

A. Form/Schedule : **F3XA**

Transaction ID :

Amending June report due to the need to remove two voided checks. These checks were removed because they were subsequently cashed by the bank, despite the fact that the checks were 6 months old. The checks were made out in November 2009 to the campaigns of Chris Van Hollen and Steve Scalise.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		128897.14
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	182222.28									
(c) Total Receipts (from Line 19)	146497.79	420822.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	328720.07	549720.07								
7. Total Disbursements (from Line 31)	62600.00	283600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	266120.07	266120.07								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	124043.45	366318.39
(ii) Unitemized	17954.34	39504.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)	141997.79	405822.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	141997.79	411322.93
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	4500.00	9500.00
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))	146497.79	420822.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	146497.79	420822.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62600.00	283600.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	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))..	62600.00	283600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62600.00	283600.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	141997.79	411322.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	141997.79	411322.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 63
(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

<p>A. Full Name (Last, First, Middle Initial) Steve Ackerson</p> <p>Mailing Address 6750 Westown Pkwy Ste 100</p> <p>City State Zip Code West Des Moines IA 50266-7716</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Iowa Health Care Assn. Executive Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1200.00</p>	<p>Date of Receipt 05 / 04 / 2010</p> <p>Transaction ID: C915038</p> <p>Amount of Each Receipt this Period 200.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Hollie Adams</p> <p>Mailing Address 2759 County Road 1490</p> <p>City State Zip Code Center TX 75935</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Green Acres of Center Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>	<p>Date of Receipt 05 / 12 / 2010</p> <p>Transaction ID: C918024</p> <p>Amount of Each Receipt this Period 550.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Gary D Anderson</p> <p>Mailing Address 6618 McMakin Court</p> <p>City State Zip Code Colleyville TX 76034-5752</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Preferred Care Partners Management Gro President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 05 / 24 / 2010</p> <p>Transaction ID: C922473</p> <p>Amount of Each Receipt this Period 3750.00</p>
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SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8028 Ritchie Highway

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 ▼ 2500.00

Date of Receipt 05 / 12 / 2010

Transaction ID: C918025

Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
Mary Baker

Mailing Address PO Box 1129

City Turlock State CA Zip Code 95381

FEC ID number of contributing federal political committee. C

Name of Employer Mark One Corp. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 28 / 2010

Transaction ID: C926175

Amount of Each Receipt this Period 1250.00

C. Full Name (Last, First, Middle Initial)
John Barber

Mailing Address PO Box 3347

City Spartanburg State SC Zip Code 29304-3347

FEC ID number of contributing federal political committee. C

Name of Employer White Oak Manor Occupation Executive VP/CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 10 / 2010

Transaction ID: C916996

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) 5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Cecil Barcelo

Mailing Address 411 Alabama Ave

City State Zip Code
League City TX 77573-2615

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

Name of Employer Occupation
Baywind Village Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 535.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: C925286

Amount of Each Receipt this Period
285.00

B. Full Name (Last, First, Middle Initial)
Harry Baum

Mailing Address 8300 NW Eastside Drive

City State Zip Code
Weatherby Lake MO 64152

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

Name of Employer Occupation
Sharon Lake Nursing Home Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: C920669

Amount of Each Receipt this Period
275.00

C. Full Name (Last, First, Middle Initial)
Chance Becnel

Mailing Address 935 Bellevue Pl

City State Zip Code
Jackson MS 39202-2702

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

Name of Employer Occupation
Tara Cares COO

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

Date of Receipt
MM / DD / YYYY
05 / 13 / 2010

Transaction ID: C919098

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 960.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 63
(check only one)

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

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

A.

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

Mailing Address 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 Management
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2010

Transaction ID: C918761

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Elton Beebe, Jr.

Mailing Address 1308 Bruton Springs Road

City State Zip Code
Austin TX 78733

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

Name of Employer Louisiana Extended Care Centers
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: C917004

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 ▼
220.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: C915153

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **3770.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
AHCA Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Transaction ID: C926217

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Orlando Jr Bisbano, Jr.

Mailing Address 135 Tripps Lane

City State Zip Code
Riverside RI 02915

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

Name of Employer Occupation
Orchard View Manor Administrator

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

Date of Receipt

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

Transaction ID: C917588

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ashley Blankenship

Mailing Address 1306 S. Donaghey

City State Zip Code
Conway AR 72034

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

Name of Employer Occupation
Blankenship Management, Co. Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 0

Transaction ID: C917927

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 63
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Timothy J Boyle

Mailing Address 4412 Applewood Avenue

City State Zip Code
Sioux City IA 51106-3602

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

Name of Employer Occupation
Care Center Mgmt Co Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.66

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: C917589

Amount of Each Receipt this Period
1666.66

B.

Full Name (Last, First, Middle Initial)
Al Braswell

Mailing Address 3674 Pacific Avenue

City State Zip Code
Riverside CA 92509

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

Name of Employer Occupation
Vista Pacifica Enterprises Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2010

Transaction ID: C917682

Amount of Each Receipt this Period
5000.00

C.

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

Mailing Address 1185 Wilde Run Court

City State Zip Code
Roswell GA 30075

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

Name of Employer Occupation
Cypress Administrative Services, LLC VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: C918109

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **6916.66**

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 / 63
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Jill Capela

Mailing Address 1101 S. Capital of TX Hwy

City Austin State TX Zip Code 78746

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

Name of Employer ONR Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 25 / 2010

Transaction ID: C922978

Amount of Each Receipt this Period 5000.00

B.

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

Mailing Address 3075 E Thousand Oaks Blvd

City Westlake Village State CA Zip Code 91362-3402

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

Name of Employer The Chase Group Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 04 / 2010

Transaction ID: C915139

Amount of Each Receipt this Period 1250.00

C.

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

Mailing Address 3075 E Thousand Oaks Blvd

City Thousand Oaks State CA Zip Code 91362-3402

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

Name of Employer The Chase Group Occupation Nursing Home Consult

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 04 / 2010

Transaction ID: C915125

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 8750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 63
(check only one)

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

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

A.

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

Mailing Address 5374 Long Shadow Ct

City State Zip Code
Westlake Village CA 91362-5223

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

Name of Employer Occupation
The Chase Group Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: C915143

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
Don Chensvold

Mailing Address 4080 1st Avenue NE

City State Zip Code
Cedar Rapids IA 52402-3160

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

Name of Employer Occupation
Healthcare of Iowa President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: C915105

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 1387 Club Drive

City State Zip Code
Bloomfield Hills MI 48302-0823

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

Name of Employer Occupation
The Medilodge Group Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: C926176

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ▶ **6350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 63
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kathleen Collins Pagels

Mailing Address 1440 East Missouri Street

City State Zip Code
Phoenix AZ 85014

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

Name of Employer: Arizona Health Care Association
Occupation: Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 05 / 04 / 2010
Transaction ID: C915109
 Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
Kathleen Collins Pagels

Mailing Address 1440 East Missouri Street

City State Zip Code
Phoenix AZ 85014

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

Name of Employer: Arizona Health Care Association
Occupation: Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 05 / 11 / 2010
Transaction ID: C917603
 Amount of Each Receipt this Period: 125.00

C.

Full Name (Last, First, Middle Initial)
Patti Cullen

Mailing Address 7851 Metro Pkwy

City State Zip Code
Bloomington MN 55425-1524

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

Name of Employer: Care Providers of Minnesota
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 05 / 04 / 2010
Transaction ID: C915132
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **325.00**

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 16 / 63
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Judith Dicker		Date of Receipt MM / DD / YYYY 05 / 18 / 2010
Mailing Address 18215 Hillside Avenue		Transaction ID: C918756
City Jamaica	State NY	Zip Code 11432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Hillside Manor	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) Stanley Dicker		Date of Receipt MM / DD / YYYY 05 / 18 / 2010
Mailing Address 18215 Hillside Ave		Transaction ID: C918757
City Jamaica	State NY	Zip Code 11432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Hillside Manor Rehab Ctr	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Gregory J. Elliot		Date of Receipt MM / DD / YYYY 05 / 20 / 2010
Mailing Address 240 Capitol Street		Transaction ID: C926184
City Charleston	State WV	Zip Code 25301-2297
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer AMFM, Inc.	Occupation IT Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.00	

SUBTOTAL of Receipts This Page (optional)	2584.00
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 17 / 63
(check only one)

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

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

A.

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20001

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

Name of Employer AHCA Occupation Director, Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 04 / 2010
Transaction ID: C915156
Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20001

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

Name of Employer AHCA Occupation Director, Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 24 / 2010
Transaction ID: C926218
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 ▼ 211.40

Date of Receipt 05 / 04 / 2010
Transaction ID: C915158
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 18 / 63

(check only one)

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

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

A.

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

Mailing Address 7005 Metropolitan PI

City State Zip Code
Falls Church VA 22043-2330

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 211.40

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Transaction ID: C926224

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)
Kit E. Gamble

Mailing Address PO Box 52389

City State Zip Code
Shreveport LA 71135-2389

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

Name of Employer Occupation
Gamble Guest Care Corporation President

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

Date of Receipt

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

Transaction ID: C918028

Amount of Each Receipt this Period

1100.00

C.

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

Mailing Address 312 Solley Dr
Rear

City State Zip Code
Ballwin MO 63021-5248

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

Name of Employer Occupation
Community Care Centers President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: C918089

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3619.24

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 19 / 63
(check only one)

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

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

A.

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

Mailing Address 2201 K Street

City State Zip Code
Sacramento CA 95816-4922

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

Name of Employer
CA Association of Health Facilities

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: C917590

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Debbie Goswick

Mailing Address PO Box 9559

City State Zip Code
Huntsville TX 77340

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

Name of Employer
Green Acres of Huntsville

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: C917626

Amount of Each Receipt this Period
520.00

C.

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

Mailing Address 9031 Penn Avenue S

City State Zip Code
Bloomington MN 55431-2225

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

Name of Employer
Tealwood Care Centers Inc

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: C917592

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **2020.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 63

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Reita Hall

Mailing Address PO Box 3667

City State Zip Code
Tupelo MS 38803

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

Name of Employer Occupation
Community Eldercare Services VP, Clinical Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 0

Transaction ID: C920691

Amount of Each Receipt this Period
220.00

B.

Full Name (Last, First, Middle Initial)

Gerald Hamilton

Mailing Address 7612 Rio Penasco Court NW

City State Zip Code
Albuquerque NM 87120-5315

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

Name of Employer Occupation
R&G Healthcare Management Owner/Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

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

Transaction ID: C917687

Amount of Each Receipt this Period
275.00

C.

Full Name (Last, First, Middle Initial)

Reginald G Hartsfield

Mailing Address 248 Windward Court

City State Zip Code
Detroit MI 48207

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

Name of Employer Occupation
Advantage Management Group President

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

Date of Receipt

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

Transaction ID: C922989

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)

5495.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 63

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Merrilee Hawk		Date of Receipt MM / DD / YYYY 05 / 12 / 2010		
	Mailing Address 215 Enterprise Drive		Transaction ID: C917932		
	City McKinney	State TX	Zip Code 75069	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Nexion Healthcare	Occupation Administrator		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) David Hebert		Date of Receipt MM / DD / YYYY 05 / 04 / 2010		
	Mailing Address 7605 Ridgecrest Drive		Transaction ID: C915166		
	City Alexandria	State VA	Zip Code 22308-1049	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 422.95		
	Name of Employer AHCA	Occupation Senior Vice President of Advocacy		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) David Hebert		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 7605 Ridgecrest Drive		Transaction ID: C926429		
	City Alexandria	State VA	Zip Code 22308-1049	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 422.95		
	Name of Employer AHCA	Occupation Senior Vice President of Advocacy		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional)

576.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 63
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robin L. Hillier

Mailing Address 22 Parrish Road

City State Zip Code
Conneaut OH 44030

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

Name of Employer Occupation
RLH Consulting Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: C917593

Amount of Each Receipt this Period
1250.00

B.

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

Mailing Address 1501 42nd Street

City State Zip Code
West Des Moines IA 50266-1005

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

Name of Employer Occupation
Hawkeye Care Centers, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: C915035

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 5125 Pine Rocklands Avenue

City State Zip Code
Lithia FL 33547

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

Name of Employer Occupation
Cypress Healthcare President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.33

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: C917594

Amount of Each Receipt this Period
333.33

SUBTOTAL of Receipts This Page (optional) ► **1683.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 63
(check only one)

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

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

A.

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

Mailing Address 10331 E Highway 39

City State Zip Code
Huntsville UT 84317-9670

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

Name of Employer Occupation
Mission Health Services President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: C918106

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
AHCA Director, Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.16

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: C915169

Amount of Each Receipt this Period
39.56

C.

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

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
AHCA Director, Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.16

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: C926430

Amount of Each Receipt this Period
39.56

SUBTOTAL of Receipts This Page (optional) ► **1079.12**

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

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

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

FOR LINE NUMBER: PAGE 24 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Tania Lemaire

Mailing Address 1300 West 8th Street

City State Zip Code
Kaplan LA 70548

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

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: C926215

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
William Levering

Mailing Address 201 North Main Street

City State Zip Code
Mount Vernon OH 43050

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

Name of Employer Occupation
Levering Management Inc. President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2010

Transaction ID: C933573

Amount of Each Receipt this Period
2500.00

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

Mailing Address 1304 Laurel Oak Rd

City State Zip Code
Voorhees NJ 08043-4310

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

Name of Employer Occupation
Burnt Tavern Rehabilitation HealthCare Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2010

Transaction ID: C926522

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
R. Peter Madel, Jr.
Mailing Address 108 8th St NW
City Waseca State MN Zip Code 56093-1912
FEC ID number of contributing federal political committee. **C**
Name of Employer Lake Shore Inn Nursing Home Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 05 / 10 / 2010
Transaction ID: C918105
Amount of Each Receipt this Period 275.00

B. Full Name (Last, First, Middle Initial)
Tod Mahoney
Mailing Address 1019 Brook Arbor Dr
City Mansfield State TX Zip Code 76063-5445
FEC ID number of contributing federal political committee. **C**
Name of Employer Cross Timbers Rehab Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 12 / 2010
Transaction ID: C918027
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Lee Marchant
Mailing Address 3800 West Gifford Road
City Bloomington State IN Zip Code 47403-2612
FEC ID number of contributing federal political committee. **C**
Name of Employer LJM Enterprises Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt 05 / 10 / 2010
Transaction ID: C918099
Amount of Each Receipt this Period 1100.00

SUBTOTAL of Receipts This Page (optional) ► 1875.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 26 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stephen Marciano

Mailing Address One Medline Place

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Medline Health Care Company Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2010

Transaction ID: C926795

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Matthews

Mailing Address 450 South 400 East

City State Zip Code
Bountiful UT 84010

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

Name of Employer Occupation
24/7 Long Term Care, Inc. COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: C918108

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Rick Mendlen

Mailing Address 1810 Gillespie Way

City State Zip Code
El Cajon CA 92020-0921

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

Name of Employer Occupation
Kennon S. Shea & Associates COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: C917600

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard Miller

Mailing Address 3611 Glenfield Ct

City State Zip Code
Louisville KY 40241-2513

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

Name of Employer American Health Care Association Occupation Membership Liasion

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: C917599

Amount of Each Receipt this Period
250.00

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

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer American Health Care Association Occupation VP, Political Affairs

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.36

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: C915177

Amount of Each Receipt this Period
38.47

C. Full Name (Last, First, Middle Initial)
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer American Health Care Association Occupation VP, Political Affairs

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.36

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: C926431

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional) ► **326.94**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 63

(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) Michael Morton		Date of Receipt MM / DD / YYYY 05 / 07 / 2010		
	Mailing Address 415 Rogers Avenue		Transaction ID: C917752		
	City Fort Smith	State AR	Zip Code 72901-1903	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2500.00		
Name of Employer Central Arkansas Nursing Centers		Occupation Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Steve Mulder		Date of Receipt MM / DD / YYYY 05 / 10 / 2010		
	Mailing Address 7300 Del Pardo Street		Transaction ID: C918100		
	City Boca Raton	State FL	Zip Code 33433	Amount of Each Receipt this Period 275.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 550.00		
Name of Employer Whitehall Boca		Occupation Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Roberts Nelson		Date of Receipt MM / DD / YYYY 05 / 04 / 2010		
	Mailing Address 3075 E Thousand Oaks Blvd		Transaction ID: C915135		
	City Westlake Village	State CA	Zip Code 91362-3402	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2500.00		
Name of Employer The Chase Group		Occupation Partner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	2775.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 29 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Timothy F Nicholson

Mailing Address 304 Gilbert Road

City Dillsburg State PA Zip Code 17019-9511

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

Name of Employer Lyric Health Care Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 11 / 2010
Transaction ID: C917617
Amount of Each Receipt this Period 1250.00

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

Mailing Address 4005 Nellie Custis Dr

City Arlington State VA Zip Code 22207-5107

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

Name of Employer AHCA Occupation Sr. Director of Congressional Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 04 / 2010
Transaction ID: C915179
Amount of Each Receipt this Period 20.00

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

Mailing Address 4005 Nellie Custis Dr

City Arlington State VA Zip Code 22207-5107

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

Name of Employer AHCA Occupation Sr. Director of Congressional Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 24 / 2010
Transaction ID: C926432
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 1290.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 63
(check only one)

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

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

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

Mailing Address PO Box 350

City Benton State TN Zip Code 37307-0350

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

Name of Employer SavaSenior Care Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 05 / 11 / 2010
Transaction ID: C917602
 Amount of Each Receipt this Period: 1250.00

B. Full Name (Last, First, Middle Initial)
Delbert Ousley

Mailing Address 300 Provider Court

City Richmond State KY Zip Code 40475-8488

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

Name of Employer PMD Corporation Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 12 / 2010
Transaction ID: C917686
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City Scotts Hill State TN Zip Code 38374

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

Name of Employer Tennessee Health Management Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 10 / 2010
Transaction ID: C918093
 Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► **2375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 63

(check only one)

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

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

A.

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

Mailing Address 21 Greystone Drive

City State Zip Code
Shepherdstown WV 25443-4075

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

Name of Employer Occupation
Genesis Senior Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 0

Transaction ID: C920919

Amount of Each Receipt this Period

275.00

B.

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

Mailing Address 4550 West Oakey Boulevard
99B

City State Zip Code
Las Vegas NV 89102-1599

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

Name of Employer Occupation
Nevada Health Care Assn. Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: C917604

Amount of Each Receipt this Period

1250.00

C.

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

Mailing Address 201 14th Street NW

City State Zip Code
Mandan ND 58554-2063

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

Name of Employer Occupation
MedCenter One Care Center Administrator

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

Date of Receipt

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

Transaction ID: C917615

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 63

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Ann Petock

Mailing Address 909 Lincoln Avenue

City State Zip Code
Lockport NY 14094-6142

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

Name of Employer Briody Health Care Facility
Occupation Administrator/Owner

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: C920687

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Teddy Rae Price

Mailing Address PO Box 1438

City State Zip Code
Winnfield LA 71483-1438

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

Name of Employer Central Management Company
Occupation President & CEO

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Transaction ID: C926216

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Neil L. Pruitt, Jr.

Mailing Address 1626 Jeurgens Court

City State Zip Code
Norcross GA 30093

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

Name of Employer UHS-Pruitt Corporation, Inc.
Occupation President & CEO

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: C920677

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sally Rapp

Mailing Address 3308 Ocean Blvd # 280

City Corona Del Mar State CA Zip Code 92625

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

Name of Employer SR Management Svcs. Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY 05 / 12 / 2010

Transaction ID: C917689

Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
Thomas G. Rau

Mailing Address PO Box 2215

City Brighton State MI Zip Code 48116

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

Name of Employer Nexcare Health Systems, Inc. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY 05 / 25 / 2010

Transaction ID: C922979

Amount of Each Receipt this Period 1250.00

C. Full Name (Last, First, Middle Initial)
Jon Reardon

Mailing Address 1202 Weiss Street

City Saginaw State MI Zip Code 48602-5471

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

Name of Employer Hoyt Nursing & Rehab Centre Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt MM / DD / YYYY 05 / 10 / 2010

Transaction ID: C918103

Amount of Each Receipt this Period 275.00

SUBTOTAL of Receipts This Page (optional) ► 2775.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 63
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Joan Reidy

Mailing Address 37800 French Creek Road

City Avon State OH Zip Code 44011

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

Name of Employer Avon Oaks Caring Community Occupation Owner/Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 17 / 2010

Transaction ID: C920920

Amount of Each Receipt this Period 1100.00

B. Full Name (Last, First, Middle Initial)
Frank Romano

Mailing Address 57 Summer Street

City Rowley State MA Zip Code 01969-1835

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

Name of Employer Essex Group Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 11 / 2010

Transaction ID: C917605

Amount of Each Receipt this Period 2500.00

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

Mailing Address 40 Keogh Lane

City New Rochelle State NY Zip Code 10805-1308

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

Name of Employer Bayberry Nursing Home Occupation Owner/Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.67

Date of Receipt 05 / 20 / 2010

Transaction ID: C920672

Amount of Each Receipt this Period 1666.67

SUBTOTAL of Receipts This Page (optional) ► 5266.67

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Daniel Salmon

Mailing Address 85 Beaumont Dr

City Northbridge State MA Zip Code 01534-1093

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

Name of Employer Beaumont Nursing Home Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 10 / 2010
Transaction ID: C918092
 Amount of Each Receipt this Period 412.50

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

Mailing Address 110 Association Dr

City Charleston State WV Zip Code 25311-1217

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

Name of Employer West Virginia Health Care Association Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2010
Transaction ID: C918766
 Amount of Each Receipt this Period 250.00

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

Mailing Address 9200 Sunset Boulevard # 1100

City West Hollywood State CA Zip Code 90069

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

Name of Employer SNF Management/ Windsor Occupation President/ CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 11 / 2010
Transaction ID: C917606
 Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 1912.50

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 36 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7265 Kenwood Road
300

City State Zip Code
Cincinnati OH 45236-4414

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

Name of Employer Occupation
Nursing Care Management Exec Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: C918094

Amount of Each Receipt this Period
137.50

B. Full Name (Last, First, Middle Initial)
Floyd Schlossberg

Mailing Address 4200 W Peterson Ave
140

City State Zip Code
Chicago IL 60646-6819

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

Name of Employer Occupation
Alden Management Inc President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 1 0

Transaction ID: C918787

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Ina Schlossberg

Mailing Address 4200 W Peterson Ave
140

City State Zip Code
Chicago IL 60646-6819

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

Name of Employer Occupation
Alden Enterprises Special Operations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 1 0

Transaction ID: C918788

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► 2637.50

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 37 / 63
(check only one)

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

A.

Full Name (Last, First, Middle Initial) Shawn Scott		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
Mailing Address One Medline Place		Transaction ID: C922459
City Mundelein	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 258.33
Name of Employer Medline Industries	Occupation VP, Healthcare Corporate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.33	

B.

Full Name (Last, First, Middle Initial) Dion Sena		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 1301 NE 104th Street		Transaction ID: C918107
City Miami Shores	State FL	Zip Code 33138-2661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Mandarin Health Group, LLC	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Louis Serra		Date of Receipt MM / DD / YYYY 05 / 10 / 2010
Mailing Address 2525 Pennsylvania Ave		Transaction ID: C918102
City Weirton	State WV	Zip Code 26062-3634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
Name of Employer Weirton Geriatric Center	Occupation Owner/Administrator	
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)	3308.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 63
(check only one)

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

A.

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

Mailing Address One Medline Place

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Medline Health Care Co President, National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2010

Transaction ID: C922988

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Robert Siebel

Mailing Address 13185 W Great Mountain Drive

City State Zip Code
Lakewood CO 80228-3512

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

Name of Employer Occupation
Carriage Healthcare Companies, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: C917607

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 1413 West Main Street

City State Zip Code
Waxahachie TX 75165

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

Name of Employer Occupation
Renfro Healthcare Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: C917630

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

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 39 / 63
(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**

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.40

Date of Receipt 05 / 04 / 2010
Transaction ID: C915186
 Amount of Each Receipt this Period 19.24

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.40

Date of Receipt 05 / 24 / 2010
Transaction ID: C926437
 Amount of Each Receipt this Period 19.24

C. Full Name (Last, First, Middle Initial)
Kim Stack

Mailing Address 3230 Church Street

City Valatie State NY Zip Code 12184

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

Name of Employer Barnwell Nursing & Rehabilitation Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 12 / 2010
Transaction ID: C918026
 Amount of Each Receipt this Period 1100.00

SUBTOTAL of Receipts This Page (optional) ► 1138.48

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 63

(check only one)

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

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

A.

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

Mailing Address 1305 West Causeway Approach
#212

City State Zip Code
Mandeville LA 70471

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

Name of Employer Occupation
Covington Suites CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: C917608

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
Martin Stott

Mailing Address PO Box 945

City State Zip Code
Clinton LA 70722-0945

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

Name of Employer Occupation
Diversified Health Care Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: C920689

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dixie Taylor-Huff

Mailing Address 932 East Baddour Parkway

City State Zip Code
Lebanon TN 37087-3707

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

Name of Employer Occupation
Quality Care Health Center Administrator/Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: C917610

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jan Thayer
Mailing Address 404 Woodland Drive
City Grand Island State NE Zip Code 68801
FEC ID number of contributing federal political committee. **C**
Name of Employer Excel Development Group Occupation Chair/CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 05 / 18 / 2010
Transaction ID: C922461
Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
W Parker Tomlinson
Mailing Address 513 E Whitaker Mill Rd
City Raleigh State NC Zip Code 27608-2633
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayview Convalescent Center Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00
Date of Receipt 05 / 07 / 2010
Transaction ID: C917722
Amount of Each Receipt this Period 440.00

C. Full Name (Last, First, Middle Initial)
Alice Toney
Mailing Address 4109 Allenbrook Drive
City Baytown State TX Zip Code 77521
FEC ID number of contributing federal political committee. **C**
Name of Employer Allenbrook Nursing Home Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 502.00
Date of Receipt 05 / 12 / 2010
Transaction ID: C918029
Amount of Each Receipt this Period 502.00

SUBTOTAL of Receipts This Page (optional) ► 2192.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 42 / 63
(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)
Michael Torgan

Mailing Address 5120 West Goldleaf Circle
400

City State Zip Code
Los Angeles CA 90056-1297

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

Name of Employer Country Villa Health Services
Occupation Vice President, Customer Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C917611

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Muoi Tran

Mailing Address 204 W Nash St

City State Zip Code
Terrell TX 75160-2607

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

Name of Employer Terrell Healthcare Center
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C917628

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jerry R. Tretwold

Mailing Address PO Box 829

City State Zip Code
Brewster WA 98812-0829

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

Name of Employer Harmony House Health Care Center
Occupation Owner/ Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

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

Transaction ID: C919125

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **1025.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 63
(check only one)

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

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

A.

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

Mailing Address 1100 Shawnee Road

City State Zip Code
Lima OH 45805-3583

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

Name of Employer Occupation
HCF, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: C917612

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
Christopher J. Urban

Mailing Address PO Box 75

City State Zip Code
Solana Beach CA 92075-0075

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

Name of Employer Occupation
Ambrose Capital Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2010

Transaction ID: C928828

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 7460 Tottenham Pl

City State Zip Code
New Albany OH 43054-9443

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

Name of Employer Occupation
Ohio Health Care Association Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: C917613

Amount of Each Receipt this Period
75.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Maryjane Venteicher
Mailing Address 6323 Panorama Drive
City State Zip Code
Panora IA 50216
FEC ID number of contributing federal political committee. **C**
Name of Employer Thomas Rest Haven Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt MM / DD / YYYY
05 / 04 / 2010
Transaction ID: C915119
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Jack Vetter
Mailing Address 20220 Harney Street
City State Zip Code
Elkhorn NE 68022
FEC ID number of contributing federal political committee. **C**
Name of Employer Vetter Health Services Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt MM / DD / YYYY
05 / 13 / 2010
Transaction ID: C919100
Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
John A. Vinson
Mailing Address 329 Townepark Circle # 100
City State Zip Code
Louisville KY 40243
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Systems of Kentucky Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt MM / DD / YYYY
05 / 06 / 2010
Transaction ID: C917697
Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 5100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 63
(check only one)

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

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

A.

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

Mailing Address 726 Loveville Road

City State Zip Code
Hockessin DE 19707-1536

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

Name of Employer Delaware Health Care Facilities Associ
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2010

Transaction ID: C917681

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 2740 Cherokee Rd

City State Zip Code
Birmingham AL 35216-1039

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

Name of Employer Preston Health Services, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: C920918

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Steven Wannemacher

Mailing Address PO Box 3188

City State Zip Code
Bloomington IL 61702-3188

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

Name of Employer Heritage Enterprises
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: C917621

Amount of Each Receipt this Period
2200.00

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kathy Weiner

Mailing Address 1217 Nonchalant Dr

City State Zip Code
Simi Valley CA 93065-5717

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

Name of Employer Total Rehab Care Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 05 / 04 / 2010
Transaction ID: C915124
Amount of Each Receipt this Period: 1250.00

B. Full Name (Last, First, Middle Initial)
Ted Weiner

Mailing Address 1217 Nonchalant Dr

City State Zip Code
Simi Valley CA 93065-5717

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

Name of Employer Total Rehab Care Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 05 / 04 / 2010
Transaction ID: C915150
Amount of Each Receipt this Period: 1250.00

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

Mailing Address 5310 NW 33rd Ave Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6319

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

Name of Employer NuVision Management Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 05 / 10 / 2010
Transaction ID: C928766
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Barton D. Weisman	Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address 5310 NW 33rd Ave Ste 211	Transaction ID: C926192
	City Ft Lauderdale State FL Zip Code 33309-6319	Amount of Each Receipt this Period 3750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Weisman Associates Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3750.00	

B.	Full Name (Last, First, Middle Initial) Kristin West Kemper	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address 32151 Schwartz Road	Transaction ID: C919108
	City Avon State OH Zip Code 44011	Amount of Each Receipt this Period 412.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kemper Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) James R. Westbury, Sr.	Date of Receipt MM / DD / YYYY 05 / 10 / 2010
	Mailing Address 922 McDonough Road	Transaction ID: C916913
	City Jackson State GA Zip Code 30233-1522	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Westbury Medical Care Home Inc Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	4437.50
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 48 / 63

(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)
Bruce Yarwood

Mailing Address 200 P Street
Apt F31

City State Zip Code
Sacramento CA 95814-6259

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

Name of Employer Occupation
AHCA CEO & President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 0

Transaction ID: C915024

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Alan Zuccari

Mailing Address 7712 Carlton Place

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation
Hamilton Insurance Agency President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: C916914

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

124043.45

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

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

FOR LINE NUMBER: PAGE 49 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF BYRON DORGAN

Mailing Address PO BOX 871

City State Zip Code
BISMARCK ND 58502

FEC ID number of contributing federal political committee. **C** C00143438

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 1 0

Transaction ID: C918053

Amount of Each Receipt this Period
3500.00

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

Mailing Address 817 Ninth Avenue
P.O. Box 156

City State Zip Code
Menominee MI 49858

FEC ID number of contributing federal political committee. **C** C00270140

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C918713

Amount of Each Receipt this Period
1000.00

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

TOTAL This Period (last page this line number only) ► **4500.00**

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mikulski Majority PAC	Transaction ID: D94264 Date of Disbursement 05 / 06 / 2010
	Mailing Address PO Box 13172	Amount of Each Disbursement this Period 1500.00
	City Baltimore State MD Zip Code 21203-3172	
	Purpose of Disbursement Contributions to Federal PACs	Category/Type
	Candidate Name Barbara Mikulski	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE	Transaction ID: D94810 Date of Disbursement 05 / 21 / 2010
	Mailing Address 6849 Old Dominion Drive Suite 222	Amount of Each Disbursement this Period 5000.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Contributions to Federal PACs	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Frank Guinta	Transaction ID: D94814 Date of Disbursement 05 / 21 / 2010
	Mailing Address PO Box 877	Amount of Each Disbursement this Period 2000.00
	City Manchester State NH Zip Code 03105-0877	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Mr Frank Guinta	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2010 <input checked="" 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)

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

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

A.	Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE	Transaction ID: D94265 Date of Disbursement 05 / 06 / 2010
	Mailing Address PO Box 7255	
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name Sen Charles Grassley	
	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:	

B.	Full Name (Last, First, Middle Initial) NODAK PAC	Transaction ID: D94807 Date of Disbursement 05 / 21 / 2010
	Mailing Address PO Box 75214	
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name Rep. Earl Pomeroy	
	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:	

C.	Full Name (Last, First, Middle Initial) Populist PAC	Transaction ID: D94877 Date of Disbursement 05 / 25 / 2010
	Mailing Address PO Box 30075	
	City Bethesda State MD Zip Code 20824-0075	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	10500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) KIRKPATRICK FOR ARIZONA	Transaction ID: D94252
	Mailing Address PO Box 993	Date of Disbursement 05 / 06 / 2010
	City Prescott State AZ Zip Code 86302	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Ann Kirkpatrick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS	Transaction ID: D94271
	Mailing Address P.O.Box 1457	Date of Disbursement 05 / 06 / 2010
	City Iowa City State IA Zip Code 52244-1457	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Dave Loebsack	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS CARDOZA	Transaction ID: D94256
	Mailing Address PO Box 2749	Date of Disbursement 05 / 06 / 2010
	City Merced State CA Zip Code 95340	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Dennis Cardoza	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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) ►

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE</p> <p>Mailing Address PO BOX 68444</p> <p>City VIRGINIA BEACH State VA Zip Code 23471</p> <p>Purpose of Disbursement Voided Contribution of 11/17/09</p> <p>Candidate Name Rep. Glenn C. Nye</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D94767 Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE</p> <p>Mailing Address 499 S Capitol St SW Ste 404</p> <p>City Washington State DC Zip Code 20003-4004</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D94266 Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE</p> <p>Mailing Address 499 S Capitol St SW Ste 404</p> <p>City Washington State DC Zip Code 20003-4004</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D94876 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
LEWIS FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 247

City Redlands State CA Zip Code 92373

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jerry Lewis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 41

Transaction ID: D94253

Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

100.00

B. Full Name (Last, First, Middle Initial)
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 911 Welsh Ayres Way

City Downingtown State PA Zip Code 19335-1689

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jim Gerlach

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 06

Transaction ID: D94258

Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

2000.00

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

Mailing Address P.O. Box 1961

City South Bend State IN Zip Code 46634

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joe Donnelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District: 02

Transaction ID: D94806

Date of Disbursement

05 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3100.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: D94176 Date of Disbursement 05 / 03 / 2010
	Mailing Address 7908-I2 Cincinnati Dayton Road	Amount of Each Disbursement this Period 3000.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. John A. Boehner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: D94177 Date of Disbursement 05 / 03 / 2010
	Mailing Address 7908-I2 Cincinnati Dayton Road	Amount of Each Disbursement this Period -1000.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement Void 12/1/2009 Contribution	Category/ Type
	Candidate Name Rep. John A. Boehner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: D94178 Date of Disbursement 05 / 03 / 2010
	Mailing Address 7908-I2 Cincinnati Dayton Road	Amount of Each Disbursement this Period -2000.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement Void 3/4/10 Contribution	Category/ Type
	Candidate Name Rep. John A. Boehner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	Transaction ID: D94808 Date of Disbursement 05 / 21 / 2010
	Mailing Address 14 KNIGHTSWOOD DRIVE	Amount of Each Disbursement this Period 2000.00
	City MARLTON State NJ Zip Code 08053	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. John H. Adler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS COMMITTEE	Transaction ID: D94809 Date of Disbursement 05 / 21 / 2010
	Mailing Address POST OFFICE BOX 10986	Amount of Each Disbursement this Period 2500.00
	City ROCK HILL State SC Zip Code 29731	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. John M. Spratt, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) YARMUTH FOR CONGRESS	Transaction ID: D94568 Date of Disbursement 05 / 21 / 2010
	Mailing Address 1819 Brownsboro Road	Amount of Each Disbursement this Period 1000.00
	City Louisville State KY Zip Code 40206	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. John Yarmuth	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS Mailing Address PO BOX 775 City Unionville State PA Zip Code 19375 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Joseph R. Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D94257 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0 Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS Mailing Address PO Box 225 City Colonia State NJ Zip Code 07067 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Leonard Lance Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D94263 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) MARION BERRY FOR CONGRESS Mailing Address P.O. BOX 8084 City JONESBORO State AR Zip Code 72403 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Marion Berry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95369 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0 Amount of Each Disbursement this Period 1500.00

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MARION BERRY FOR CONGRESS

Mailing Address P.O. BOX 8084

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement
Voided Contribution of 5/6/2010

Candidate Name
Rep. Marion Berry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AR District: 01

Transaction ID: D95370

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

-1500.00

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

Mailing Address P.O. BOX 8084

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement
Voided Contribution of 11/5/2009

Candidate Name
Rep. Marion Berry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AR District: 01

Transaction ID: D94267

Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

-1500.00

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

Mailing Address 213 Lisbon Street

City Lewiston State ME Zip Code 04240

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Michael H. Michaud

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: ME District: 02

Transaction ID: D94805

Date of Disbursement

05 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

-2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) COFFMAN FOR CONGRESS</p> <p>Mailing Address 9249 South Broadway</p> <p>City Highlands Ranch State CO Zip Code 80129</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Mike Coffman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D94255 Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Voided Contribution of 11/17/09</p> <p>Candidate Name Rep. Mike Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D94269 Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period -2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Mike Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D94270 Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. ROSKAM FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

ROSKAM FOR CONGRESS COMMITTEE

Mailing Address 141 Shelley Ln

City Wheaton State IL Zip Code 60187-7423

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Peter J. Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 06

Transaction ID: D94254

Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

1500.00

B. HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL)

Full Name (Last, First, Middle Initial)

HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL)

Mailing Address POST OFFICE BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ralph M. Hall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 04

Transaction ID: D94251

Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

C. LEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

LEVIN FOR CONGRESS

Mailing Address 230 North Avenue

City Mt. Clemens State MI Zip Code 48043

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 12

Transaction ID: D94259

Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Murphy for Congress	Transaction ID: D94765 Date of Disbursement 05 / 20 / 2010
	Mailing Address PO Box 11721	Amount of Each Disbursement this Period -1000.00
	City Pittsburgh State PA Zip Code 15228-0721	
	Purpose of Disbursement Voided Contribution of 11/17/09	Category/ Type
	Candidate Name Rep. Timothy F. Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Road to Senate Victory 2010	Transaction ID: D94273 Date of Disbursement 05 / 06 / 2010
	Mailing Address 228 S Washington St Ste 115	Amount of Each Disbursement this Period 3000.00
	City Alexandria State VA Zip Code 22314-5404	
	Purpose of Disbursement Contributions to Federal Committee	Category/ Type
	Candidate Name Robert Portman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: D94856 Date of Disbursement 05 / 24 / 2010
	Mailing Address PO BOX 3197	Amount of Each Disbursement this Period 5000.00
	City LITTLE ROCK State AR Zip Code 72203	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Blanche L. Lincoln	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff

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)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SYNERGY PAC

Transaction ID: D94260

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	0

Mailing Address 6849 OLD DOMINION DRIVE SUITE 222

City State Zip Code
MCLEAN VA 22101

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contributions to Federal PACs

Category/
Type

Candidate Name
Rep. John Larson

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

62600.00