

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2007 through 07 31 2007

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

Type or Print Name of Treasurer Robert Van Dyk

Signature of Treasurer Electronically Filed by Robert Van Dyk Date 08 15 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		140530.01
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	80965.10									
(c) Total Receipts (from Line 19)	59778.96	381574.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	140744.06	522104.33								
7. Total Disbursements (from Line 31)	18355.90	399716.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	122388.16	122388.16								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	54877.42	356369.45
(i) Itemized (use Schedule A)	4901.54	22204.87
(ii) Unitemized	59778.96	378574.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	59778.96	378574.32
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	-1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	59778.96	381574.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59778.96	381574.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	255.90	4916.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	255.90	4916.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18100.00	394800.00
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))..	18355.90	399716.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18355.90	399716.17

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	59778.96	378574.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59778.96	378574.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	255.90	4916.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	-1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	255.90	5916.17

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
Ms Peggy Goldstein

Mailing Address 2201 K Street

City Sacramento State CA Zip Code 95816-4922

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 26169271

Amount of Each Receipt this Period
150.00

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

Mailing Address 5020 B, N. 8th Place, Suite A

City Phoenix State AZ Zip Code 85014-3265

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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 26169288

Amount of Each Receipt this Period
125.00

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

Mailing Address 108 Starr Ave. 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
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 26169299

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)	▶	1525.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
Mr. Cliff Coldren

Mailing Address 1930 Cliff Side Dr.

City State Zip Code
STATE COLLEGE PA 16801-7694

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

Name of Employer Brookline Occupation Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 03 / 2007

Transaction ID: 26169301

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4156 Carmichael Road

City State Zip Code
Montgomery AL 36106-2866

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

Name of Employer Alabama Nursing Home Assn. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 03 / 2007

Transaction ID: 26169310

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Steve Ackerson

Mailing Address 6750 Westown Parkway #100

City State Zip Code
West Des Moines IA 50266-7726

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

Name of Employer Iowa Health Care Assn. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 03 / 2007

Transaction ID: 26169319

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Mr Lee Marchant

Mailing Address 3800 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 ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 03 / 2007

Transaction ID: 26205147

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Karl R Miller

Mailing Address 25117 SW Parkway Suite F

City Wilsonville State OR Zip Code 97070-9697

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

Name of Employer Avamere Health Services Occupation Shareholder

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 03 / 2007

Transaction ID: 26205152

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Ted LeNeave

Mailing Address 5372 Fallowater Lane Suite 200

City Roanoke State VA Zip Code 24018-0903

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

Name of Employer Parham Health Care & Rehabilitation 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 Y
 07 / 05 / 2007

Transaction ID: 26205592

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) Mr Travis Tomlinson		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2007
Mailing Address 513 E Whitaker Mill Rd		Transaction ID: 26207250
City Raleigh State NC Zip Code 27608-2699	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mayview Conv Home Inc Occupation Administrator	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Mr. Steve Mulder		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2007
Mailing Address 7300 Del Pardo Street		Transaction ID: 26207256
City Boca Raton State FL Zip Code 33433	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Whitehall Boca Occupation Owner	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mr R. Peter Madel, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 108 8th St NW		Transaction ID: 26215206
City Waseca State MN Zip Code 56093-1912	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lake Shore Inn Nursing Home Occupation CEO	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Charles J. Herman

Mailing Address One Seagate, Suite 1500

City Toledo State OH Zip Code 43604-1590

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

Name of Employer Health Care REIT, Inc. Occupation VP & Chief Investment Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
07 / 11 / 2007

Transaction ID: 26216167

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 75

City Solana Beach State CA Zip Code 92075-0075

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

Name of Employer Ambrose Capital Occupation Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
07 / 11 / 2007

Transaction ID: 26216170

Amount of Each Receipt this Period
1500.00

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

Mailing Address 1185 Wilde Run Court

City Roswell State GA Zip Code 30075-7160

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

Name of Employer Cypress Healthcare Management Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
07 / 11 / 2007

Transaction ID: 26216176

Amount of Each Receipt this Period
125.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
Mr. 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 Carriage Healthcare Companies, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2007

Transaction ID: 26216179

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
James R. Westbury

Mailing Address 922 McDonough Rd

City State Zip Code
Jackson GA 30233-1522

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

Name of Employer Westbury Medical Care Home Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2007

Transaction ID: 26216181

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1500 E. First St.

City State Zip Code
Newberg OR 97132

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

Name of Employer Newberg Care Home Occupation Administrator/Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2007

Transaction ID: 26216183

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 33 Elk St. #300

City Albany State NY Zip Code 12207-1073

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

Name of Employer: NYS Health Facilities Association
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
07 / 11 / 2007

Transaction ID: 26216188

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Mr Anthony Krieg

Mailing Address 472 Kaulana St

City Kahului State HI Zip Code 96732-2099

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

Name of Employer: Hale Makua
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
07 / 11 / 2007

Transaction ID: 26216196

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr Anthony Krieg

Mailing Address 472 Kaulana St

City Kahului State HI Zip Code 96732-2099

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

Name of Employer: Hale Makua
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 11 / 2007

Transaction ID: 26216198

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
Mr Kenneth Greiner

Mailing Address 4350 Will Rogers Pkwy Ste 300

City State Zip Code
Oklahoma City OK 73108-1839

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

Name of Employer Occupation
Grace Living Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2007

Transaction ID: 26216214

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr Edward L. Kuntz

Mailing Address 680 South Fourth St.

City State Zip Code
Louisville KY 40202-2412

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

Name of Employer Occupation
Kindred Healthcare Chairman, CEO & President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2007

Transaction ID: 26225121

Amount of Each Receipt this Period
250.00

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

Mailing Address 85 Beaumont Dr

City State Zip Code
Northbridge MA 01534-1093

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

Name of Employer Occupation
Beaumont Nursing Home Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2007

Transaction ID: 26225137

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)	▶	625.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mr. John Derr		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2007	
Mailing Address 2001 Piper Circle		Transaction ID: 26225140	
City Anacortes	State WA	Zip Code 98221-3125	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer JD 7 Associates Enterprises	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr Louis Serra		Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2007	
Mailing Address 2525 Pennsylvania Ave		Transaction ID: 26225155	
City Weirton	State WV	Zip Code 26062-3693	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
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 ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Mr Howard Lipschutz		Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2007	
Mailing Address 1304 Laurel Oak Rd		Transaction ID: 26225162	
City Voorhees	State NJ	Zip Code 08043-4392	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Burnt Tavern Rehabilitation HealthCare	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional) ▶	875.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Ms Jan Thayer

Mailing Address 404 Woodland Dr

City State Zip Code
Grand Island NE 68801-8857

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

Name of Employer Occupation
Riverside Lodge Owner/Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2007

Transaction ID: 26233667

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Fred Watson

Mailing Address 1781 Highway 92

City State Zip Code
Fairburn GA 30213-3507

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

Name of Employer Occupation
Georgia Nursing Home Asso- President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2007

Transaction ID: 26233733

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Dion Sena

Mailing Address 1301 NE 104th Street

City State Zip Code
Miami Shores FL 33138-2661

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

Name of Employer Occupation
Alachua Health Consultants Inc. Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2007

Transaction ID: 26233738

Amount of Each Receipt this Period
750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 39
	<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

Full Name (Last, First, Middle Initial) A. Mr J Randal Lee		Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007	
Mailing Address 176 Laurelhurst Ave.		Transaction ID: 26272167	
City State Zip Code Columbia SC 29210-3824	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer South Carolina Hlth Care Assn	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mr David Beck		Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007	
Mailing Address 1250 H Street NW Suite 555		Transaction ID: 26272176	
City State Zip Code Washington DC 20005-3965	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Beverly Enterprises	Occupation Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. Ms. Marjorie Shell		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2007	
Mailing Address 625 East Water St.		Transaction ID: 26272204	
City State Zip Code Pendleton IN 46064-8730	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fall Creek Retirement Village	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Mailing Address 415 Rogers Avenue

City State Zip Code
Fort Smith AR 72901-1926

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

Name of Employer Occupation
Central Arkansas Nursing Ctrs Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2007

Transaction ID: 26272303

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Ms Shelly Peterson

Mailing Address 1900 N. 11th Street

City State Zip Code
Bismarck ND 58501-1914

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

Name of Employer Occupation
North Dakota LTC Association Executive Director

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2007

Transaction ID: 26272305

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr Gregory Chambery

Mailing Address 100 Daniel Dr

City State Zip Code
Webster NY 14580-2983

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

Name of Employer Occupation
Maplewood Nursing Home Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2007

Transaction ID: 26273956

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 39
(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)
Mr John K Smith

Mailing Address PO Box 311

City State Zip Code
Commerce TX 75429

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

Name of Employer Smith Investments Occupation Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2007

Transaction ID: 26283428

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Mr Jack Vetter

Mailing Address 5020 South 118th St.

City State Zip Code
Omaha NE 68137-2223

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

Name of Employer Vetter Health Services Occupation President

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2007

Transaction ID: 26283518

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Mr. Ken Beebe

Mailing Address 571 Hwy 51 Suite H

City State Zip Code
Ridgeland MS 39157-2564

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

Name of Employer Legacy Care Occupation Owner

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2007

Transaction ID: 26283544

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Ms Jane Hibbard-Merrill		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007
Mailing Address Gulford St PO Box 159		Transaction ID: 26284032
City State Zip Code Dover-Foxcroft ME 04426	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Hibbard Nsg Hm Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Mr Harve Bauguess		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007
Mailing Address 3715 Northside Pkwy. #3000 Ste. 715		Transaction ID: 26286423
City State Zip Code Atlanta GA 30327-2806	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Bauguess Management Co President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Mr. Al Braswell		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007
Mailing Address 3674 Pacific Ave.		Transaction ID: 26286446
City State Zip Code Riverside CA 92509-1948	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Vista Pacifica Enterprises Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1525.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
Mr. Jeffrey B. Hendrickson

Mailing Address 132 Loch Lomand

City Rancho Mirage State CA Zip Code 92270-5600

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

Name of Employer Legacy Healthcare Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: 26286448

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Alan Zuccari

Mailing Address 7712 Carlton Place

City McLean State VA Zip Code 22102-2149

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

Name of Employer Hamilton Insurance Agency Occupation Insurance Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: 26286456

Amount of Each Receipt this Period
1250.00

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

Mailing Address 7265 Kenwood Rd #300

City Cincinnati State OH Zip Code 45236-4414

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

Name of Employer Nursing Care Management Occupation Exec Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2007

Transaction ID: 26313585

Amount of Each Receipt this Period
125.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)
Mr. Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City State Zip Code
Scotts Hill TN 38374-5084

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 ▼
450.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2007

Transaction ID: 26313586

Amount of Each Receipt this Period
150.00

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

Mailing Address P O Box 730

City State Zip Code
Hiram GA 30141-0730

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: 26313792

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
James R. Westbury

Mailing Address 922 McDonough Rd

City State Zip Code
Jackson GA 30233-1522

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

Name of Employer Westbury Medical Care Home Inc
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: 26313816

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Dean Shuford

Mailing Address 103 Club Court

City Warner Robins State GA Zip Code 31088-7534

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

Name of Employer Community Health Systems Occupation Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 23 / 2007

Transaction ID: 26313844

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2212 Hidden Valley Lane

City Silver Spring State MD Zip Code 20904-5240

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 ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 23 / 2007

Transaction ID: 26314738

Amount of Each Receipt this Period
 20.00

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

Mailing Address 7605 Ridgecrest Drive

City Alexandria State VA Zip Code 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 547.58

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 23 / 2007

Transaction ID: 26314746

Amount of Each Receipt this Period
 43.65

SUBTOTAL of Receipts This Page (optional)	▶	563.65
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 4005 Nellie Custis Drive

City State Zip Code
Arlington VA 22207-5107

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

Name of Employer
Sr. Director of Congressional Affairs

Occupation
American Health Care Association

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: 26314747

Amount of Each Receipt this Period
20.00

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206-1143

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

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
553.84

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: 26314750

Amount of Each Receipt this Period
39.56

C. Full Name (Last, First, Middle Initial)
Mr. A. Ray Talebi

Mailing Address 1438 South Euclid Street

City State Zip Code
Anaheim CA 92802-2103

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

Name of Employer
TSW Management Group, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: 26366822

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)	▶	434.56
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 101 Grace Drive

City State Zip Code
Easley SC 29640-9088

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

Name of Employer Health Management Resources
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: 26367201

Amount of Each Receipt this Period
2500.00

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

Mailing Address PO Box 3347

City State Zip Code
Spartanburg SC 29302-4335

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 ▼
3750.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: 26367303

Amount of Each Receipt this Period
1250.00

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

Mailing Address 182-15 Hillside Ave

City State Zip Code
Jamaica NY 11432-4853

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

Name of Employer Hillside Manor
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: 26367477

Amount of Each Receipt this Period
1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 39
	<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

Full Name (Last, First, Middle Initial) A. Dr. Stanley Dicker		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007	
Mailing Address 182-15 Hillside Ave		Transaction ID: 26367557	
City State Zip Code Jamaica NY 11432-4853	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 3750.00		

Full Name (Last, First, Middle Initial) B. Bruce Yarwood		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007	
Mailing Address 200 P St #F31		Transaction ID: 26367862	
City State Zip Code Sacramento CA 95814-6259	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation CEO & President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00		

Full Name (Last, First, Middle Initial) C. Ms Dixie Taylor-Huff		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007	
Mailing Address 932 Baddour Parkway		Transaction ID: 26367922	
City State Zip Code Lebanon TN 37087-3707	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Quality Care Health Center	Occupation Administrator/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1810 Gillespie Way, Suite 212

City El Cajon State CA Zip Code 92020-0921

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

Name of Employer Kennon S. Shea and Associates
Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 26367989

Amount of Each Receipt this Period
1250.00

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

Mailing Address 57 Summer St.

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 ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 26368051

Amount of Each Receipt this Period
1250.00

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

Mailing Address 27 Brand Avenue

City Faribault State MN Zip Code 55021-6411

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

Name of Employer Pleasant Manor Inc
Occupation Administrator/Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 26368283

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)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Rick Miller		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007	
Mailing Address 25117 SW Parkway Suite F		Transaction ID: 26368360	
City Wilsonville	State OR	Zip Code 97070-9697	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Avamere Health Services, NC	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

Full Name (Last, First, Middle Initial) B. Ms. Michaela Miller		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007	
Mailing Address 20023 SW Corrine Street		Transaction ID: 26368430	
City Beaverton	State OR	Zip Code 97007-8637	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Avamere Health Services	Occupation Shareholder		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

Full Name (Last, First, Middle Initial) C. Ms. Marilyn K. Weber		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007	
Mailing Address PO Box 386		Transaction ID: 26368491	
City Wellington	State OH	Zip Code 44090-0386	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Weber Health Care Center, Inc.	Occupation Superintendent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 39
	<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)
Mr Timothy J Boyle

Mailing Address 4412 Applewood

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 ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2007

Transaction ID: 26368547

Amount of Each Receipt this Period
1250.00

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

Mailing Address 3514 E Shea Blvd. Ste 133

City State Zip Code
Phoenix AZ 85028

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

Name of Employer Occupation
Owner Coppersands

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2007

Transaction ID: 26368680

Amount of Each Receipt this Period
31.00

C. Full Name (Last, First, Middle Initial)
Mr. Gerald Schroer, Jr.

Mailing Address 7235 Whipple Ave. NW

City State Zip Code
North Canton OH 44720-7137

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

Name of Employer Occupation
Altercare Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2007

Transaction ID: 26368761

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1781.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms Sally Rapp		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2007	
Mailing Address 3308 Ocean Blvd Suite 280		Transaction ID: 26368836	
City State Zip Code Corona Del Mar CA 92625-3256		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation SR Management Svcs. Inc. CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) B. Mr Cecil Barcelo		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 411 Alabama		Transaction ID: 26368909	
City State Zip Code League City TX 77573-2615		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Baywind Village Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr Robert M. Chur		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 7 Limestone Drive		Transaction ID: 26368922	
City State Zip Code Williamsville NY 14221-7899		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Elderwood Affiliates Inc President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 39
	<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

Full Name (Last, First, Middle Initial) A. Mr. David Moore		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007	
Mailing Address 2749 E. Covenanter Dr.		Transaction ID: 26368934	
City State Zip Code Bloomington IN 47401-5454	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CarDon & Associates	Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Mr. Bretton J Bolt		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007	
Mailing Address 1430 Progress Way Suite 108		Transaction ID: 26368935	
City State Zip Code Eldersburg MD 21784-6484	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nexion Health Care	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Mr. Jon Reardon		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007	
Mailing Address 1202 Weiss		Transaction ID: 26368941	
City State Zip Code Saginaw MI 48602-5471	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hoyt Nursing & Rehab Center	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 39
	<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

Full Name (Last, First, Middle Initial) A. Mr John Masternick		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007
Mailing Address 101 W Liberty Street		Transaction ID: 26368942
City State Zip Code Girard OH 44420-2660	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Attorney AT LAW	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr Larry Lane		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007
Mailing Address 101 E. State St.		Transaction ID: 26368954
City State Zip Code Kennett Square PA 19348-3167	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Genesis	Occupation Sr VP, Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Mr. Gary Attman		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2007
Mailing Address 8028 Ritchie Hwy. #118		Transaction ID: 26369094
City State Zip Code Pasadena MD 21122-1069	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FutureCare Health & Mgmt.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr Robert Van Dyk

Mailing Address 304 South Van Dien

City State Zip Code
Ridgewood NJ 07450-5200

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

Name of Employer Van Dyk Health Care Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2007

Transaction ID: 26369098

Amount of Each Receipt this Period
1250.00

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

Mailing Address 2212 Hidden Valley Lane

City State Zip Code
Silver Spring MD 20904-5240

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2007

Transaction ID: 26369100

Amount of Each Receipt this Period
20.00

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
591.23

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2007

Transaction ID: 26369116

Amount of Each Receipt this Period
43.65

SUBTOTAL of Receipts This Page (optional)	▶	1313.65
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 39
	<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

Full Name (Last, First, Middle Initial) A. Francesca O'Reilly		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007	
Mailing Address 4005 Nellie Custis Drive		Transaction ID: 26369117	
City State Zip Code Arlington VA 22207-5107	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sr. Director of Congressional Affairs	Occupation American Health Care Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007	
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: 26369120	
City State Zip Code Arlington VA 22206-1143	Amount of Each Receipt this Period 39.56		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Director, Assisted Living		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 593.40		

Full Name (Last, First, Middle Initial) C. Mr Douglas Pendergras		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2007	
Mailing Address 11608 Scott Simpson		Transaction ID: 26371037	
City State Zip Code El Paso TX 79936-6210	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Convalescent Enterprises, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1059.56
TOTAL This Period (last page this line number only) ▶	54877.42

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

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

FOR LINE NUMBER: (check only one)

PAGE 34 / 39

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

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BB & T

Mailing Address Operations Center
Post Office Box 819

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 26410991

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

32.08

Full Name (Last, First, Middle Initial)

B. BB & T

Mailing Address Operations Center
Post Office Box 819

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 26410993

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

223.82

SUBTOTAL of Disbursements This Page (optional)

255.90

TOTAL This Period (last page this line number only)

255.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 39

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

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

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

Full Name (Last, First, Middle Initial) A. Mike Pence for Congress		Transaction ID: 26233211	
Mailing Address 802 S. Anderson Street		Date of Disbursement MM / DD / YYYY 07 / 16 / 2007	
City Elmwood	State IN	Zip Code 46036	Amount of Each Disbursement this Period 600.00
Purpose of Disbursement		011	Category/ Type
Candidate Name Mr. Mike Pence			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN	District: 2		

Full Name (Last, First, Middle Initial) B. Pallone for Congress		Transaction ID: 26233225	
Mailing Address PO Box 3176		Date of Disbursement MM / DD / YYYY 07 / 16 / 2007	
City Long Branch	State NJ	Zip Code 77401	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement		011	Category/ Type
Candidate Name Mr. Frank Pallone			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ	District: 6		

Full Name (Last, First, Middle Initial) C. Friends of George Miller		Transaction ID: 26233210	
Mailing Address 301 4th St., NE #202		Date of Disbursement MM / DD / YYYY 07 / 16 / 2007	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		011	Category/ Type
Candidate Name Mr. George Miller			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 7		

SUBTOTAL of Disbursements This Page (optional)	9600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 39

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

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

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

Full Name (Last, First, Middle Initial) A. Dirigo PAC		Transaction ID: 26233261 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address PO Box 1355		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22313-1355		
Purpose of Disbursement Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends of John Rockefeller		Transaction ID: 26273926 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address PO Box 1909		Amount of Each Disbursement this Period -4000.00 Void - Friends of John Rockefeller
City Charleston State WV Zip Code 25327		
Purpose of Disbursement Void - Friends of John Rockefeller Candidate Name Senator John Rockefeller	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends of John Rockefeller		Transaction ID: 26273927 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address PO Box 1909		Amount of Each Disbursement this Period 2000.00
City Charleston State WV Zip Code 25327		
Purpose of Disbursement Candidate Name Senator John Rockefeller	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 39

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

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

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

Full Name (Last, First, Middle Initial) A. A Lot of People for Dave Obey		Transaction ID: 26273929 Date of Disbursement 07 / 19 / 2007
Mailing Address 932 Ross Avenue		Amount of Each Disbursement this Period 1000.00
City Wausau	State WI Zip Code 54401	
Purpose of Disbursement		
Candidate Name Mr. David Obey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/ Type

Full Name (Last, First, Middle Initial) B. Stupak for Congress		Transaction ID: 26273930 Date of Disbursement 07 / 19 / 2007
Mailing Address 817 Ninth Ave. PO Box 143		Amount of Each Disbursement this Period 1000.00
City Menominee	State MI Zip Code 49858	
Purpose of Disbursement		
Candidate Name Mr. Bart Stupak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/ Type

Full Name (Last, First, Middle Initial) C. Friends of Mary Landrieu		Transaction ID: 26273928 Date of Disbursement 07 / 19 / 2007
Mailing Address 841 Carondelet		Amount of Each Disbursement this Period 1000.00
City New Orleans	State LA Zip Code 70130	
Purpose of Disbursement		
Candidate Name Ms. Mary Landrieu Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 2		
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/ Type

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 39

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

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

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

Full Name (Last, First, Middle Initial) A. Harkin for Senate		Transaction ID: 26292412 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 3213 South West 9th St		Amount of Each Disbursement this Period 3000.00
City Des Moines State IA Zip Code 50315	Purpose of Disbursement 011 Category/Type	
Candidate Name Senator Tom Harkin	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Friends of Joe Pitts		Transaction ID: 26292411 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22302	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Joe Pitts	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Walden for Congress		Transaction ID: 26292438 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address PO Box 1091		Amount of Each Disbursement this Period -1500.00
City Hood River State OR Zip Code 97031	Purpose of Disbursement Void - Walden for Congress 011 Category/Type	
Candidate Name Mr Greg Walden	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 39

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

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

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

Full Name (Last, First, Middle Initial) A. Walden for Congress		Transaction ID: 26292439																					
Mailing Address PO Box 1091		Date of Disbursement																					
City Hood River State OR Zip Code 97031		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	4		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name Mr Greg Walden		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																		
011																							
Category/ Type																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>1500.00</td> </tr> </table>		1500.00																			
1500.00																							
State: OR District: 2																							

Full Name (Last, First, Middle Initial) B. Mark Pryor for US Senate		Transaction ID: 26292410																					
Mailing Address 227 Massachusetts Ave. NE #101		Date of Disbursement																					
City Washington State DC Zip Code 20002		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	4		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name Sen. Mark Pryor		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																		
011																							
Category/ Type																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																							
State: AR District:																							

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

18100.00