

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2010 through 08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Leonard Russ

Signature of Treasurer Electronically Filed by Mr. Leonard Russ Date 09 20 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		128897.14
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	268143.13									
(c) Total Receipts (from Line 19) .....	33089.86	626985.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	301232.99	755882.99								
7. Total Disbursements (from Line 31) .....	136875.00	591525.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	164357.99	164357.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	26387.89	543543.79
(ii) Unitemized .....	4201.97	55942.06
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	30589.86	599485.85
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2500.00	13000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	33089.86	612485.85
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	14500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	33089.86	626985.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33089.86	626985.85

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	136000.00	589050.00
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 .....	875.00	2475.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	875.00	2475.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	136875.00	591525.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	136875.00	591525.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	33089.86	612485.85
34. Total Contribution Refunds (from Line 28(d)) .....	875.00	2475.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32214.86	610010.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 46
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Beck	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 10038 Carmelita Dr.	<b>Transaction ID:</b> C970082
	City State Zip Code Potomac MD 20859	Amount of Each Receipt this Period 206.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Golden Living Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.75	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lyn Bentley	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 2212 Hidden Valley Ln	<b>Transaction ID:</b> C964655
	City State Zip Code Silver Spring MD 20904-5240	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AHCA Director, Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lyn Bentley	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 2212 Hidden Valley Ln	<b>Transaction ID:</b> C978900
	City State Zip Code Silver Spring MD 20904-5240	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AHCA Director, Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	246.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 46  
(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 ▼ 1650.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2010

**Transaction ID:** C964339

Amount of Each Receipt this Period  
400.00

**B.**

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

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
Westlake Village CA 91362-3402

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

Name of Employer Occupation  
The Chase Group Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2010

**Transaction ID:** C963544

Amount of Each Receipt this Period  
1250.00

**C.**

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

Mailing Address 5374 Long Shadow Ct

City State Zip Code  
Westlake Village CA 91362-5223

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

Name of Employer Occupation  
The Chase Group Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2010

**Transaction ID:** C963543

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2900.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 46  
(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 Council, III

Mailing Address 1621 Galleria Boulevard

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Advocat President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 26 / 2010  
Transaction ID: C970487  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Greg Crist

Mailing Address 5103 Gardner Drive

City State Zip Code  
Alexandria VA 22304

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

Name of Employer Occupation  
AHCA Vice President, Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 13 / 2010  
Transaction ID: C966557  
Amount of Each Receipt this Period: 500.00

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

Mailing Address 7354 Seven Oaks Avenue

City State Zip Code  
Baton Rouge LA 70806

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

Name of Employer Occupation  
Louisiana Nursing Home Association Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 08 / 25 / 2010  
Transaction ID: C970129  
Amount of Each Receipt this Period: 100.00

**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 9 / 46

(check only one)

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

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

**A.**

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

Mailing Address 240 Capitol Street

City State Zip Code  
Charleston WV 25301-2297

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

Name of Employer Occupation  
AMFM, Inc. IT Coordinator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1168.00

Date of Receipt

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

Transaction ID: C968657

Amount of Each Receipt this Period  
84.00

**B.**

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

Mailing Address 10009 Dallas Ave

City State Zip Code  
Takoma Park MD 20901-2240

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

Name of Employer Occupation  
AHCA Director, Education

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

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

Transaction ID: C964657

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 10009 Dallas Ave

City State Zip Code  
Takoma Park MD 20901-2240

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

Name of Employer Occupation  
AHCA Director, Education

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

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

Transaction ID: C978901

Amount of Each Receipt this Period  
20.00

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

124.00

**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 / 46

(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 Furnell

Mailing Address 201 West 3rd

City State Zip Code  
Sedalia MO 65301

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

Name of Employer Occupation  
Bristol Care, Inc. President

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

Date of Receipt

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

Transaction ID: C963388

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)

Kit E. Gamble

Mailing Address PO Box 52389

City State Zip Code  
Shreveport LA 71135-2389

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

Name of Employer Occupation  
Gamble Guest Care Corporation President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

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

Transaction ID: C970125

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Jim Gilliam

Mailing Address 440 Wells St

City State Zip Code  
Delafield WI 53018-1409

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

Name of Employer Occupation  
Aegis Technologies VP of Operations

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

Date of Receipt

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

Transaction ID: C971895

Amount of Each Receipt this Period  
250.00

**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 11 / 46  
(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)  
Peggy Goldstein

Mailing Address 5516 Rogers St.

City State Zip Code  
Davis CA 95618

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

Name of Employer CA Assn. of Health Facilities Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2010

**Transaction ID:** C968697

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Peggy Goldstein

Mailing Address 5516 Rogers St.

City State Zip Code  
Davis CA 95618

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

Name of Employer CA Assn. of Health Facilities Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** C978896

Amount of Each Receipt this Period  
100.00

**C.**

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2010

**Transaction ID:** C970488

Amount of Each Receipt this Period  
1000.00

**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 12 / 46  
(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)  
Alan Graham

Mailing Address 182 West Edge Drive

City State Zip Code  
Huntsville TX 77340

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

Name of Employer Occupation  
Nexion Health Corporation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2010

**Transaction ID:** C968659

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address PO Box 427

City State Zip Code  
Sharon Center OH 44274

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

Name of Employer Occupation  
Holland Management Inc CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2010

**Transaction ID:** C962415

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code  
Alexandria VA 22308-1049

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

Name of Employer Occupation  
AHCA Senior Vice President of Advocacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.24

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

**Transaction ID:** C964903

Amount of Each Receipt this Period  
38.47

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1538.47**

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

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

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

FOR LINE NUMBER: PAGE 13 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 692.24

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** C978906

Amount of Each Receipt this Period  
38.47

**B.** Full Name (Last, First, Middle Initial)  
Joyce Humphrey

Mailing Address 6831 Chapel Road

City State Zip Code  
Madison OH 44057-2255

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

Name of Employer Cardinal Woods Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2010

**Transaction ID:** C962416

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Joyce Humphrey

Mailing Address 6831 Chapel Road

City State Zip Code  
Madison OH 44057-2255

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

Name of Employer Cardinal Woods Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

**Transaction ID:** C964617

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **638.47**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 46

(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)

Rosemary C. Kilby

Mailing Address 2030 N Garey Ave

City State Zip Code  
Pomona CA 91767-2722

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

Name of Employer Occupation  
Landmark Medical Center Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

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

Transaction ID: C978898

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)

Debra Kriner

Mailing Address 7608 Shadywood Lane

City State Zip Code  
Sylvania OH 43560-1841

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

Name of Employer Occupation  
D. Kriner & Associates Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

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

Transaction ID: C962420

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City State Zip Code  
Arlington VA 22206

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

Name of Employer Occupation  
National Center for Assisted Living Executive Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 712.08

Date of Receipt

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

Transaction ID: C964904

Amount of Each Receipt this Period  
39.56

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

339.56

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

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

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

FOR LINE NUMBER: PAGE 15 / 46  
(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

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 712.08

Date of Receipt 08 / 31 / 2010  
Transaction ID: C978907  
Amount of Each Receipt this Period 39.56

**B.** Full Name (Last, First, Middle Initial)  
Brett Lessley

Mailing Address 920 East 16th Street

City Claremore State OK Zip Code 74017

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

Name of Employer Claremore Nursing Home Occupation President

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

Date of Receipt 08 / 02 / 2010  
Transaction ID: C963630  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ronald L Lessley

Mailing Address PO Box 1023

City Claremore State OK Zip Code 74018

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

Name of Employer Claremore Nursing Home Occupation Administrator

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

Date of Receipt 08 / 02 / 2010  
Transaction ID: C963631  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2039.56

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 46  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) William Levering		Date of Receipt MM / DD / YYYY 08 / 17 / 2010
Mailing Address 201 North Main Street		<b>Transaction ID:</b> C968658
City Mount Vernon	State OH	Zip Code 43050
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Levering Management Inc.	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) Paul Liistro		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 1 Meadow Brook Court		<b>Transaction ID:</b> C964612
City Westport	State CT	Zip Code 06880
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Arbors of Hop Brook, LTD	Occupation CEO	
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) Chris Mallett		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 3905 Obelen Ave.		<b>Transaction ID:</b> C964616
City Logan	State OH	Zip Code 44053
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Sprenger Enterprises	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 46

(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)

Cyndi Milenski

Mailing Address 40 Brentmeade Drive

City State Zip Code  
Jackson TN 38305

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

Name of Employer Occupation  
Cornerstone Health Services Group Owner/President

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

Date of Receipt

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

Transaction ID: C964619

Amount of Each Receipt this Period  
250.00

**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 VP, Political Affairs

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 844.65

Date of Receipt

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

Transaction ID: C962418

Amount of Each Receipt this Period  
100.00

**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 VP, Political Affairs

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 844.65

Date of Receipt

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

Transaction ID: C964905

Amount of Each Receipt this Period  
38.47

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

388.47

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 46

(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 VP, Political Affairs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 844.65

Date of Receipt

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

Transaction ID: C978908

Amount of Each Receipt this Period  
38.47

**B.**

Full Name (Last, First, Middle Initial)  
Roberts Nelson

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
Westlake Village CA 91362-3402

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

Name of Employer Occupation  
The Chase Group Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3750.00

Date of Receipt

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

Transaction ID: C963392

Amount of Each Receipt this Period  
1250.00

**C.**

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

Mailing Address 4005 Nellie Custis Dr

City State Zip Code  
Arlington VA 22207-5107

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

Name of Employer Occupation  
AHCA Sr. Director of Congressional Affairs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

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

Transaction ID: C964915

Amount of Each Receipt this Period  
20.00

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

1308.47

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

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

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

FOR LINE NUMBER: PAGE 19 / 46

(check only one)

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

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

**A.**

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

Mailing Address 4005 Nellie Custis Dr

City State Zip Code  
Arlington VA 22207-5107

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

Name of Employer Occupation  
AHCA Sr. Director of Congressional Affairs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

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

Transaction ID: C978910

Amount of Each Receipt this Period

20.00

**B.**

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

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City State Zip Code  
Washington DC 20008-2436

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

Name of Employer Occupation  
AHCA Senior Director of Constituency Affair

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 207.68

Date of Receipt

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

Transaction ID: C964916

Amount of Each Receipt this Period

11.54

**C.**

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

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City State Zip Code  
Washington DC 20008-2436

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

Name of Employer Occupation  
AHCA Senior Director of Constituency Affair

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 207.68

Date of Receipt

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

Transaction ID: C978912

Amount of Each Receipt this Period

11.54

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

43.08

**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 20 / 46  
(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)  
Kathleen A. Pajor

Mailing Address 43 Tulip Tree Court

City Milford State CT Zip Code 06461

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

Name of Employer Beechwood Rehab & Nursing Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 04 / 2010

Transaction ID: C962417

Amount of Each Receipt this Period 175.00

**B.**

Full Name (Last, First, Middle Initial)  
Helen Pope

Mailing Address 1153 Ingleside Dr

City Baton Rouge State LA Zip Code 70806-7037

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

Name of Employer Louisiana Retirement Properties Occupation Co-Owner and President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 25 / 2010

Transaction ID: C970127

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Shari Richey

Mailing Address Southwood Nursing & Rehabilitation  
200 Southwood Drive

City Henderson State TX Zip Code 75652

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

Name of Employer Southwood Nursing & Rehabilitation Cen Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2010

Transaction ID: C970486

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 775.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 46  
(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) Sue Robin		Date of Receipt MM / DD / YYYY 08 / 17 / 2010
Mailing Address 1803 Jane Street		<b>Transaction ID:</b> C968661
City New Iberia	State LA	Zip Code 70563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer New Iberia Manor North	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Candi Rogers		Date of Receipt MM / DD / YYYY 08 / 24 / 2010
Mailing Address 905 West Carnuvia Road		<b>Transaction ID:</b> C970087
City Gonzales	State LA	Zip Code 70737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Nexion Health Corporation	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Michael Scharfenberger		Date of Receipt MM / DD / YYYY 08 / 04 / 2010
Mailing Address 7265 Kenwood Road # 300		<b>Transaction ID:</b> C962421
City Cincinnati	State OH	Zip Code 45236-4414
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Nursing Care Management	Occupation Exec Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 46  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jerry Schroer, Jr.

Mailing Address 1608 Muirfield NW

City State Zip Code  
Canton OH 44708

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

Name of Employer Altercare Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2010

**Transaction ID:** C962425

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Trackea Scott

Mailing Address 806 Nora Lane

City State Zip Code  
DeSoto TX 75115

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

Name of Employer Millbrook Healthcare and Rehab Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2010

**Transaction ID:** C970489

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
Fairfax VA 22031-4720

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

Name of Employer AHCA Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.68

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

**Transaction ID:** C964920

Amount of Each Receipt this Period  
11.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► **611.54**

**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 23 / 46  
(check only one)

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

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

**A.**

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

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
Fairfax VA 22031-4720

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

Name of Employer AHCA Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.68

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** C978916

Amount of Each Receipt this Period  
11.54

**B.**

Full Name (Last, First, Middle Initial)  
Todd Smith

Mailing Address 5902 Carlton Ln

City State Zip Code  
Bethesda MD 20816-2308

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

Name of Employer AHCA Occupation Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2010

**Transaction ID:** C963390

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 2405 I St NW

City State Zip Code  
Washington DC 20037-2206

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.08

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

**Transaction ID:** C964921

Amount of Each Receipt this Period  
19.24

**SUBTOTAL** of Receipts This Page (optional) ..... ► **280.78**

**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 / 46  
(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)  
Matthew D. Smyth

Mailing Address 2405 I St NW

City State Zip Code  
Washington DC 20037-2206

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

Name of Employer American Health Care Association      Occupation Director of Grassroots

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.08

Date of Receipt MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** C978917

Amount of Each Receipt this Period 19.24

**B.** Full Name (Last, First, Middle Initial)  
Ruth Stelly

Mailing Address 325 Bacque Crescent Drive

City State Zip Code  
Lafayette LA 70503

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

Name of Employer Nexion Health      Occupation Administrator

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
08 / 09 / 2010

**Transaction ID:** C965017

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Chris Stenger

Mailing Address 5300 West Sam Houston Parkway Nort

City State Zip Code  
Houston TX 77041

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

Name of Employer Sava Senior Care      Occupation VP of Reimbursement

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
08 / 13 / 2010

**Transaction ID:** C966553

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 769.24

**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 25 / 46  
(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)  
Martin Stott

Mailing Address PO Box 945

City State Zip Code  
Clinton LA 70722-0945

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

Name of Employer Occupation  
Diversified Health Care Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2010

**Transaction ID:** C970084

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 945

City State Zip Code  
Clinton LA 70722-0945

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

Name of Employer Occupation  
Diversified Health Care Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2010

**Transaction ID:** C970128

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Swim

Mailing Address 8354 Chickamauga Trail

City State Zip Code  
Shreveport LA 71107

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

Name of Employer Occupation  
Vivian Health Care Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2010

**Transaction ID:** C970485

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1718-2 Mallard Avenue

City State Zip Code  
Sheboygan Falls WI 53085

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

Name of Employer: Harmony Living Centers, LLC   Occupation: VP- Operations

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 08 / 09 / 2010  
Transaction ID: C965020  
Amount of Each Receipt this Period: 175.00

**B.** Full Name (Last, First, Middle Initial)  
William H. Thompson

Mailing Address 2744 West Gerald Ford Drive

City State Zip Code  
Cordova TN 38016

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

Name of Employer: Covenant Dove   Occupation: Vice President

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 03 / 2010  
Transaction ID: C962741  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
William H. Thompson

Mailing Address 2744 West Gerald Ford Drive

City State Zip Code  
Cordova TN 38016

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

Name of Employer: Covenant Dove   Occupation: Vice President

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 05 / 2010  
Transaction ID: C964622  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2175.00

**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 27 / 46  
(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)  
Roger F. Topping

Mailing Address 315 Courthouse Road

City State Zip Code  
Princeton WV 24740

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

Name of Employer Occupation  
Princeton Health Care Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

**Transaction ID:** C965012

Amount of Each Receipt this Period  
265.00

**B.** Full Name (Last, First, Middle Initial)  
Peter Van Runkle

Mailing Address 7460 Tottenham Pl

City State Zip Code  
New Albany OH 43054-9443

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

Name of Employer Occupation  
Ohio Health Care Association Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2010

**Transaction ID:** C962424

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Lacy Wadkins

Mailing Address 2819 County Road 1626

City State Zip Code  
Avinger TX 75630

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

Name of Employer Occupation  
Linden Healthcare Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2010

**Transaction ID:** C965014

Amount of Each Receipt this Period  
495.00

**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 28 / 46  
(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)  
Andrew S Weisman

Mailing Address 7442 Stonegate Blvd.

City State Zip Code  
Parkland FL 33076

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

Name of Employer Occupation  
NuVision Management Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2010

**Transaction ID:** C963391

Amount of Each Receipt this Period  
1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jessica Whitney

Mailing Address 519 N. Main

City State Zip Code  
Bogata TX 75417

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

Name of Employer Occupation  
Mt. Pleasant Healthcare Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2010

**Transaction ID:** C965033

Amount of Each Receipt this Period  
175.00

**C.**

Full Name (Last, First, Middle Initial)  
Nile Whitney

Mailing Address 4700 Village Green Drive

City State Zip Code  
El Dorado Hills CA 95762

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

Name of Employer Occupation  
Medline Industries LTC Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2010

**Transaction ID:** C968660

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	26387.89

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 46  
(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"/> 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)  
Genesis Health Care Corporation PAC

Mailing Address 101 E State St

City State Zip Code  
Kennett Square PA 19348-3109

FEC ID number of contributing federal political committee. **C** C00292094

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

Transaction ID: C963389

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Advance Arkansas PAC	Transaction ID: D96685 Date of Disbursement 08 / 05 / 2010
	Mailing Address PO Box 344	Amount of Each Disbursement this Period 2500.00
	City Prescott State AR Zip Code 71857-0344	
	Purpose of Disbursement Contributions to Federal PACs 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) AMERIPAC: THE FUND FOR A GREATER AMERICA	Transaction ID: D96665 Date of Disbursement 08 / 05 / 2010
	Mailing Address 499 S. CAPITOL ST. S.W. #414	Amount of Each Disbursement this Period 5000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement Contributions to Federal PACs Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ann Marie Buerkle for Congress	Transaction ID: D96608 Date of Disbursement 08 / 03 / 2010
	Mailing Address 3779 Underwood Way	Amount of Each Disbursement this Period 2000.00
	City Syracuse State NY Zip Code 13215-6600	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Ann Marie Buerkle	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Arkansas Victory 2010</p> <p>Mailing Address 124 W. Capitol Ste. 1630</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96995 <b>Date of Disbursement</b> 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FREEDOM FUND</p> <p>Mailing Address 1155 21st Street NW Suite 300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Contributions to Federal PACs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96935 <b>Date of Disbursement</b> 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE</p> <p>Mailing Address 424 C Street NE Basement UNIT</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contributions to Federal PACs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96657 <b>Date of Disbursement</b> 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) McDowell for Congress	Transaction ID: D96993 Date of Disbursement 08 / 19 / 2010
	Mailing Address PO Box 913	Amount of Each Disbursement this Period 2000.00
	City Sault Sainte Marie State MI Zip Code 49783-0913	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Gary McDowell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) HOLDING ONTO OREGON'S PRIORITIES	Transaction ID: D97073 Date of Disbursement 08 / 27 / 2010
	Mailing Address PO Box 3314	Amount of Each Disbursement this Period 5000.00
	City Portland State OR Zip Code 97208	
	Purpose of Disbursement Contributions to Federal PACs Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sestak For Senate	Transaction ID: D96670 Date of Disbursement 08 / 05 / 2010
	Mailing Address PO Box 1936	Amount of Each Disbursement this Period 3000.00
	City Media State PA Zip Code 19063-8936	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Joseph Sestak Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 46

<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) Boehner for Speaker Committee	Transaction ID: D96609 Date of Disbursement 08 / 03 / 2010
	Mailing Address 631 Pennsylvania Ave SE Basement Unit	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003-4452	
	Purpose of Disbursement Contributions to Federal Committees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Carney for Congress	Transaction ID: D96994 Date of Disbursement 08 / 19 / 2010
	Mailing Address PO Box 2162	Amount of Each Disbursement this Period 2000.00
	City Wilmington State DE Zip Code 19899-2162	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name John Carney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KEYSTONE AMERICA PAC	Transaction ID: D96992 Date of Disbursement 08 / 19 / 2010
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>LEADERSHIP IN THE NEW CENTURY (LINC PAC)</b>	<b>Transaction ID:</b> D96988
	Mailing Address 124 West Capitol Avenue Suite 630	Date of Disbursement 08 / 19 / 2010
	City Little Rock State AR Zip Code 72201	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>LEADERSHIP IN THE NEW CENTURY (LINC PAC)</b>	<b>Transaction ID:</b> D96989
	Mailing Address 124 West Capitol Avenue Suite 630	Date of Disbursement 08 / 19 / 2010
	City Little Rock State AR Zip Code 72201	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>MAJORITY COMMITTEE PAC--MC PAC</b>	<b>Transaction ID:</b> D96938
	Mailing Address P.O. BOX 10134	Date of Disbursement 08 / 16 / 2010
	City BAKERSFIELD State CA Zip Code 93389	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS F</b> Mailing Address PO Box 2485 City Springfield State VA Zip Code 22152 Purpose of Disbursement Contributions to Federal PACs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D96687 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) <b>OLIVERIO FOR CONGRESS</b> Mailing Address 1199 Van Voorhis Rd Ste 6 City Morgantown State WV Zip Code 26505-3495 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Michael Oliverio Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D96934 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 4000.00 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Michele Rollins Congress 2010</b> Mailing Address PO Box 1026 City Wilmington State DE Zip Code 19899-1026 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Michele Rollins Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D96607 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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)

PAGE 36 / 46

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) New Pioneers' PAC</p> <p>Mailing Address 228 S WASHINGTON ST STE 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contributions to Federal PACs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96682 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	5		2	0	1	0													
2500.00																						
<p><b>B.</b></p> <p>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</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96831 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>5000.00</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	1		2	0	1	0													
5000.00																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ADRIAN SMITH FOR CONGRESS</p> <p>Mailing Address 3321 Avenue I</p> <p>City Scottsbluff State NE Zip Code 69361</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Adrian Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96987 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2000.00</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	9		2	0	1	0													
2000.00																						

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

**9500.00**

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

.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**ADRIAN SMITH FOR CONGRESS**

Mailing Address 3321 Avenue I

City State Zip Code  
Scottsbluff NE 69361

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Adrian Smith

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NE District: 03

Transaction ID: D97072

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**KIRKPATRICK FOR ARIZONA**

Mailing Address PO Box 993

City State Zip Code  
Prescott AZ 86302

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Ann Kirkpatrick

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: D96672

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**BILL OWENS FOR CONGRESS**

Mailing Address PO Box 1575

City State Zip Code  
Plattsburgh NY 12901

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Bill Owens

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Transaction ID: D96835

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT CHRIS MURPHY</b> <hr/> Mailing Address P.O. Box 127 <hr/> City Cheshire State CT Zip Code 06410 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Christopher S. Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96662 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

<b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVE CAMP FOR CONGRESS</b> <hr/> Mailing Address 5915 EASTMAN AVE. SUITE 100 <hr/> City MIDLAND State MI Zip Code 48640 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Dave Camp <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96836 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 4500.00

<b>C.</b> Full Name (Last, First, Middle Initial) <b>LOEBSACK FOR CONGRESS</b> <hr/> Mailing Address P.O.Box 1457 <hr/> City Iowa City State IA Zip Code 52244-1457 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Dave Loebsack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96664 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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)  
HALVORSON FOR CONGRESS

Transaction ID: D96833

Date of Disbursement

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

Mailing Address PO Box 176

Amount of Each Disbursement this Period

5000.00
---------

City State Zip Code  
Crete IL 60417

Purpose of Disbursement  
Contributions to Federal Candidates

Category/  
Type

Candidate Name  
Rep. Deborah L. Halvorson

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

B.

Full Name (Last, First, Middle Initial)  
COMMITTEE TO RE-ELECT ED TOWNS

Transaction ID: D96660

Date of Disbursement

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

Mailing Address 438 Lewis Avenue

Amount of Each Disbursement this Period

1000.00
---------

City State Zip Code  
Brooklyn NY 11233

Purpose of Disbursement  
Contributions to Federal Candidates

Category/  
Type

Candidate Name  
Rep. Edolphus Towns

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 10

C.

Full Name (Last, First, Middle Initial)  
BOYD FOR CONGRESS

Transaction ID: D96671

Date of Disbursement

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

Mailing Address P.O. Box 15703

Amount of Each Disbursement this Period

1000.00
---------

City State Zip Code  
Tallahassee FL 32317

Purpose of Disbursement  
Contributions to Federal Candidates

Category/  
Type

Candidate Name  
Rep. F. Allen Boyd, Jr.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

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

7000.00
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**TOTAL** This Period (last page this line number only) .....

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# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PALLONE FOR CONGRESS</b> <hr/> Mailing Address <b>PO BOX 3176</b> <hr/> City <b>LONG BRANCH</b> State <b>NJ</b> Zip Code <b>07740</b> <hr/> Purpose of Disbursement Contributions to Federal Candidates <hr/> Candidate Name <b>Rep. Frank Pallone, Jr.</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>NJ</b> District: <b>06</b>	<b>Transaction ID:</b> D96991 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>08 / 19 / 2010</b> <hr/> <b>Amount of Each Disbursement this Period</b> 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>GIFFORDS FOR CONGRESS</b> <hr/> Mailing Address <b>PO Box 27565</b> <hr/> City <b>Tucson</b> State <b>AZ</b> Zip Code <b>85726</b> <hr/> Purpose of Disbursement Contributions to Federal Candidates <hr/> Candidate Name <b>Rep. Gabrielle Giffords</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>AZ</b> District: <b>08</b>	<b>Transaction ID:</b> D96834 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>08 / 11 / 2010</b> <hr/> <b>Amount of Each Disbursement this Period</b> 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JIM COSTA FOR CONGRESS</b> <hr/> Mailing Address <b>2037 W Bullard Avenue</b> <hr/> City <b>Fresno</b> State <b>CA</b> Zip Code <b>93711</b> <hr/> Purpose of Disbursement Contributions to Federal Candidates <hr/> Candidate Name <b>Rep. Jim Costa</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>CA</b> District: <b>20</b>	<b>Transaction ID:</b> D96674 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>08 / 05 / 2010</b> <hr/> <b>Amount of Each Disbursement this Period</b> 2000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF JOHN BOEHNER</b></p> <p>Mailing Address 7908-I2 Cincinnati Dayton Road</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96658 <b>Date of Disbursement</b> 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>CROWLEY FOR CONGRESS</b></p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96668 <b>Date of Disbursement</b> 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>CROWLEY FOR CONGRESS</b></p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96669 <b>Date of Disbursement</b> 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

7500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF LOIS CAPPS</b>	<b>Transaction ID:</b> D96659
	Mailing Address 38 Ivy St SE	Date of Disbursement 08 / 05 / 2010
	City Washington State DC Zip Code 20003-4006	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Lois Capps	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>MARTIN HEINRICH FOR CONGRESS</b>	<b>Transaction ID:</b> D96832
	Mailing Address 2118 CENTRAL AVENUE SE	Date of Disbursement 08 / 11 / 2010
	City Albuquerque State NM Zip Code 87106	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Martin Heinrich	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>MICHAUD FOR CONGRESS</b>	<b>Transaction ID:</b> D96667
	Mailing Address 213 Lisbon Street	Date of Disbursement 08 / 05 / 2010
	City Lewiston State ME Zip Code 04240	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Michael H. Michaud	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE	Transaction ID: D96676 Date of Disbursement 08 / 05 / 2010
	Mailing Address 76 MAGNOLIA TERRACE	Amount of Each Disbursement this Period 2000.00
	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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE	Transaction ID: D96677 Date of Disbursement 08 / 05 / 2010
	Mailing Address 76 MAGNOLIA TERRACE	Amount of Each Disbursement this Period 3000.00
	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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE	Transaction ID: D96663 Date of Disbursement 08 / 05 / 2010
	Mailing Address 505 King St	Amount of Each Disbursement this Period 1000.00
	City La Crosse State WI Zip Code 54601	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Ron J. Kind	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BECERRA FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96666</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>BENNET FOR COLORADO</b></p> <p>Mailing Address 1900 GRANT STREET SUITE 1170</p> <p>City DENVER State CO Zip Code 80203</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Michael Bennet</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96990</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MIKE CRAPO FOR US SENATE</b></p> <p>Mailing Address PO BOX 1948</p> <p>City BOISE State ID Zip Code 83701</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Mike Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96936</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

**8500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: D96610 Date of Disbursement 08 / 03 / 2010
	Mailing Address P.O. BOX 2006	
	City PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Olympia J. Snowe	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: D96611 Date of Disbursement 08 / 03 / 2010
	Mailing Address P.O. BOX 2006	
	City PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Olympia J. Snowe	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE	Transaction ID: D96940 Date of Disbursement 08 / 16 / 2010
	Mailing Address 232 NE 9TH AVENUE	
	City PORTLAND State OR Zip Code 97232	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Ron Wyden	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	13600.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matthew Kern

Mailing Address 2560 Brunswick Ave N

City State Zip Code  
Golden Valley MN 55422-3371

Purpose of Disbursement  
Refund of individual contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D101124

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional) ▶

875.00

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

875.00