period: 39.56

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 949.44

Date of Receipt: 11 / 07 / 2008
Transaction ID: C528236
Amount of Each Receipt this Period: 39.56

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 949.44

Date of Receipt: 11 / 21 / 2008
Transaction ID: C593759
Amount of Each Receipt this Period: 39.56

SUBTOTAL of Receipts This Page (optional) ► 118.68

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

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

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

FOR LINE NUMBER: PAGE 33 / 80
(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)
Larry Lane

Mailing Address 101 E State St

City State Zip Code
Kennett Square PA 19348-3109

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

Name of Employer Occupation
Genesis Sr VP, Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: C526375

Amount of Each Receipt this Period
500.00

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

Mailing Address 700 Hanover St

City State Zip Code
Manchester NH 03104-5309

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

Name of Employer Occupation
Hanover Hill Health Care President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2008

Transaction ID: C521721

Amount of Each Receipt this Period
100.00

C. 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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2008

Transaction ID: C521868

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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 / 80

(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)

Terry Mace

Mailing Address 609 Highline Drive

City

East Wenatchee

State

WA

Zip Code

98802-5603

FEC ID number of contributing federal political committee.

C

Name of Employer
Triple C Healthcare Services

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C525639

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael McBride

Mailing Address 101 Grace Dr

City

Easley

State

SC

Zip Code

29640-9088

FEC ID number of contributing federal political committee.

C

Name of Employer
Health Management Resources

Occupation

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 / 0 5 / 2 0 0 8

Transaction ID: C526247

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Karen McCormack

Mailing Address 209 N Beaver St

City

York

State

PA

Zip Code

17401-5321

FEC ID number of contributing federal political committee.

C

Name of Employer
Wilmac Corp

Occupation

President/CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2076.94

Date of Receipt

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

Transaction ID: C520276

Amount of Each Receipt this Period

495.00

SUBTOTAL of Receipts This Page (optional)

2745.00

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 / 80
(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)
Karen McCormack
 Mailing Address 209 N Beaver St
 City York State PA Zip Code 17401-5321
 Date of Receipt 10 / 22 / 2008
Transaction ID: C521869
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Wilmac Corp Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2076.94

B. Full Name (Last, First, Middle Initial)
Cecile Menard
 Mailing Address 22 Hunt St
 City Nashua State NH Zip Code 03060-4426
 Date of Receipt 10 / 22 / 2008
Transaction ID: C521720
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Courville at Nashua Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

C. Full Name (Last, First, Middle Initial)
Rick Mendlen
 Mailing Address 1810 Gillespie Ways Suite 212
 City El Cajon State CA Zip Code 92020-0921
 Date of Receipt 10 / 22 / 2008
Transaction ID: C521733
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Kennon S. Shea & Associates Occupation Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

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 36 / 80
(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)
Rick Mendlen

Mailing Address 1810 Gillespie Ways
Suite 212

City State Zip Code
El Cajon CA 92020-0921

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

Name of Employer Kennon S. Shea & Associates
Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

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

Transaction ID: C526248

Amount of Each Receipt this Period
500.00

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

Mailing Address 6061 South Brook Valley

City State Zip Code
Centennial CO 80121-3103

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

Name of Employer Colorado Health Care Association
Occupation State Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2029.25

Date of Receipt

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

Transaction ID: C522371

Amount of Each Receipt this Period
200.00

C. 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 Avamere Health Services
Occupation 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	/	0	5	/	2	0	0	8

Transaction ID: C526252

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **1950.00**

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 37 / 80
(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) Richard Miller		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 3611 Glenfield Ct		Transaction ID: C526249
City Louisville	State KY	Zip Code 40241-2513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Golden Ventures	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Rick Miller		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 25117 SW Parkway Avenue Suite F		Transaction ID: C526251
City Wilsonville	State OR	Zip Code 97070-9697
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Avamere Health Services, NC	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) V. Richard Miller		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 3594 East US Highway 30		Transaction ID: C526250
City Warsaw	State IN	Zip Code 46580-6720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer MMM Invest Inc	Occupation CEO/CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 80

(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)

Paula Mitchell

Mailing Address 1100 Monroe

City State Zip Code
Globe AZ 85501

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

Name of Employer Occupation
Copper Mountain Inn Administrator

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

Date of Receipt

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

Transaction ID: C521297

Amount of Each Receipt this Period

100.00

B.

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 Occupation
American Health Care Association Government Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.20

Date of Receipt

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

Transaction ID: C521495

Amount of Each Receipt this Period

33.35

C.

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 Occupation
American Health Care Association Government Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.20

Date of Receipt

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

Transaction ID: C522581

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

233.35

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 39 / 80

(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 Occupation
American Health Care Association Government Affairs

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.20

Date of Receipt

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

Transaction ID: C528233

Amount of Each Receipt this Period
33.35

B.

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 Occupation
American Health Care Association Government Affairs

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.20

Date of Receipt

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

Transaction ID: C593364

Amount of Each Receipt this Period
33.35

C.

Full Name (Last, First, Middle Initial)

Jay Moskowitz

Mailing Address 2932 Fenton Street

City State Zip Code
Wheat Ridge CO 80214-8116

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

Name of Employer Occupation
Quality Life Management Administrator

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

Date of Receipt

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

Transaction ID: C597578

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

316.70

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 40 / 80
(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) Steve Mulder		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 7300 Del Pardo Street		Transaction ID: C521278
City Boca Raton	State FL	Zip Code 33433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Whitehall Boca	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

B.

Full Name (Last, First, Middle Initial) Michael A Newton		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address 1430 Progress Way Ste 108		Transaction ID: C522502
City Eldersburg	State MD	Zip Code 21784-6484
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Nexion Health	Occupation Director of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 4005 Nellie Custis Dr		Transaction ID: C521496
City Arlington	State VA	Zip Code 22207-5107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Sr. Director of Congressional Affairs	Occupation American Health Care Association	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	220.00
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 41 / 80
(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)
Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City Arlington State VA Zip Code 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 ▼ 480.00

Date of Receipt: 11 / 07 / 2008
Transaction ID: C528234
Amount of Each Receipt this Period: 20.00

B.

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

Mailing Address 4005 Nellie Custis Dr

City Arlington State VA Zip Code 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 ▼ 480.00

Date of Receipt: 11 / 21 / 2008
Transaction ID: C593756
Amount of Each Receipt this Period: 20.00

C.

Full Name (Last, First, Middle Initial)
Tony E Oglesby

Mailing Address PO Box 350

City Benton State TN Zip Code 37307-0350

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

Name of Employer: SavaSenior Care
Occupation: President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 11 / 05 / 2008
Transaction ID: C526253
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 2540.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 80
(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)
Delbert Ousley

Mailing Address 300 Provider Court

City Richmond State KY Zip Code 40475-8488

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

Name of Employer PMD Corporation Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 06 / 2008
Transaction ID: C528222
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Kirk Parsons

Mailing Address Preferred Care Partners Management
7725 John Carroll Drive

City Abilene State TX Zip Code 79606

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

Name of Employer Preferred Care Partners Management Gro Occupation Regional Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 21 / 2008
Transaction ID: C521597
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Kirk Parsons

Mailing Address Preferred Care Partners Management
7725 John Carroll Drive

City Abilene State TX Zip Code 79606

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

Name of Employer Preferred Care Partners Management Gro Occupation Regional Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 20 / 2008
Transaction ID: C529220
Amount of Each Receipt this Period 25.00

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 43 / 80
(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)
William J. Pascocello

Mailing Address 822 Cedar Avenue

City State Zip Code
Niagara Falls NY 14301

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

Name of Employer Occupation
Niagara Nursing and Rehabilitation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522510

Amount of Each Receipt this Period
100.00

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

Mailing Address 21 Greystone Drive

City State Zip Code
Shepherdstown WV 25443-4075

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

Name of Employer Occupation
Genesis SR VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C520274

Amount of Each Receipt this Period
300.00

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

Mailing Address 11608 Scott Simpson Dr

City State Zip Code
El Paso TX 79936-6210

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

Name of Employer Occupation
Convalescent Enterprises, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

Transaction ID: C521321

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 44 / 80
(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)
Joe Perkin

Mailing Address 20641 West 220th Street

City State Zip Code
Spring Hill KS 66083

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

Name of Employer Occupation
Midwest Health Management Vice President of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522500

Amount of Each Receipt this Period
100.00

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

Mailing Address Nevada Health Care Association
4550 West Oakey Boulevard

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

Transaction ID: C526254

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Wade Peterson

Mailing Address MedCenter One Care Center
201 14th Street NW

City State Zip Code
Mandan ND 58554-2063

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

Name of Employer Occupation
MedCenter One Care Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: C521870

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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 45 / 80
(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)
Fonda Potts

Mailing Address Shady Rest Care Pavilion, Inc.
2310 North Airport Road

City State Zip Code
Fort Myers FL 33907

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

Name of Employer Shady Rest Care Pavilion, Inc. Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C520282

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Fonda Potts

Mailing Address Shady Rest Care Pavilion, Inc.
2310 North Airport Road

City State Zip Code
Fort Myers FL 33907

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

Name of Employer Shady Rest Care Pavilion, Inc. Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C521319

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 1438

City State Zip Code
Winnfield LA 71483-1438

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

Name of Employer Central Management Company Occupation 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 0 / 2 8 / 2 0 0 8

Transaction ID: C524284

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 5250.00

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 46 / 80
(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) Neil L. Pruitt, Jr.		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address UHS-Pruitt Corporation, Inc. 1626 Jeurgens Court		Transaction ID: C526255
City Norcross	State GA Zip Code 30093	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer UHS-Pruitt Corporation, Inc.	Occupation President & CEO	Aggregate Year-to-Date ▼ 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Eileen Ramage		Date of Receipt MM / DD / YYYY 11 / 07 / 2008
Mailing Address 11108 Post House Ct		Transaction ID: C528225
City Potomac	State MD Zip Code 20854-2534	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer AHCA	Occupation VP	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Richard Rau		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address 3939 S 92nd Street		Transaction ID: C522503
City Greenfield	State WI Zip Code 53228-2140	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Clement Manor Inc.	Occupation CEO	Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 47 / 80

(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 Reaves

Mailing Address Green Hills Health & Rehabilitatio
3939 Hillsboro Circle

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Green Hills Health & Reha-
bilitation

Occupation
Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1825.00

Date of Receipt

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

Transaction ID: C521595

Amount of Each Receipt this Period

1325.00

B.

Full Name (Last, First, Middle Initial)

David Reaves

Mailing Address Green Hills Health & Rehabilitatio
3939 Hillsboro Circle

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Green Hills Health & Reha-
bilitation

Occupation
Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1825.00

Date of Receipt

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

Transaction ID: C522372

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Lucy Rogers

Mailing Address 213 3rd Street

City State Zip Code
Macon GA 31201-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ethica Health & Retirement
Communities

Occupation
Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

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

Transaction ID: C520277

Amount of Each Receipt this Period

285.00

SUBTOTAL of Receipts This Page (optional)

1810.00

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 48 / 80
(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) Frank Romano		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 57 Summer Street		Transaction ID: C526256
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) Gerald Romano		Date of Receipt MM / DD / YYYY 10 / 24 / 2008
Mailing Address 7 Creek Ln		Transaction ID: C524250
City Bristol	State RI	Zip Code 02809-2401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Silver Creek Manor	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Robert Rotolo		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address 17441 W Muirfield Dr		Transaction ID: C522515
City Baton Rouge	State LA	Zip Code 70810-5962
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Harahan Guest House	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

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 49 / 80
(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)
Leonard Russ

Mailing Address 40 Keogh Lane

City State Zip Code
New Rochelle NY 10805-1308

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

Name of Employer Occupation
Bayberry Nursing Home Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2008

Transaction ID: C521726

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Leonard Russ

Mailing Address 40 Keogh Lane

City State Zip Code
New Rochelle NY 10805-1308

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

Name of Employer Occupation
Bayberry Nursing Home Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: C526257

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Shelley Sabo

Mailing Address 6360 Tisbury Dr
PAYROLL DEDUCTION

City State Zip Code
Burke VA 22015-4061

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

Name of Employer Occupation
NCAL Director Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2008

Transaction ID: C521499

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **860.00**

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 50 / 80
(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)
Shelley Sabo

Mailing Address 6360 Tisbury Dr
PAYROLL DEDUCTION

City State Zip Code
Burke VA 22015-4061

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

Name of Employer Occupation
NCAL Director Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: C528237

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Shelley Sabo

Mailing Address 6360 Tisbury Dr
PAYROLL DEDUCTION

City State Zip Code
Burke VA 22015-4061

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

Name of Employer Occupation
NCAL Director Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: C593760

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Jesse Samples

Mailing Address 110 Association Dr

City State Zip Code
Charleston WV 25311-1217

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

Name of Employer Occupation
West Virginia Health Care Association CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2280.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2008

Transaction ID: C521873

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **220.00**

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 51 / 80
(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)
Jesse Samples

Mailing Address 110 Association Dr

City Charleston State WV Zip Code 25311-1217

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

Name of Employer West Virginia Health Care Association Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2280.00

Date of Receipt 11 / 20 / 2008

Transaction ID: C529213

Amount of Each Receipt this Period 1000.00

B.

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

Mailing Address 9200 Sunset Boulevard Suite 1100

City West Hollywood State CA Zip Code 90069

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

Name of Employer SNF Management/ Windsor Occupation President/ CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 05 / 2008

Transaction ID: C526258

Amount of Each Receipt this Period 1250.00

C.

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

Mailing Address 1324 South Kenmore Circle

City Arlington State VA Zip Code 22204

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

Name of Employer AHCA Occupation Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.20

Date of Receipt 10 / 20 / 2008

Transaction ID: C521500

Amount of Each Receipt this Period 11.54

SUBTOTAL of Receipts This Page (optional) ► 2261.54

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 52 / 80

(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)
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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 281.20

Date of Receipt

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

Transaction ID: C528238

Amount of Each Receipt this Period

11.54

B.

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 281.20

Date of Receipt

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

Transaction ID: C593761

Amount of Each Receipt this Period

11.54

C.

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

Mailing Address 7265 Kenwood Road
Suite 300

City State Zip Code
Cincinnati OH 45236-4414

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

Name of Employer Occupation
Nursing Care Management Exec Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt

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

Transaction ID: C521736

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

123.08

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 53 / 80
(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)
Gerald Schroer, Jr.
Mailing Address 7235 Whipple Ave NW
City North Canton State OH Zip Code 44720-7137
FEC ID number of contributing federal political committee. **C**
Name of Employer Altercare Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2450.00
Date of Receipt 10 / 20 / 2008
Transaction ID: C521507
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Mark Schryver
Mailing Address 12075 E 45th Ave Ste 600
City Denver State CO Zip Code 80239-3136
FEC ID number of contributing federal political committee. **C**
Name of Employer Schryver Medical Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 745.00
Date of Receipt 10 / 16 / 2008
Transaction ID: C520281
Amount of Each Receipt this Period 545.00

C. Full Name (Last, First, Middle Initial)
Mark Schryver
Mailing Address 12075 E 45th Ave Ste 600
City Denver State CO Zip Code 80239-3136
FEC ID number of contributing federal political committee. **C**
Name of Employer Schryver Medical Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 745.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C522512
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 945.00
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 54 / 80
(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) Shawn Scott		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address Medline Industries One Medline Place		Transaction ID: C526259
City Mundelein	State IL	
Zip Code 60060		Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00
Name of Employer Medline Industries	Occupation VP, Healthcare Corporate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Linda Sechovec		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address New Mexico Health Care Association 2329 Wisconsin Street NE		Transaction ID: C521279
City Albuquerque	State NM	
Zip Code 87110		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00
Name of Employer New Mexico Health Care Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dion Sena		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 1301 NE 104th Street		Transaction ID: C521520
City Miami Shores	State FL	
Zip Code 33138-2661		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1850.00
Name of Employer Mandarin Health Group, LLC	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	275.00
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 55 / 80
(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) John Kennon Shea		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 1810 Gillespie Way Suite 212		Transaction ID: C526260
City El Cajon	State CA	Zip Code 92020-0921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
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	

B.

Full Name (Last, First, Middle Initial) Jennifer Shimer		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 9507 Shelly Krasnow Ln		Transaction ID: C521497
City Fairfax	State VA	Zip Code 22031-4720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.54
Name of Employer AHCA	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.92	

C.

Full Name (Last, First, Middle Initial) Jennifer Shimer		Date of Receipt MM / DD / YYYY 11 / 07 / 2008
Mailing Address 9507 Shelly Krasnow Ln		Transaction ID: C528235
City Fairfax	State VA	Zip Code 22031-4720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.54
Name of Employer AHCA	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.92	

SUBTOTAL of Receipts This Page (optional)	▶	1273.08
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 56 / 80
(check only one)

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

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

A.

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

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

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

Name of Employer AHCA Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.92

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

Transaction ID: C593757

Amount of Each Receipt this Period
11.54

B.

Full Name (Last, First, Middle Initial)
Mario Sinicariello

Mailing Address TransCon Builders
25250 Rockside Road

City State Zip Code
Bedford OH 44146

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

Name of Employer TransCon Builders Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: C526538

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 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 ▼ 473.54

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

Transaction ID: C521501

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **530.77**

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 57 / 80
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A.

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

Mailing Address 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 ▼ 473.54

Date of Receipt 11 / 07 / 2008

Transaction ID: C528239

Amount of Each Receipt this Period 19.23

B.

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 473.54

Date of Receipt 11 / 21 / 2008

Transaction ID: C593762

Amount of Each Receipt this Period 19.23

C.

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

Mailing Address 6000 E Iliff Avenue

City Denver State CO Zip Code 80222-5721

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

Name of Employer Holly Heights Nursing Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 20 / 2008

Transaction ID: C521294

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► **138.46**

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 58 / 80

(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)
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 Occupation
Solden Development Company President & Owner
LLC

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: C523336

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address 1305 West Causeway Approach
#212

City State Zip Code
Mandeville LA 70471

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

Name of Employer Occupation
Covington Suites Information Requested

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

Date of Receipt

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

Transaction ID: C526261

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey Steggerda

Mailing Address 6750 Westown Pkwy

City State Zip Code
West Des Moines IA 50266-7726

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

Name of Employer Occupation
Iowa Health Care Association Consultant

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt

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

Transaction ID: C522497

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

2700.00

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 59 / 80
(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 Sylvester

Mailing Address 411 North Dillard Street

City State Zip Code
Winter Garden FL 34787-2816

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

Name of Employer Health Central Park Occupation Senior VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522429

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 411 North Dillard Street

City State Zip Code
Winter Garden FL 34787-2816

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

Name of Employer Health Central Park Occupation Senior VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526262

Amount of Each Receipt this Period
250.00

C.

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 Quality Care Health Center Occupation 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 Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: C526666

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 80
(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) Jan Thayer		Date of Receipt MM / DD / YYYY 10 / 27 / 2008
Mailing Address 404 Woodland Drive		Transaction ID: C525638
City Grand Island	State NE	Zip Code 68801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Excel Development Group	Occupation Chair/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) Travis Tomlinson		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 513 East Whitaker Mill Road		Transaction ID: C521332
City Raleigh	State NC	Zip Code 27608-2633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mayview Conv Home Inc	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

C.

Full Name (Last, First, Middle Initial) Travis Tomlinson		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 513 East Whitaker Mill Road		Transaction ID: C521455
City Raleigh	State NC	Zip Code 27608-2633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mayview Conv Home Inc	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
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 61 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Michael Torgan	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 5120 West Goldleaf Circle Suite 400	Transaction ID: C526263
	City State Zip Code Los Angeles CA 90056-1297	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Country Villa Health Services Occupation Vice President, Customer Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1070.00	

B.	Full Name (Last, First, Middle Initial) Michael Torgan	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 5120 West Goldleaf Circle Suite 400	Transaction ID: C526264
	City State Zip Code Los Angeles CA 90056-1297	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Country Villa Health Services Occupation Vice President, Customer Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1070.00	

C.	Full Name (Last, First, Middle Initial) Jack Vetter	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 5020 South 118th Street	Transaction ID: C526377
	City State Zip Code Omaha NE 68137-2209	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Vetter Health Services Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	1570.00
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 62 / 80
(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 Delaware Health Care Facilities As
726 Loveville Road

City Hockessin State DE Zip Code 19707-1536

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

Name of Employer Delaware Health Care Facilities Associ Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 23 / 2008
Transaction ID: C522506
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Anne Wantz

Mailing Address Pennsylvania Health Care Associati
315 North 2nd Street

City Harrisburg State PA Zip Code 17101

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

Name of Employer Pennsylvania Health Care Association Occupation Interim CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 16 / 2008
Transaction ID: C520284
 Amount of Each Receipt this Period 350.00

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

Mailing Address 5310 NW 33rd Ave
Ste 211

City Fort Lauderdale State FL Zip Code 33309-6319

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

Name of Employer NuVision Management Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 20 / 2008
Transaction ID: C524093
 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 63 / 80

(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)
Judy White

Mailing Address 932 E Baddour Parkway

City State Zip Code
Lebanon TN 37087-3707

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

Name of Employer Occupation
Quality of Care Executive Assistant

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

Date of Receipt

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

Transaction ID: C522579

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Cathy Williams

Mailing Address 826 W Desmond St

City State Zip Code
Winslow AZ 86047-2321

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

Name of Employer Occupation
Winslow Campus of Care COO

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

Date of Receipt

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

Transaction ID: C522434

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Adele Wilzack

Mailing Address 7135 Minstreal Way
Suite 104

City State Zip Code
Columbia MD 21045

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

Name of Employer Occupation
Health Facilities Assn of MD Executive Director

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

Date of Receipt

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

Transaction ID: C521471

Amount of Each Receipt this Period

100.00

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 64 / 80

(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)
Chris Wright

Mailing Address iCare Management
341 Bidwell Street

City State Zip Code
Manchester CT 06040-6470

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

Name of Employer Occupation
iCare Management, LLC CEO

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

Date of Receipt

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

Transaction ID: C521476

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Bruce Yarwood

Mailing Address 200 P Street
Apt F31

City State Zip Code
Sacramento CA 95814-6259

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

Name of Employer Occupation
AHCA CEO & 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 / 0 5 / 2 0 0 8

Transaction ID: C526265

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Margaretta Yarwood

Mailing Address 2637 Marcey Rd

City State Zip Code
Arlington VA 22207-5231

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

Name of Employer Occupation
United Flight Attendant

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

Date of Receipt

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

Transaction ID: C524282

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

850.00

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 65 / 80
(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)
Alan Zuccari

Mailing Address 7712 Carlton Place

City State Zip Code
Mclean VA 22102

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

Name of Employer Occupation
Hamilton Insurance Agency Insurance Representative

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	/	0	7	/	2	0	0	8

Transaction ID: C526602

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	76463.38

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 66 / 80	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) TIM JOHNSON FOR SOUTH DAKOTA INC		Date of Receipt	
	Mailing Address PO BOX 1859		M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: C524286
	SIoux FALLS	SD	57101	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C C00201533		2000.00		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	2000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 80

<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	Transaction ID: D74802 Date of Disbursement
	Mailing Address 2200 Wilson Blvd Ste 200	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Arlington State VA Zip Code 22201-3324	Amount of Each Disbursement this Period
	Purpose of Disbursement CC Fees	<input type="text" value="1250.59"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) BB & T CREDIT CARD	Transaction ID: D74943 Date of Disbursement
	Mailing Address 2200 Wilson Blvd Ste 200	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Arlington State VA Zip Code 22201-3324	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="346.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BB & T	Transaction ID: D74801 Date of Disbursement
	Mailing Address PO Box 819 Operations Center	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Wilson State NC Zip Code 27894-0819	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="246.92"/>
	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="1844.21"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1844.21"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bluegrass Cmte</p> <p>Mailing Address 400 N Capitol St NW #585 #585</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name Bluegrass Cmte</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73754 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CHAMBLISS VICTORY COMMITTEE</p> <p>Mailing Address 425 Second Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name CHAMBLISS VICTORY COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p>Transaction ID: D73931 Date of Disbursement 11 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PINGREE FOR CONGRESS</p> <p>Mailing Address PO Box 17613</p> <p>City Portland State ME Zip Code 04112</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Ms. Chellie M. Pingree</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73545 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

21000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CITIZENS FOR CALLAHAN</p> <p>Mailing Address PO BOX 9458</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Ms. Colleen Callahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73752 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mr. Daniel B. Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73542 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Dina Titus for Congress</p> <p>Mailing Address 3711 East Sunset Road Suite C5</p> <p>City Las Vegas State NV Zip Code 89120</p> <p>Purpose of Disbursement Debt Retirement Contribution for Federal Candidate</p> <p>Candidate Name Ms. Dina Titus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement Cont</p>	<p>Transaction ID: D74051 Date of Disbursement 11 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE	Transaction ID: D73750 Date of Disbursement 10 / 24 / 2008	
	Mailing Address PO Box 7255		
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period	4000.00
	Purpose of Disbursement Contributions to Federal Candidates		
	Candidate Name HAWKEYE PAC, THE	Category/Type	
	Office Sought: <input 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: District:		
B.	Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS	Transaction ID: D74074 Date of Disbursement 11 / 18 / 2008	
	Mailing Address P.O. Box 1236 Box 281		
	City Minden State LA Zip Code 71058	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contributions to Federal Candidates		
	Candidate Name Mr. John Calvin Fleming, III	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: LA District: 04	Runoff	
C.	Full Name (Last, First, Middle Initial) Judy Feder For Congress	Transaction ID: D73535 Date of Disbursement 10 / 21 / 2008	
	Mailing Address 1514 Hardwood Ln		
	City McLean State VA Zip Code 22101-2514	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contributions to Federal Candidates		
	Candidate Name Judy Feder	Category/Type	
	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: VA District: 10		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) PAC TO THE FUTURE</p> <p>Mailing Address 430 S. Capitol St. SE 1st Flr.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name PAC TO THE FUTURE</p> <p>Office Sought: <input 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) ▼</p> <p>State: District:</p>	<p>Transaction ID: D73534 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS</p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Voided Contribution</p> <p>Candidate Name Rep. Ben Chandler</p> <p>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) ▼</p> <p>State: KY District: 06</p>	<p>Transaction ID: D73912 Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period -3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY</p> <p>Mailing Address 932 Ross Ave</p> <p>City WAUSAU State WI Zip Code 54403-6721</p> <p>Purpose of Disbursement Voided Contribution</p> <p>Candidate Name Rep. David R. Obey</p> <p>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) ▼</p> <p>State: WI District: 07</p>	<p>Transaction ID: D74783 Date of Disbursement 11 / 24 / 2008</p> <p>Amount of Each Disbursement this Period -1500.00</p>

SUBTOTAL of Disbursements This Page (optional)	500.00
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) LOT OF PEOPLE FOR DAVE OBEY Mailing Address 932 Ross Ave City WAUSAU State WI Zip Code 54403-6721 Purpose of Disbursement Voided contribution Candidate Name Rep. David R. Obey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D74784 Date of Disbursement 11 / 24 / 2008
	Amount of Each Disbursement this Period -500.00

B. Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE Mailing Address PO BOX 6545 City VISALIA State CA Zip Code 93290 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Devin Nunes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73543 Date of Disbursement 10 / 21 / 2008
	Amount of Each Disbursement this Period 5000.00

C. Full Name (Last, First, Middle Initial) CAZAYOUX FOR CONGRESS Mailing Address POB 156 City New Roads State LA Zip Code 70760 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Don Cazayoux Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73746 Date of Disbursement 10 / 24 / 2008
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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) CANTOR FOR CONGRESS	Transaction ID: D73547
	Mailing Address P. O. Box 17813	Date of Disbursement 10 / 21 / 2008
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Eric I. Cantor	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: D73748
	Mailing Address PO BOX 3176	Date of Disbursement 10 / 24 / 2008
	City LONG BRANCH State NJ Zip Code 07740	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Frank Pallone, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 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: D73537
	Mailing Address 911 Welsh Ayres Way	Date of Disbursement 10 / 21 / 2008
	City Downingtown State PA Zip Code 19335-1689	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	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 type="checkbox"/> Primary <input checked="" 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)

<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 South Bend State IN Zip Code 46634

Purpose of Disbursement
Contributions to Federal Candidates

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: D73546

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JOHN SHADEGGS FRIENDS

Mailing Address PO BOX 45444

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John B. Shadegg

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AZ District: 03

Transaction ID: D73538

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

2500.00

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

Mailing Address 607 14th Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John D. Dingell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 15

Transaction ID: D73741

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) MARK UDALL FOR CONGRESS INC. <hr/> Mailing Address 8690 Wolff Court #200 <hr/> City Westminster State CO Zip Code 80031 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mark E Udall <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73743 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1000.00
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B. Full Name (Last, First, Middle Initial) MARK UDALL FOR CONGRESS INC. <hr/> Mailing Address 8690 Wolff Court #200 <hr/> City Westminster State CO Zip Code 80031 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mark E Udall <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73840 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1500.00
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C. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE <hr/> Mailing Address PO Box 360 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mike Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73548 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 3000.00
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SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	Transaction ID: D73533 Date of Disbursement 10 / 21 / 2008
	Mailing Address 235 Montgomery Street	Amount of Each Disbursement this Period 5000.00
	City San Francisco State CA Zip Code 94104	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Nancy Pelosi	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS	Transaction ID: D73544 Date of Disbursement 10 / 21 / 2008
	Mailing Address PO BOX 2619	Amount of Each Disbursement this Period 1000.00
	City HUNTSVILLE State AL Zip Code 35804	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Parker Griffith	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL)	Transaction ID: D73744 Date of Disbursement 10 / 24 / 2008
	Mailing Address POST OFFICE BOX 711	Amount of Each Disbursement this Period 2000.00
	City ROCKWALL State TX Zip Code 75087	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Ralph M. Hall	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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) RICHARD E NEAL FOR CONGRESS COMMITTEE	Transaction ID: D73839 Date of Disbursement 10 / 30 / 2008
	Mailing Address 76 MAGNOLIA TERRACE	Amount of Each Disbursement this Period 5000.00
	City Springfield State MA Zip Code 01108	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Richard E. Neal	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KING FOR CONGRESS	Transaction ID: D74785 Date of Disbursement 11 / 24 / 2008
	Mailing Address 532 First Ave Suite 312	Amount of Each Disbursement this Period -1000.00
	City Council Bluffs State IA Zip Code 51458	
	Purpose of Disbursement Voided Contribution	Category/ Type
	Candidate Name Rep. Steve King	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TOM ALLEN FOR CONGRESS COMMITTEE	Transaction ID: D73402 Date of Disbursement 10 / 17 / 2008
	Mailing Address P.O. Box 17766	Amount of Each Disbursement this Period -2000.00
	City Portland State ME Zip Code 04112	
	Purpose of Disbursement Voided Contribution	Category/ Type
	Candidate Name Rep. Thomas H. Allen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME 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)	2000.00
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) MCCONNELL SENATE COMMITTEE '08 <hr/> Mailing Address 1930 Bishop Ln <hr/> City Louisville State KY Zip Code 40218-1929 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Mitch McConnell <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73753 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 3000.00
	Category/ Type
B. Full Name (Last, First, Middle Initial) To Organize a Majority PAC <hr/> Mailing Address PO BOX 752 <hr/> City DES MOINES State IA Zip Code 50303 <hr/> Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name To Organize a Majority PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73536 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 5000.00
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address P O BOX 811

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
Refund from Party Committee

Candidate Name
Sen. Tom Harkin

Office Sought: House
 Senate
 President

State: IA District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D74942

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

Image# 29990840286

Form/Schedule: **F3XA**
Transaction ID:

Due to data error entry an amendment is being filed.
