

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		112871.46
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	117556.90									
(c) Total Receipts (from Line 19)	13218.48	738422.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	130775.38	851293.54								
7. Total Disbursements (from Line 31)	8943.81	729461.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	121831.57	121831.57								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12296.42	679118.40
(i) Itemized (use Schedule A)	922.06	47803.68
(ii) Unitemized	13218.48	726922.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	9500.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13218.48	736422.08
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13218.48	738422.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13218.48	738422.08

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	943.81	13018.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	943.81	13018.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	713650.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3793.64
(b) Political Party Committees	0.00	-1000.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2793.64
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8943.81	729461.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8943.81	729461.97

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)	13218.48	736422.08
34. Total Contribution Refunds (from Line 28(d))	0.00	2793.64
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13218.48	733628.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	943.81	13018.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	943.81	13018.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Coral Teresa Andrews

Mailing Address 932 Ward Ave
Ste 430

City State Zip Code
Honolulu HI 96814-2126

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

Name of Employer
Health Association of Haw-
aii

Occupation
Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C594278

Amount of Each Receipt this Period

-62.50

B.

Full Name (Last, First, Middle Initial)
Brad Bedell

Mailing Address PO Box 1210
731 North Main

City State Zip Code
Sikeston MO 63801-1210

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

Name of Employer
Health Facilities Managem-
ent

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 2 / 0 8 / 2 0 0 8

Transaction ID: C598883

Amount of Each Receipt this Period

1250.00

C.

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

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer
AHCA

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

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

Transaction ID: C602146

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1207.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
AHCA Director

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

Date of Receipt

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

Transaction ID: C604575

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)

Steve Boymel

Mailing Address 12100 Reed Hartman Highway

City State Zip Code
Cincinnati OH 45241-6036

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

Name of Employer Occupation
Brookwood Retirement Comm- Owner/Administrator
unity

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

Date of Receipt

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

Transaction ID: C597999

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Cam Cecil

Mailing Address PO Box 5419

City State Zip Code
Spartanburg SC 29304-5419

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

Name of Employer Occupation
Valley Falls Terrace Information Requested

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

Date of Receipt

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

Transaction ID: C602837

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)

2270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 3614 Connecticut Ave NW
Apt 22

City Washington State DC Zip Code 20008-2436

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

Name of Employer AHCA Occupation Senior Director of Constituency Affair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 09 / 2008
Transaction ID: C602147
Amount of Each Receipt this Period 11.54

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

Mailing Address 3614 Connecticut Ave NW
Apt 22

City Washington State DC Zip Code 20008-2436

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

Name of Employer AHCA Occupation Senior Director of Constituency Affair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 29 / 2008
Transaction ID: C604576
Amount of Each Receipt this Period 11.54

C. Full Name (Last, First, Middle Initial)
Louis E. Cottrell, Jr.

Mailing Address 4156 Carmichael Road

City Montgomery State AL Zip Code 36106-2866

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

Name of Employer Alabama Nursing Home Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 26 / 2008
Transaction ID: C597222
Amount of Each Receipt this Period 500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Teresa Eyet
Mailing Address 1201 L Street NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer AHCA Occupation Education
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00
Date of Receipt 12 / 09 / 2008
Transaction ID: C602148
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Teresa Eyet
Mailing Address 1201 L Street NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer AHCA Occupation Education
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00
Date of Receipt 12 / 29 / 2008
Transaction ID: C604577
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Susan Feeny
Mailing Address 7005 Metropolitan PI
City Falls Church State VA Zip Code 22043-2330
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation Vice President, Public Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 502.41
Date of Receipt 12 / 09 / 2008
Transaction ID: C602149
Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional) ► 59.24
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 22
(check only one)

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

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

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

A.

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

Mailing Address 7005 Metropolitan PI

City Falls Church State VA Zip Code 22043-2330

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 502.41

Date of Receipt 12 / 29 / 2008

Transaction ID: C604578

Amount of Each Receipt this Period 19.24

B.

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

Mailing Address 7605 Ridgecrest Drive

City Alexandria State VA Zip Code 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 917.86

Date of Receipt 12 / 09 / 2008

Transaction ID: C602152

Amount of Each Receipt this Period 38.46

C.

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

Mailing Address 7605 Ridgecrest Drive

City Alexandria State VA Zip Code 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 917.86

Date of Receipt 12 / 29 / 2008

Transaction ID: C604581

Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional) ► 96.16

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cheryl Killian

Mailing Address 3801 Woodside Dr

City State Zip Code
Arlington TX 76016-3030

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

Name of Employer Occupation
Legacy Care Centers Inc. President

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

Date of Receipt

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

Transaction ID: C597216

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Cheryl Killian

Mailing Address 3801 Woodside Dr

City State Zip Code
Arlington TX 76016-3030

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

Name of Employer Occupation
Legacy Care Centers Inc. President

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

Date of Receipt

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

Transaction ID: C604388

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
AHCA Director, Assisted Living

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

Date of Receipt

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

Transaction ID: C602158

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

89.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 22
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) David Kylo		Date of Receipt MM / DD / YYYY 12 / 29 / 2008
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: C604585
City Arlington	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C		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 ▼ 1028.56	

B.

Full Name (Last, First, Middle Initial) Alice Kim Lew		Date of Receipt MM / DD / YYYY 12 / 01 / 2008
Mailing Address 58-130 Kamehameha Highway		Transaction ID: C595683
City Haleiwa	State HI	Zip Code 96712-9714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Crawford's Convalescent Home	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Arlene Miles		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 6061 South Brook Valley		Transaction ID: C602845
City Centennial	State CO	Zip Code 80121-3103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Colorado Health Care Association	Occupation State Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2529.25	

SUBTOTAL of Receipts This Page (optional)	▶	1539.56
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 22
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Cynthia Klisz Morton		Date of Receipt MM / DD / YYYY 12 / 09 / 2008		
	Mailing Address 4609 Overbrook Road		Transaction ID: C602154		
	City Bethesda	State MD	Zip Code 20816	Amount of Each Receipt this Period 33.35	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 566.90		
Name of Employer American Health Care Association		Occupation Government Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

B.	Full Name (Last, First, Middle Initial) Cynthia Klisz Morton		Date of Receipt MM / DD / YYYY 12 / 29 / 2008		
	Mailing Address 4609 Overbrook Road		Transaction ID: C604582		
	City Bethesda	State MD	Zip Code 20816	Amount of Each Receipt this Period 33.35	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 566.90		
Name of Employer American Health Care Association		Occupation Government Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

C.	Full Name (Last, First, Middle Initial) Jerry Nicholls		Date of Receipt MM / DD / YYYY 12 / 23 / 2008		
	Mailing Address 1206 6th Ave		Transaction ID: C604386		
	City Wellman	State IA	Zip Code 52356-9235	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
Name of Employer Progressive Care Management Co.		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

SUBTOTAL of Receipts This Page (optional)	▶	1066.70
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 22
(check only one)

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

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

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

A.

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

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

Name of Employer: Sr. Director of Congressional Affairs
Occupation: American Health Care Association

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2008

Transaction ID: C602156

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

Name of Employer: Sr. Director of Congressional Affairs
Occupation: American Health Care Association

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2008

Transaction ID: C604583

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 6360 Tisbury Dr
PAYROLL DEDUCTION

City State Zip Code
Burke VA 22015-4061

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

Name of Employer: NCAL
Occupation: Director Assisted Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2008

Transaction ID: C602159

Amount of Each Receipt this Period
10.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 22		
	<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

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) Shelley Sabo		Date of Receipt
	Mailing Address 6360 Tisbury Dr PAYROLL DEDUCTION		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Burke	VA	22015-4061
	FEC ID number of contributing federal political committee. C		Transaction ID: C604586
Name of Employer NCAL		Occupation Director Assisted Living	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) Maryanne Sapio		Date of Receipt
	Mailing Address 1324 South Kenmore Circle		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Arlington	VA	22204
	FEC ID number of contributing federal political committee. C		Transaction ID: C602161
Name of Employer AHCA		Occupation Director, Government Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="304.28"/>	<input type="text" value="11.54"/>

C.	Full Name (Last, First, Middle Initial) Maryanne Sapio		Date of Receipt
	Mailing Address 1324 South Kenmore Circle		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Arlington	VA	22204
	FEC ID number of contributing federal political committee. C		Transaction ID: C604587
Name of Employer AHCA		Occupation Director, Government Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="304.28"/>	<input type="text" value="11.54"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="33.08"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jennifer Shimer
Mailing Address 9507 Shelly Krasnow Ln
City State Zip Code
Fairfax VA 22031-4720
FEC ID number of contributing federal political committee. **C**
Name of Employer AHCA Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 09 / 2008
Transaction ID: C602157
Amount of Each Receipt this Period 11.54

B. Full Name (Last, First, Middle Initial)
Jennifer Shimer
Mailing Address 9507 Shelly Krasnow Ln
City State Zip Code
Fairfax VA 22031-4720
FEC ID number of contributing federal political committee. **C**
Name of Employer AHCA Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 29 / 2008
Transaction ID: C604584
Amount of Each Receipt this Period 11.54

C. Full Name (Last, First, Middle Initial)
Todd Smith
Mailing Address 5902 Carlton Ln
City State Zip Code
Bethesda MD 20816-2308
FEC ID number of contributing federal political committee. **C**
Name of Employer AHCA Occupation Lobbyist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 09 / 2008
Transaction ID: C602145
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 323.08
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 17 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Matthew D. Smyth
Mailing Address 1201 L Street NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8
Transaction ID: C602163
Amount of Each Receipt this Period
19.23

Name of Employer American Health Care Association Occupation Director of Grassroots
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 512.00

B. Full Name (Last, First, Middle Initial)
Matthew D. Smyth
Mailing Address 1201 L Street NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8
Transaction ID: C604588
Amount of Each Receipt this Period
19.23

Name of Employer American Health Care Association Occupation Director of Grassroots
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 512.00

C. Full Name (Last, First, Middle Initial)
Kathy Weiner
Mailing Address 1217 Nonchalant Dr
City Simi Valley State CA Zip Code 93065-5717
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8
Transaction ID: C602870
Amount of Each Receipt this Period
2500.00

Name of Employer Total Rehab Care Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

SUBTOTAL of Receipts This Page (optional) ► 2538.46
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 22
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Ted Weiner		Date of Receipt	
Mailing Address 1217 Nonchalant Dr		M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8	
City	State	Zip Code	Transaction ID: C602872
Simi Valley	CA	93065-5717	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		2500.00	
Name of Employer Total Rehab Care	Occupation CEO	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		5000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	12296.42

**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 19 / 22

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

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) BB & T CREDIT CARD <hr/> Mailing Address 2200 Wilson Blvd Ste 200 <hr/> City Arlington State VA Zip Code 22201-3324 <hr/> Purpose of Disbursement CC Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D76205 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 702.25
B. Full Name (Last, First, Middle Initial) BB & T <hr/> Mailing Address PO Box 819 Operations Center <hr/> City Wilson State NC Zip Code 27894-0819 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D76204 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 241.56

SUBTOTAL of Disbursements This Page (optional)	▶	943.81
TOTAL This Period (last page this line number only)	▶	943.81

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS	Transaction ID: D75076
	Mailing Address 8150 W EMERALD STREET SUITE 170	Date of Disbursement MM / DD / YYYY 12 / 12 / 2008
	City State Zip Code Boise ID 83704	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Debt retirement contributions to federal candidates	Category/ Type
	Candidate Name Mr. Walter Clifford Minnick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contrib for debt reiremen
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contrib for debt rei	
	State: ID District: 01	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JEANNE SHAHEEN	Transaction ID: D75074
	Mailing Address PO BOX 1510	Date of Disbursement MM / DD / YYYY 12 / 11 / 2008
	City State Zip Code Manchester NH 03105	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Debt retirement contributions to federal officials	Category/ Type
	Candidate Name Ms. Jeanne Shaheen	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Contrib for debt retireme
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contrib for debt ret	
	State: NH District:	

C.	Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS	Transaction ID: D75072
	Mailing Address 301 W. Platt Street #385	Date of Disbursement MM / DD / YYYY 12 / 11 / 2008
	City State Zip Code Tampa FL 33606	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Kathy Castor	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contrib for debt retireme
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contrib for debt ret	
	State: FL District: 11	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 22

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

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

KAGEN 4 CONGRESS

Mailing Address 100 W. College Ave.

City Appleton State WI Zip Code 54911

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Steve Kagen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WI District: 08

Transaction ID: D75073

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

8000.00

Image# 29990846275

Form/Schedule: **F3XN**
Transaction ID:

Due to data error entry an amendment is being filed.
