

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 10 01 2007 through 10 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Van Dyk

Signature of Treasurer Electronically Filed by Robert Van Dyk Date 11 20 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		140530.01
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	162517.80									
(c) Total Receipts (from Line 19)	84902.96	544949.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	247420.76	685479.19								
7. Total Disbursements (from Line 31)	81121.38	519179.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	166299.38	166299.38								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	66930.24	495607.31
(i) Itemized (use Schedule A)	16472.72	44841.87
(ii) Unitemized	83402.96	540449.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1500.00	1500.00
(c) Other Political Committees (such as PACs)	84902.96	541949.18
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	-1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	84902.96	544949.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	84902.96	544949.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	6458.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	6458.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	81000.00	512600.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	121.38	121.38
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	81121.38	519179.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	81121.38	519179.81

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	84902.96	541949.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84902.96	541949.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	6458.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	-1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	7458.43

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Gary D Anderson

Mailing Address 6618 McMakin Court

City Colleyville State TX Zip Code 76034-5752

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

Name of Employer Preferred Care Management Occupation President/Management Company

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: C347915

Amount of Each Receipt this Period
100.00

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

Mailing Address 8028 Ritchie Hwy Ste 118

City Pasadena State MD Zip Code 21122-1069

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

Name of Employer FutureCare Health & Mgmt. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352685

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Gerald Baker

Mailing Address 11394 N Linden Rd Ste F

City Clio State MI Zip Code 48420-8587

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

Name of Employer Beecher Manor Inc. Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352537

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gerald Baker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 11394 N Linden Rd Ste F		Transaction ID: C352668
City Clio	State MI	Zip Code 48420-8587
Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Beecher Manor Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mary Baker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 108 Starr Ave. PO Box 1129		Transaction ID: C347884
City Turlock	State CA	Zip Code 95380
Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Mark One Corp.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Mark Ballif		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 100 East San Marcos Suite 200		Transaction ID: C350865
City San Marcos	State CA	Zip Code 92069-2987
Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Plum Healthcare Group LLC	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3950.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Barber		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address PO Box 3347		Transaction ID: C347880
City Spartanburg	State SC	Zip Code 29304-3347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer White Oak Manor	Occupation Executive VP/CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Nancy Beecham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 1827 Diesel Drive		Transaction ID: C348193
City El Cajon	State CA	Zip Code 92019-1153
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retro Medical Billing Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Lyn Bentley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 1201 L Street NW		Transaction ID: C351781
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional) ▶	1770.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer AHCA Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352689

Amount of Each Receipt this Period
20.00

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

Mailing Address PO Box 730

City Hiram State GA Zip Code 30141-0730

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

Name of Employer Blue Ridge Nursing Homes, Inc Occupation Corp Director of Quality Assurance/Cli

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351257

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Bretton J Bolt

Mailing Address 1430 Progress Way Ste 108

City Eldersburg State MD Zip Code 21784-6484

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

Name of Employer Nexion Health Care Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

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

Transaction ID: C348209

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)	▶	1520.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Al Braswell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 3674 Pacific Avenue		Transaction ID: C349888
City State Zip Code Riverside CA 92509-1948	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Vista Pacifica Enterprises Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) B. Douglas Burr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 1185 Wilde Run Court		Transaction ID: C347867
City State Zip Code Roswell GA 30075-7160	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Cypress Healthcare Management VP Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Roch Carter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 111 W Michigan St		Transaction ID: C350322
City State Zip Code Milwaukee WI 53203-2903	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Unicare Health Facilities General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1625.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 59
	<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

Full Name (Last, First, Middle Initial) A. Gregory Chambery		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 100 Daniel Dr		Transaction ID: C352684	
City State Zip Code Webster NY 14580-2912	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Maplewood Nursing Home	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Julie Cheeka		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 3614 Connecticut Ave NW Apt 22		Transaction ID: C351782	
City State Zip Code Washington DC 20008-2436	Amount of Each Receipt this Period 11.54		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Senior Director of Constituency Affair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.84		

Full Name (Last, First, Middle Initial) C. Julie Cheeka		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 3614 Connecticut Ave NW Apt 22		Transaction ID: C352699	
City State Zip Code Washington DC 20008-2436	Amount of Each Receipt this Period 11.54		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Senior Director of Constituency Affair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.84		

SUBTOTAL of Receipts This Page (optional) ▶	98.08
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Cliff Coldren Mailing Address 1950 Cliffside Drive City State Zip Code State College PA 16801-7662 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7 Transaction ID: C347943 Amount of Each Receipt this Period 900.00
Name of Employer Occupation Brookline Developer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2900.00		

B. Full Name (Last, First, Middle Initial) Kathleen Collins Collins Pagels Mailing Address 5020 N 8th PI Ste A City State Zip Code Phoenix AZ 85014-3265 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7 Transaction ID: C347903 Amount of Each Receipt this Period 100.00
Name of Employer Occupation Arizona Health Care Association Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		

C. Full Name (Last, First, Middle Initial) Kathleen Collins Collins Pagels Mailing Address 5020 N 8th PI Ste A City State Zip Code Phoenix AZ 85014-3265 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7 Transaction ID: C348191 Amount of Each Receipt this Period 275.00
Name of Employer Occupation Arizona Health Care Association Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		

SUBTOTAL of Receipts This Page (optional)	▶	1275.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Cook		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2724 King Street		Transaction ID: C351246
City State Zip Code Alexandria VA 22302-4009	Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Epstein Becker and Green P.C.	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Heather Anne Cutler		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 309 W Myrtle St		Transaction ID: C351794
City State Zip Code Alexandria VA 22301-2428	Amount of Each Receipt this Period 14.29	
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation PAC Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.64	

Full Name (Last, First, Middle Initial) C. Heather Anne Cutler		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 309 W Myrtle St		Transaction ID: C352714
City State Zip Code Alexandria VA 22301-2428	Amount of Each Receipt this Period 14.29	
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation PAC Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.64	

SUBTOTAL of Receipts This Page (optional) ▶	478.58
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 2001 Piper Circle

City Anacortes State WA Zip Code 98221-3125

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

Name of Employer JD 7 Associates Enterprises Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2007

Transaction ID: C351776

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Judith Dicker

Mailing Address 18215 Hillside Ave

City Jamaica State NY Zip Code 11432-4853

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

Name of Employer Hillside Manor Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2007

Transaction ID: C347865

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Stanley Dicker

Mailing Address 18215 Hillside Ave

City Jamaica State NY Zip Code 11432-4853

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

Name of Employer Hillside Manor Rehab Ctr Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2007

Transaction ID: C347864

Amount of Each Receipt this Period
1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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) Ron Dodgen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address PO Box 626		Transaction ID: C349887	
City State Zip Code Pismo Beach CA 93448-0626		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Genesis Developmental Services		Occupation CEO/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) W L Dunn		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 870 Bexley Ave		Transaction ID: C348212	
City State Zip Code Marion OH 43302-5463		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Marion Manor Nursing Hm Inc		Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1700.00	

C. Full Name (Last, First, Middle Initial) Toni Fatone		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 99 E River Dr Fl 8		Transaction ID: C352554	
City State Zip Code East Hartford CT 06108-7301		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Association of HC Faciliti		Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Donald Franco		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 38 Talmadge Avenue		Transaction ID: C347878	
City State Zip Code East Haven CT 06512	Amount of Each Receipt this Period 850.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) B. Kathleen Graves		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address PO Box 7		Transaction ID: C352641	
City State Zip Code Gainesboro TN 38562-0007	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Administrator Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Robert W. Hagan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 16 Norcross Street #100		Transaction ID: C348187	
City State Zip Code Roswell GA 30075	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested President Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3350.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
E.M. Gil M. Harrington

Mailing Address PO Box 699

City State Zip Code
Eastman GA 31023-0699

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

Name of Employer Pinecare Management Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: C348224

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
E.M. Gil M. Harrington

Mailing Address PO Box 699

City State Zip Code
Eastman GA 31023-0699

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

Name of Employer Pinecare Management Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351198

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Hugh Heaton

Mailing Address 12285 Highway 168 East

City State Zip Code
Boaz AL 35957

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

Name of Employer Heaton Publications, Inc. Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

Transaction ID: C351795

Amount of Each Receipt this Period
360.00

SUBTOTAL of Receipts This Page (optional)	▶	1560.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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 ▼ 896.78

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

Transaction ID: C351785

Amount of Each Receipt this Period
43.65

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 896.78

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352703

Amount of Each Receipt this Period
43.65

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

Mailing Address 1717 I St

City State Zip Code
Sacramento CA 95811-3001

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

Name of Employer Capitol Advocacy Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: C350871

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	337.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Blaine Hendrickson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address PO Box 7		Transaction ID: C348196
City Rancho Mirage	State CA	Zip Code 92270-0007
Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Legacy Healthcare	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) B. Richard Herrick		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 33 Elk Street 300		Transaction ID: C347860
City Albany	State NY	Zip Code 12207
Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C		
Name of Employer NYS Health Facilities Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Richard Herrick		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 33 Elk Street 300		Transaction ID: C352755
City Albany	State NY	Zip Code 12207
Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		
Name of Employer NYS Health Facilities Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Robin L. Hillier Mailing Address 4433 Pebble Creek Ln City Long Grove State IL Zip Code 60047-5283 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7 Transaction ID: C348168 Amount of Each Receipt this Period 100.00
Name of Employer: RLH Consulting Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1100.00		

B. Full Name (Last, First, Middle Initial) Robin L. Hillier Mailing Address 1553 American Beauty Lane City Columbus State OH Zip Code 43240-4007 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7 Transaction ID: C351259 Amount of Each Receipt this Period 2000.00
Name of Employer: self employed Occupation: CPA, STNA, LNHA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 2000.00		

C. Full Name (Last, First, Middle Initial) Jon Hoffman Mailing Address 4892 Blazer Pkwy City Dublin State OH Zip Code 43017-3302 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7 Transaction ID: C352645 Amount of Each Receipt this Period 100.00
Name of Employer: MNS Occupation: COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 600.00		

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Brian Holloway		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 1001 Center Street		Transaction ID: C347949	
City Little Egg Harbor	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 08087-1364		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Seacrest Village	Occupation Owner/President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. William D. Jacobson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 6000 Running Brook Dr		Transaction ID: C348425	
City Joshua	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 76058-5775		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Gail Jernigan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 2425 25th St SE		Transaction ID: C352587	
City Washington	State DC	Amount of Each Receipt this Period 200.00	
Zip Code 20020-3408		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Washington Nursing Facility	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Gail Jernigan

Mailing Address 2425 25th St SE

City State Zip Code
Washington DC 20020-3408

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

Name of Employer Washington Nursing Facility
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352594

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Jesse Johnson, Jr.

Mailing Address 1500 E. First St

City State Zip Code
Newberg OR 97132

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

Name of Employer Newberg Care Home
Occupation Administrator/Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C347869

Amount of Each Receipt this Period
250.00

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

Mailing Address 3801 Woodside Dr

City State Zip Code
Arlington TX 76016-3030

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

Name of Employer Legacy Care Centers Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351818

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	475.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Davis W. King, Jr. Mailing Address PO Box 1110 City Albany State GA Zip Code 31702-1110 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7 Transaction ID: C352578 Amount of Each Receipt this Period 1000.00
Name of Employer Palmyra Nursing Home Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		

B. Full Name (Last, First, Middle Initial) Davis W. King, Jr. Mailing Address PO Box 1110 City Albany State GA Zip Code 31702-1110 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7 Transaction ID: C352780 Amount of Each Receipt this Period 100.00
Name of Employer Palmyra Nursing Home Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		

C. Full Name (Last, First, Middle Initial) David Kylo Mailing Address 4621 28th Road South PAYROLL DEDUCTION City Arlington State VA Zip Code 22206 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7 Transaction ID: C351788 Amount of Each Receipt this Period 39.56
Name of Employer AHCA Occupation Director, Assisted Living Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 870.32		

SUBTOTAL of Receipts This Page (optional)	▶	1139.56
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 59
	<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

Full Name (Last, First, Middle Initial) A. David Kylo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: C352707
City State Zip Code Arlington VA 22206	Amount of Each Receipt this Period 39.56	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 870.32	

Full Name (Last, First, Middle Initial) B. Edward LaMonde		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 38 Echo Ridge Drive		Transaction ID: C351253
City State Zip Code Vernon CT 06066-5909	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Health Haven	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Edward LaMonde		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 38 Echo Ridge Drive		Transaction ID: C351254
City State Zip Code Vernon CT 06066-5909	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Health Haven	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	639.56
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Edward LaMonde

Mailing Address 38 Echo Ridge Drive

City State Zip Code
Vernon CT 06066-5909

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

Name of Employer Health Haven Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C351715

Amount of Each Receipt this Period
-300.00

B. Full Name (Last, First, Middle Initial)
Cynthia Leach

Mailing Address 4943 East Evans Drive

City State Zip Code
Scottsdale AZ 85254-2824

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

Name of Employer CopperSands Inc. Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352544

Amount of Each Receipt this Period
150.00

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

Mailing Address 3514 E Shea Blvd Ste 133

City State Zip Code
Phoenix AZ 85028

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

Name of Employer Owner Occupation Coppersands

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

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

Transaction ID: C347887

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	-50.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Barbara K. Lombardi		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address PO Box 341		Transaction ID: C347876	
City Alma	State MI	Zip Code 48801-0341	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Laurel Health Care Company	Occupation Regional Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. Patrick Martone		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 26 North Broadway		Transaction ID: C351796	
City Schenectady	State NY	Zip Code 12305-1932	Amount of Each Receipt this Period 4000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hallmark Nursing Centre Inc.	Occupation Administrator and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4100.00		

Full Name (Last, First, Middle Initial) C. Patrick Martone		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 26 North Broadway		Transaction ID: C352753	
City Schenectady	State NY	Zip Code 12305-1932	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hallmark Nursing Centre Inc.	Occupation Administrator and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4100.00		

SUBTOTAL of Receipts This Page (optional) ▶	4300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 59						
	(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

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

Full Name (Last, First, Middle Initial) A. Mark S. McKenize		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 7955 Harry Hines Blvd ST 200		Transaction ID: C347916	
City Dallas	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 75235-3305		FEC ID number of contributing federal political committee. C	
Name of Employer THI Care	Occupation Sup-OPS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. Barbara Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 3594 E US Highway 30		Transaction ID: C350323	
City Warsaw	State IN	Amount of Each Receipt this Period 1000.00	
Zip Code 46580-6720		FEC ID number of contributing federal political committee. C	
Name of Employer MMM Invest Inc	Occupation Assistant Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) C. Lisa Mitchell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 214 S Munson Road		Transaction ID: C348405	
City Swanton	State OH	Amount of Each Receipt this Period 100.00	
Zip Code 43558-1210		FEC ID number of contributing federal political committee. C	
Name of Employer Swanton Health Care	Occupation Owner	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 350.00			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2749 East Covenanter Drive

City State Zip Code
Bloomington IN 47401-5454

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

Name of Employer Occupation
CarDon & Associates Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: C351769

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Abraham Morse

Mailing Address 2310 Washington Street Suite 300

City State Zip Code
Newton Lower Falls MA 02462-1449

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

Name of Employer Occupation
MA Extended Care Federation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: C351774

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Bobbie Nichols

Mailing Address 118 E Live Oak St Ste 102

City State Zip Code
Dublin TX 76446-1998

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

Name of Employer Occupation
K.B.N. Enterprises Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C348175

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Francesca Fierro O'Reilly		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 4005 Nellie Custis Dr		Transaction ID: C351786	
City Arlington	State VA	Zip Code 22207-5107	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sr. Director of Congressional Affairs	Occupation American Health Care Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) B. Francesca Fierro O'Reilly		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 4005 Nellie Custis Dr		Transaction ID: C352595	
City Arlington	State VA	Zip Code 22207-5107	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sr. Director of Congressional Affairs	Occupation American Health Care Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) C. Francesca Fierro O'Reilly		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 4005 Nellie Custis Dr		Transaction ID: C352705	
City Arlington	State VA	Zip Code 22207-5107	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sr. Director of Congressional Affairs	Occupation American Health Care Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 59
	<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

Full Name (Last, First, Middle Initial) A. Delbert Ousley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 300 Provider Court		Transaction ID: C347950	
City Richmond State KY Zip Code 40475-8488	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer PMD Corporation Occupation President	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jeffrey Parrish		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 11156 Sardis-Scotts Hill Road		Transaction ID: C349891	
City Scotts Hill State TN Zip Code 38374	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tennessee Health Management Occupation General Counsel	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Charles Perry		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 4550 W Oakey Blvd Ste 99B		Transaction ID: C347881	
City Las Vegas State NV Zip Code 89102-1599	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nevada Health Care Assn. Occupation Executive Director	Aggregate Year-to-Date ▼ 3750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Shelly Peterson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1900 N 11th St		Transaction ID: C352602	
City State Zip Code Bismarck ND 58501-1914	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Dakota LTC Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Scott Pilgrim		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 129 West 1st Street Apartment B		Transaction ID: C351249	
City State Zip Code Edmond OK 73003-5509	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Diakonos Group	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Genesis Health Care Political Action Com		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 101 East State Street		Transaction ID: C351797	
City State Zip Code Kennett Square PA 19348-3109	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Tom Pollock

Mailing Address 9899 Avocet Street

City State Zip Code
Coon Rapids MN 55433-6413

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

Name of Employer
Park River Estates Care Center

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351258

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Denise T. Pozderac

Mailing Address 791 Pearl Rd

City State Zip Code
Brunswick OH 44212-2528

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

Name of Employer
Transitional Living Centers Inc.

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C348180

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Denise T. Pozderac

Mailing Address 791 Pearl Rd

City State Zip Code
Brunswick OH 44212-2528

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

Name of Employer
Transitional Living Centers Inc.

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C348181

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sally Rapp		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 3308 Ocean Blvd Suite 280		Transaction ID: C347947
City Corona Del Mar	State CA	Zip Code 92625-3256
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer SR Management Svcs. Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Richard Rau		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 3939 S 92nd St		Transaction ID: C347910
City Greenfield	State WI	Zip Code 53228-2140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Clement Manor Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jon Reardon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 1202 Weiss St		Transaction ID: C352655
City Saginaw	State MI	Zip Code 48602-5471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Hoyt Nursing & Rehab Center	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Christine L. Redding		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 824 East G St		Transaction ID: C352528	
City Iron Mountain	State MI	Amount of Each Receipt this Period 200.00	
Zip Code 49801-4134		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Hyland Nursing Home	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Christine L. Redding		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 824 East G St		Transaction ID: C352754	
City Iron Mountain	State MI	Amount of Each Receipt this Period 100.00	
Zip Code 49801-4134		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Hyland Nursing Home	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Gerald Romano		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 7 Creek Ln		Transaction ID: C352643	
City Bristol	State RI	Amount of Each Receipt this Period 300.00	
Zip Code 02809-2401		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Silver Creek Manor	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	600.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Shelley Sabo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 6360 Tisbury Dr PAYROLL DEDUCTION		Transaction ID: C351789
City State Zip Code Burke VA 22015-4061	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NCAL	Occupation Director Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Shelley Sabo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 6360 Tisbury Dr PAYROLL DEDUCTION		Transaction ID: C352708
City State Zip Code Burke VA 22015-4061	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NCAL	Occupation Director Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Maryanne Sapio		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 1324 South Kenmore Circle		Transaction ID: C351791
City State Zip Code Arlington VA 22204	Amount of Each Receipt this Period 15.79	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA	Occupation Director, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.06	

SUBTOTAL of Receipts This Page (optional) ▶	35.79
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Maryanne Sapio		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1324 South Kenmore Circle		Transaction ID: C352709	
City State Zip Code Arlington VA 22204	Amount of Each Receipt this Period 15.79		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Director, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.06		

Full Name (Last, First, Middle Initial) B. Robert Sbriglio, MD,MPH,NHA		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 88 Ryders Ln Ste 208		Transaction ID: C349102	
City State Zip Code Stratford CT 06614-1666	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ryders Health Management	Occupation Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Michael Scharfenberger		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 7265 Kenwood Rd Ste 300		Transaction ID: C348170	
City State Zip Code Cincinnati OH 45236-4414	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	1115.79
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 59
	<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

Full Name (Last, First, Middle Initial) A. Floyd Schlossberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4200 W Peterson Ave Ste 140		Transaction ID: C350463	
City State Zip Code Chicago IL 60646-6819	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alden Management Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Ina Schlossberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4200 W Peterson Ave Ste 140		Transaction ID: C350464	
City State Zip Code Chicago IL 60646-6819	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alden Enterprises	Occupation Special Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Michael Shepard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 6810 South Hazel Street		Transaction ID: C352786	
City State Zip Code Pine Bluff AR 71603-7828	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Davis Life Care	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jennifer Shimer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 9507 Shelly Krasnow Ln		Transaction ID: C351787
City Fairfax	State VA	Zip Code 22031-4720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.54
Name of Employer AHCA	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.84	

Full Name (Last, First, Middle Initial) B. Jennifer Shimer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 9507 Shelly Krasnow Ln		Transaction ID: C352706
City Fairfax	State VA	Zip Code 22031-4720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.54
Name of Employer AHCA	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.84	

Full Name (Last, First, Middle Initial) C. Robert Siebel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 13185 W Great Mountain Drive		Transaction ID: C347879
City Lakewood	State CO	Zip Code 80228-3512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carriage Healthcare Companies, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	523.08
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 59
	<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

Full Name (Last, First, Middle Initial) A. Matthew D. Smyth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 1201 L Street NW		Transaction ID: C351792
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 31.25	
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Director of Grassroots	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.75	

Full Name (Last, First, Middle Initial) B. Matthew D. Smyth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 1201 L Street NW		Transaction ID: C351803
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Director of Grassroots	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.75	

Full Name (Last, First, Middle Initial) C. Matthew D. Smyth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 1201 L Street NW		Transaction ID: C352710
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 31.25	
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Director of Grassroots	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.75	

SUBTOTAL of Receipts This Page (optional) ▶	122.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steve A Streetman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 2 ROB Roy Road		Transaction ID: C347866	
City Austin	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 78746-3120			
FEC ID number of contributing federal political committee. C			
Name of Employer Littleton Company	Occupation Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Nicholas Thisse		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 80 Access Rd		Transaction ID: C347926	
City Norwood	State MA	Amount of Each Receipt this Period 750.00	
Zip Code 02062-5237			
FEC ID number of contributing federal political committee. C			
Name of Employer Rehab Associates	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Travis Tomlinson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 513 East Whitaker Mill Road		Transaction ID: C352581	
City Raleigh	State NC	Amount of Each Receipt this Period 100.00	
Zip Code 27608-2633			
FEC ID number of contributing federal political committee. C			
Name of Employer Mayview Conv Home Inc	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Torgan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 5120 West Goldleaf Circle Suite 400		Transaction ID: C351244
City State Zip Code Los Angeles CA 90056-1297	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Country Villa Health Svcs.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) B. James Unverferth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 1100 Shawnee Road		Transaction ID: C347868
City State Zip Code Lima OH 45805-3583	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCF, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) C. Christopher J. Urban		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address PO Box 75		Transaction ID: C348190
City State Zip Code Solana Beach CA 92075-0075	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ambrose Capital	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Robert Van Dyk Mailing Address 304 S Van Dien Ave City State Zip Code Ridgewood NJ 07450-5200 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7 Transaction ID: C348424 Amount of Each Receipt this Period 1250.00
Name of Employer Van Dyk Health Care 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) Jack Vetter Mailing Address 5020 S 118th St City State Zip Code Omaha NE 68137-2209 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7 Transaction ID: C350868 Amount of Each Receipt this Period 1250.00
Name of Employer Vetter Health Services Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Paul Walczak Mailing Address 2979 Pga Blvd City State Zip Code Palm Beach Gardens FL 33410-2911 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7 Transaction ID: C347917 Amount of Each Receipt this Period 2500.00
Name of Employer Home Quality Management Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Barton D. Weisman

Mailing Address 5310 NW 33rd Ave
Ste 211

City Ft Lauderdale State FL Zip Code 33309-6319

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

Name of Employer Weisman Associates Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352652

Amount of Each Receipt this Period
3750.00

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

Mailing Address 7135 Minstreal Way
Suite 104

City Columbia State MD Zip Code 21045

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

Name of Employer Health Facilities Assn of MD Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352603

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Ron Wood

Mailing Address 111 Holloway Square

City Smyrna State TN Zip Code 37167

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

Name of Employer PHHW PLC Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351194

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	4800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mark Woolpert		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 200 S 13th St Ste 205		Transaction ID: C350465	
City State Zip Code Grover Beach CA 93433-2263		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Compass Health Care President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 8750.00	

B. Full Name (Last, First, Middle Initial) Frank Wronski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 64500 Van Dyke Rd		Transaction ID: C352651	
City State Zip Code Washington MI 48095-2583		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Medilodge Group President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Alan Zuccari		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 7712 Carlton Place		Transaction ID: C347948	
City State Zip Code McLean VA 22102-2149		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Hamilton Insurance Agency Insurance Representative			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	66930.24

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 45 / 59	
	(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)
NHI-PAC Nursing Home Industry PAC

Mailing Address PO Box 185

City State Zip Code
East Haven CT 06512

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

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

Transaction ID: C352536

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 59

<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

Full Name (Last, First, Middle Initial) A. AMERIPAC: THE FUND FOR A GREATER AMERICA		Transaction ID: D54301 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
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 Committees 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Becerra for Congress		Transaction ID: D54303 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 1910 W Sunset Blvd Ste 540		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90026-4991	Purpose of Disbursement Contributions to Federal Candidates Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Cardoza for Congress		Transaction ID: D54300 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 2724 Winton Way		Amount of Each Disbursement this Period 1000.00
City Atwater State CA Zip Code 95301	Purpose of Disbursement Contributions to Federal Candidates Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Gordon Smith for US Senate		Transaction ID: D54437 Date of Disbursement 10 / 23 / 2007
Mailing Address 5285 SW Meadows Road No. 181		Amount of Each Disbursement this Period 5000.00
City Lake Oswego	State OR Zip Code 97035	
Purpose of Disbursement Contributions to Federal Candidates		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Hulshof for Congress		Transaction ID: D54520 Date of Disbursement 10 / 31 / 2007
Mailing Address 1005 Cherry St Ste 203		Amount of Each Disbursement this Period 1000.00
City Columbia	State MO Zip Code 65201-7930	
Purpose of Disbursement Contributions to Federal Candidates		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. IMPACT AMERICA		Transaction ID: D54438 Date of Disbursement 10 / 23 / 2007
Mailing Address 228 W. Washington St. Ste. 115		Amount of Each Disbursement this Period 4000.00
City Alexandria	State VA Zip Code 22314	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. L A PAC		Transaction ID: D54513 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 2500.00
City Los Angeles State CA Zip Code 90048		
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) ▼	

Full Name (Last, First, Middle Initial) B. Matheson for Congress		Transaction ID: D54551 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 677 So. 200 West Suite A		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101		
Purpose of Disbursement Contributions to Federal Candidates	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NATIONAL LEADERSHIP PAC		Transaction ID: D54532 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address PO box 5577		Amount of Each Disbursement this Period 5000.00
City New York State NY Zip Code 10027		
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) ▼	

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)

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

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

Full Name (Last, First, Middle Initial) A. People for English		Transaction ID: D54527 Date of Disbursement 10 / 31 / 2007
Mailing Address 1528 S Shore Dr		Amount of Each Disbursement this Period 1000.00
City Erie State PA Zip Code 16505-2438	Purpose of Disbursement Contributions to Federal Candidates Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Peter King for Congress		Transaction ID: D54523 Date of Disbursement 10 / 31 / 2007
Mailing Address 1442 Roth Rd 118 Cannon House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City Seaford State NY Zip Code 11783-1826	Purpose of Disbursement Contributions to Federal Candidates Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Pioneer PAC		Transaction ID: D54555 Date of Disbursement 10 / 31 / 2007
Mailing Address 1212 N Vernon St		Amount of Each Disbursement this Period 1500.00
City Arlington State VA Zip Code 22201-4832	Purpose of Disbursement Contributions to Federal Committees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Radanovich for Congress		Transaction ID: D54525 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 2377 W Shaw Ave Ste 204		Amount of Each Disbursement this Period 1000.00
City Fresno State CA Zip Code 93711-3438		
Purpose of Disbursement Contributions to Federal Candidates Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Rangel for Congress Committee		Transaction ID: D54530 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 74 West 132nd St		Amount of Each Disbursement this Period 5000.00
City New York State NY Zip Code 10037		
Purpose of Disbursement Contributions to Federal Candidates Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Rangel for Congress Committee		Transaction ID: D54531 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 74 West 132nd St		Amount of Each Disbursement this Period 5000.00
City New York State NY Zip Code 10037		
Purpose of Disbursement Contributions to Federal Candidates Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. HOBSON FOR CONGRESS		Transaction ID: D54302 Date of Disbursement 10 / 05 / 2007
Mailing Address 82 WEST COLUMBIA STREET		Amount of Each Disbursement this Period 1000.00
City SPRINGFIELD State OH Zip Code 45502	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. David Hobson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS		Transaction ID: D54528 Date of Disbursement 10 / 31 / 2007
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 2500.00
City LONG BRANCH State NJ Zip Code 07740	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Frank Pallone Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE		Transaction ID: D54512 Date of Disbursement 10 / 25 / 2007
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 2500.00
City Los Angeles State CA Zip Code 90048	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Henry A. Waxman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF JIM CLYBURN		Transaction ID: D54305 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address Post Office Box 12567		Amount of Each Disbursement this Period 2500.00
City Columbia State SC Zip Code 29211	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. James Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. WALSH FOR CONGRESS COMMITTEE		Transaction ID: D54522 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address PO Box 1974		Amount of Each Disbursement this Period 1000.00
City Syracuse State NY Zip Code 13201-1974	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. James T. Walsh		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JIM GERLACH FOR CONGRESS COMMITTEE		Transaction ID: D54524 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 911 Welsh Ayres Way		Amount of Each Disbursement this Period 1500.00
City Downingtown State PA Zip Code 19335-1689	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Jim Gerlach		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN BARROW		Transaction ID: D54550 Date of Disbursement 10 / 31 / 2007
Mailing Address 2141 W Broad St		Amount of Each Disbursement this Period 2500.00
City Athens State GA Zip Code 30606-3545	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. John Barrow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DOGGETT FOR US CONGRESS		Transaction ID: D54552 Date of Disbursement 10 / 31 / 2007
Mailing Address PO Box 5743		Amount of Each Disbursement this Period 1000.00
City Austin State TX Zip Code 78763-5743	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Lloyd Doggett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF LOIS CAPPs		Transaction ID: D54554 Date of Disbursement 10 / 31 / 2007
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-4006	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MARION BERRY FOR CONGRESS		Transaction ID: D54304 Date of Disbursement 10 / 05 / 2007	
Mailing Address P.O. BOX 8084		Amount of Each Disbursement this Period 1000.00	
City JONESBORO	State AR		Zip Code 72403
Purpose of Disbursement Contributions to Federal Candidates			Category/ Type
Candidate Name Rep. Marion Berry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 1			

Full Name (Last, First, Middle Initial) B. MICHAEL BURGESS FOR CONGRESS		Transaction ID: D54306 Date of Disbursement 10 / 05 / 2007	
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 1000.00	
City Denton	State TX		Zip Code 76202-2334
Purpose of Disbursement Contributions to Federal Candidates			Category/ Type
Candidate Name Rep. Michael C. Burgess			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 26			

Full Name (Last, First, Middle Initial) C. MICHAUD FOR CONGRESS		Transaction ID: D54553 Date of Disbursement 10 / 31 / 2007	
Mailing Address 213 Lisbon Street		Amount of Each Disbursement this Period 1000.00	
City Lewiston	State ME		Zip Code 04240
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME District: 2			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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

Full Name (Last, First, Middle Initial) A. PAUL BROUN COMMITTEE		Transaction ID: D54549 Date of Disbursement 10 / 31 / 2007
Mailing Address PO BOX 7165		Amount of Each Disbursement this Period 1000.00
City ATHENS	State GA	
Zip Code 30604		
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Paul Broun		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXA-S)		Transaction ID: D54526 Date of Disbursement 10 / 31 / 2007
Mailing Address POST OFFICE BOX 711		Amount of Each Disbursement this Period 1000.00
City ROCKWALL	State TX	
Zip Code 75087		
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Ralph M. Hall		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 4		

Full Name (Last, First, Middle Initial) C. HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXA-S)		Transaction ID: D54307 Date of Disbursement 10 / 05 / 2007
Mailing Address POST OFFICE BOX 711		Amount of Each Disbursement this Period 1000.00
City ROCKWALL	State TX	
Zip Code 75087		
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Ralph M. Hall		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 4		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. HOYER FOR CONGRESS		Transaction ID: D54518 Date of Disbursement 10 / 31 / 2007
Mailing Address 7905 MALCOLM ROAD SUITE 102		Amount of Each Disbursement this Period 4000.00
City CLINTON State MD Zip Code 20735	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Steny H. Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ROCKY MOUNTAIN PAC		Transaction ID: D54557 Date of Disbursement 10 / 31 / 2007
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement Contributions to Federal Committees		
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) ▼	

Full Name (Last, First, Middle Initial) C. ROYB Fund (Rely on Your Beliefs Fund)		Transaction ID: D54529 Date of Disbursement 10 / 31 / 2007
Mailing Address 1300 Pennsylvania Ave NW Ste 700		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20004-3024	Category/ Type	
Purpose of Disbursement Contributions to Federal Committees		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	14000.00
TOTAL This Period (last page this line number only) ▶

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

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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

Full Name (Last, First, Middle Initial) A. Schock for Congress		Transaction ID: D54533 Date of Disbursement 10 / 26 / 2007
Mailing Address 1155 21st Street NW Ste 330		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Aaron Schock		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Schock for Congress		Transaction ID: D54692 Date of Disbursement 10 / 31 / 2007
Mailing Address 1155 21st Street NW Ste 330		Amount of Each Disbursement this Period -1000.00
City Washington State DC Zip Code 20036	Category/ Type	
Purpose of Disbursement Voided check		
Candidate Name Aaron Schock		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SALAZAR FOR SENATE		Transaction ID: D54556 Date of Disbursement 10 / 31 / 2007
Mailing Address PO BOX 600		Amount of Each Disbursement this Period 3000.00
City DENVER State CO Zip Code 80201	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Sen. Ken Salazar		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 0	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE (T-OMPAC)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D54521

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

81000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. BB & T CREDIT CARD		Transaction ID: D55721 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 2200 Wilson Blvd Ste 200		Amount of Each Disbursement this Period 32.77
City Arlington State VA Zip Code 22201-3324		
Purpose of Disbursement CC Fees 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) ▼	

Full Name (Last, First, Middle Initial) B. BB & T		Transaction ID: D55720 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address PO Box 819 Operations Center		Amount of Each Disbursement this Period 88.61	
City Wilson State NC Zip Code 27894-0819			
Purpose of Disbursement Bank Fees Candidate Name			Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	121.38
TOTAL This Period (last page this line number only)	121.38