

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer Mr. Leonard Russ [Electronically Filed] Date / /

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		355025.32
(b) Cash on Hand at Beginning of Reporting Period.....	536382.45	
(c) Total Receipts (from Line 19)	131381.73	560863.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	667764.18	915889.07
7. Total Disbursements (from Line 31).....	51808.63	299933.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	615955.55	615955.55
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: 04 / 01 / 2012 To: 04 / 30 / 2012

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).....	123620.85	498269.83
(ii) Unitemized	5699.83	22572.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	129320.68	520842.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	129320.68	535842.18
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).....	2061.05	8121.57
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	15000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1900.00
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 Transfers (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))..... ▶	131381.73	560863.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	131381.73	560863.75

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) Allocated 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	1668.63	9798.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1668.63	9798.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49800.00	289295.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	340.00	840.00
(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)).....	340.00	840.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	51808.63	299933.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51808.63	299933.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	129320.68	535842.18
34. Total Contribution Refunds (from Line 28(d))	340.00	840.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	128980.68	535002.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1668.63	9798.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2061.05	8121.57
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-392.42	1676.95

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

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

FOR LINE NUMBER: PAGE 6 OF 62
(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. Ron Aidikonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2120 Somerset Ln
 City State Zip Code
 Mundelein IL 60060-5342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medline Industries, Inc. Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : C1645828
 Amount of Each Receipt this Period
 250.00

B. Stacie Aman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5124 27th Rd N
 City State Zip Code
 Arlington VA 22207-1723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Health Care Association Senior Director, Political Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 346.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : C1648652
 Amount of Each Receipt this Period
 192.35
 * Payroll Deduction: \$38.47 Biweekly

C. Charlie Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8230 Lenox Creekside Dr
 City State Zip Code
 Antioch TN 37013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tennessee Health Mgmt VP of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : C1634528
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 942.35
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 62
(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

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

Mailing Address 6618 McMakin Court

City State Zip Code
 Colleyville TX 76034-5752

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

Name of Employer Occupation
 Preferred Care Partners Management Gro 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 Y
 04 / 12 / 2012
Transaction ID : C1634327

Amount of Each Receipt this Period
 2500.00

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

Mailing Address PO Box 1129

City State Zip Code
 Turlock CA 95381

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

Name of Employer Occupation
 Mark One Corp. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2012
Transaction ID : C1642726

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 130 E Main St

City State Zip Code
 Spartanburg SC 29306-5113

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

Name of Employer Occupation
 White Oak Management, Inc. Executive VP/CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012
Transaction ID : C1633262

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Harry Baum
 Full Name (Last, First, Middle Initial)
 Mailing Address 8300 NW Eastside Drive
 City Weatherby Lake State MO Zip Code 64152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharon Lane Nursing Home Occupation Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **04 / 25 / 2012**
Transaction ID : C1644844
 Amount of Each Receipt this Period **625.00**

B. David Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 5104 Oak Tree Circle
 City Dallas State TX Zip Code 75287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Living Occupation Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **04 / 23 / 2012**
Transaction ID : C1645942
 Amount of Each Receipt this Period **137.50**

C. Elton Beebe Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1308 Bruton Springs Road
 City Austin State TX Zip Code 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 **04 / 12 / 2012**
Transaction ID : C1638953
 Amount of Each Receipt this Period **1250.00**

SUBTOTAL of Receipts This Page (optional).....	2012.50
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 9 OF 62
(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

Full Name (Last, First, Middle Initial)
A. Harold Beebe

Mailing Address 14 Northtown Dr
Ste 202

City Jackson State MS Zip Code 39211-3018

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

Name of Employer Delco Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
04 / 12 / 2012
Transaction ID : C1638952

Amount of Each Receipt this Period
275.00

Full Name (Last, First, Middle Initial)
B. Orlando Bisbano Jr.

Mailing Address 135 Tripps Ln

City Riverside State RI Zip Code 02915-3017

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

Name of Employer Orchard View Manor and Rehab Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
04 / 25 / 2012
Transaction ID : C1644845

Amount of Each Receipt this Period
375.00

Full Name (Last, First, Middle Initial)
C. Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City Dayton State OH Zip Code 45459-3911

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

Name of Employer Liberty Health Care Corporation Occupation Nursing Home Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
04 / 16 / 2012
Transaction ID : C1637959

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1900.00

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 OF 62
(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

Full Name (Last, First, Middle Initial)
A. Thomas Boerboom
 Mailing Address 1391 Butterfly Lane
 City State Zip Code
 Jordan MN 55352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mission Healthcare, LLC COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : C1638949
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Lane Bowen
 Mailing Address 680 South Fourth Street
 City State Zip Code
 Louisville KY 40202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kindred Healthcare EVP & President, Health Services Div.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012
Transaction ID : C1638699
 Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
C. John D Brammeier
 Mailing Address 32 Desert Willow Lane
 City State Zip Code
 Littleton CO 80127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pinon Management CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012
Transaction ID : C1638697
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5350.00
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 OF 62
(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

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

Mailing Address 3674 Pacific Ave

City Riverside State CA Zip Code 92509

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

Name of Employer Vista Pacifica Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1666.00

Date of Receipt
 04 / 24 / 2012
Transaction ID : C1644708

Amount of Each Receipt this Period
 1666.00

Full Name (Last, First, Middle Initial)
B. Stuart Brown

Mailing Address 909 S 336th St Ste 200

City Federal Way State WA Zip Code 98003

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

Name of Employer Village Concepts, Inc. Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 04 / 25 / 2012
Transaction ID : C1644846

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
c. Christopher R. Bryson

Mailing Address 1626 Jeurgens Court

City Norcross State GA Zip Code 30096

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

Name of Employer UHS-Pruitt Corporation, Inc. Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : C1648157

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2166.00

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 OF 62
(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

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

Mailing Address 1185 Wilde Run Court

City Roswell State GA Zip Code 30075

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

Name of Employer Cypress Administrative Services, LLC Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
04 / 25 / 2012
Transaction ID : C1644860

Amount of Each Receipt this Period
275.00

Full Name (Last, First, Middle Initial)
B. Teresa Cagnolatti

Mailing Address 2201 Wilson Blvd Apt 620

City Arlington State VA Zip Code 22201

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

Name of Employer American Health Care Association Occupation Senior Director, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
04 / 25 / 2012
Transaction ID : C1644847

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Calvin Callaway

Mailing Address 510 Mill St

City Folsom State CA Zip Code 95630-2607

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

Name of Employer Folsom Convalescent Hospital Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
04 / 27 / 2012
Transaction ID : C1648122

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 13 OF 62
	<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. Donald Chensvold
Full Name (Last, First, Middle Initial)

Mailing Address 4080 1st Ave NE

City Cedar Rapids State IA Zip Code 52402-3160

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

Name of Employer Healthcare of Iowa, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2012

Transaction ID : C1651680

Amount of Each Receipt this Period
 500.00

B. Steven E. Chies
Full Name (Last, First, Middle Initial)

Mailing Address 7651 Old Central Avenue NE

City Fridley State MN Zip Code 55433

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

Name of Employer North Cities Health Care Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2012

Transaction ID : C1634329

Amount of Each Receipt this Period
 333.00

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

Mailing Address 13602 E 560 Rd

City Inola State OK Zip Code 74036-5072

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

Name of Employer Inola Health Care Center, Inc. Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : C1645944

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 958.00

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 14 OF 62
	<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. Robert M. Chur

Mailing Address 7 Limestone Dr

City State Zip Code
Williamsville NY 14221-7051

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

Name of Employer Occupation
Elderwood Senior Care President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
04 / 09 / 2012
Transaction ID : C1634335

Amount of Each Receipt this Period
1250.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
2500.00

Date of Receipt
04 / 19 / 2012
Transaction ID : C1643986

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Community Memorial Health Center

Mailing Address P.O. Box 188

City State Zip Code
Hartley IA 51346

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
04 / 02 / 2012
Transaction ID : C1663639

Amount of Each Receipt this Period
340.00

See refund 4/4/12

SUBTOTAL of Receipts This Page (optional)..... ▶ 4090.00

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 OF 62
(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. Lori Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 1891 Andrews Drive
 City State Zip Code
 Concord CA 94521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stonebrook Healthcare Center Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012
Transaction ID : C1645814
 Amount of Each Receipt this Period
 250.00

B. Marcia Cotter
 Full Name (Last, First, Middle Initial)
 Mailing Address 904 Meadow Avenue
 City State Zip Code
 Shoreview MN 55126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Parkinson's Specialty Care 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 Y
 04 / 17 / 2012
Transaction ID : C1638970
 Amount of Each Receipt this Period
 250.00

C. Denise Curry
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Vilsack Road
 City State Zip Code
 Glenshaw PA 15116-1939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Golden Living Director of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : C1638733
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 16 OF 62
	<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. RaeAnne Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 9801 La Duke Drive
 City Kensington State MD Zip Code 20895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Chief Strategic Officer & Senior VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : C1638975
 Amount of Each Receipt this Period
 875.00

B. Jack Deutsch
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Mariner Way
 City Monsey State NY Zip Code 10952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cliffside Rehab & RHCC Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : C1634334
 Amount of Each Receipt this Period
 250.00

C. Judith Dicker
 Full Name (Last, First, Middle Initial)
 Mailing Address 18215 Hillside Avenue
 City Jamaica State NY Zip Code 11432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hillside Manor Rehab Center Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : C1638946
 Amount of Each Receipt this Period
 1250.00

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: (check only one)	PAGE 17 OF 62
	<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	<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. Stanley Dicker
Full Name (Last, First, Middle Initial)

Mailing Address 18215 Hillside Ave

City State Zip Code
Jamaica NY 11432

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

Name of Employer Occupation
Hillside Manor Rehab Center Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1638945

Amount of Each Receipt this Period
1250.00

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

Mailing Address 26 North Broadway

City State Zip Code
Schenectady NY 12305

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

Name of Employer Occupation
DMN Management Services Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : C1644851

Amount of Each Receipt this Period
625.00

C. Thomas East
Full Name (Last, First, Middle Initial)

Mailing Address 2406 Olde Salem Drive

City State Zip Code
Salem VA 24153

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

Name of Employer Occupation
American HealthCare, LLC VP of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : C1651862

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
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 18 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Joanne Erickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 S Randolph St
 City Arlington State VA Zip Code 22204-1564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Editor in Chief Provider Magazine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : C1648655
 Amount of Each Receipt this Period
 192.35
 * Payroll Deduction: \$38.47 Biweekly

B. Patrick Fairbanks
 Full Name (Last, First, Middle Initial)
 Mailing Address 19915 Nina Street
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vetter Health Services Occupation Chief Operations Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2012
Transaction ID : C1630652
 Amount of Each Receipt this Period
 250.00

C. Kit E. Gamble
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 52389
 City Shreveport State LA Zip Code 71135-2389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gamble Guest Care Corporation Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2012
Transaction ID : C1642699
 Amount of Each Receipt this Period
 3750.00

SUBTOTAL of Receipts This Page (optional).....▶	4192.35
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 19 OF 62
<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. James H. Gomez
Full Name (Last, First, Middle Initial)

Mailing Address 2201 K St

City Sacramento State CA Zip Code 95816-4922

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

Name of Employer CA Association of Health Facilities Occupation CEO/President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 25 / 2012**

Transaction ID : C1644849

Amount of Each Receipt this Period **250.00**

B. Don Gornly
Full Name (Last, First, Middle Initial)

Mailing Address 17011 Beach Blvd Ste 1130

City Huntington Beach State CA Zip Code 92647

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

Name of Employer Anberry Rehab Hospital Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **04 / 25 / 2012**

Transaction ID : C1644861

Amount of Each Receipt this Period **1250.00**

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

Mailing Address 11337 Louisiana Circle

City Bloomington State MN Zip Code 55438

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 **04 / 26 / 2012**

Transaction ID : C1645829

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: (check only one)	PAGE 20 OF 62
	<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. Gerald Hamilton
Full Name (Last, First, Middle Initial)

Mailing Address 7612 Rio Penasco Court NW

City Albuquerque State NM Zip Code 87120

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 25 / 2012**

Transaction ID : C1644862

Amount of Each Receipt this Period **250.00**

B. Reginald G Hartsfield
Full Name (Last, First, Middle Initial)

Mailing Address 17515 W 9 Mile Rd Ste 925

City Southfield State MI Zip Code 48075-4408

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

Name of Employer Advantage Management Group, The Manors Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **04 / 09 / 2012**

Transaction ID : C1634337

Amount of Each Receipt this Period **5000.00**

C. Robert Heppenheimer
Full Name (Last, First, Middle Initial)

Mailing Address 109 Soundview Terrace

City Northport State NY Zip Code 11768

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

Name of Employer Nesconset Center for Nursing & Rehab. Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 23 / 2012**

Transaction ID : C1645947

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **6250.00**

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 21 OF 62
	<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. Richard Herrick
Full Name (Last, First, Middle Initial)

Mailing Address 33 Elk Street

City Albany State NY Zip Code 12207

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : C1648159

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4433 Pebble Creek Ln

City Long Grove State IL Zip Code 60047-5283

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

Name of Employer Lake Point Rehab & Nursing Center Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : C1644863

Amount of Each Receipt this Period
 1250.00

C. Lucille Holderman
Full Name (Last, First, Middle Initial)

Mailing Address 101 N Pine St

City Garnett State KS Zip Code 66032-1134

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

Name of Employer Vetter Health Services Occupation Nursing Home Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : C1638971

Amount of Each Receipt this Period
 125.00

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 22 OF 62
(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

Full Name (Last, First, Middle Initial)
A. Jerry Holloway

Mailing Address 17011 Beach Blvd
 Ste 1130

City State Zip Code
 Huntington Beach CA 92647-7402

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

Name of Employer Occupation
 Anberry Rehabilitation Hospital Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2012
Transaction ID : C1644854

Amount of Each Receipt this Period
 1250.00

Full Name (Last, First, Middle Initial)
B. Carol Huenergard

Mailing Address 705 S Burg St

City State Zip Code
 Kimball NE 69145-1317

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

Name of Employer Occupation
 Vetter Health Services Nursing Home Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : C1642114

Amount of Each Receipt this Period
 250.00

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

Mailing Address 701 N 39th Ave

City State Zip Code
 Yakima WA 98902-6343

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

Name of Employer Occupation
 Hyatt Family Facilities Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : C1638972

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 62
<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. Francis P. Kirley

Mailing Address 6937 Warfield Ave

City State Zip Code
Sykesville MD 21784-7454

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

Name of Employer Occupation
Nexion Health, Inc. President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
04 / 24 / 2012
Transaction ID : C1644831

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Marian Kirley

Mailing Address 6937 Warfield Avenue

City State Zip Code
Sykesville MD 21784

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

Name of Employer Occupation
Nexion Health, Inc. Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
04 / 24 / 2012
Transaction ID : C1644832

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Jennifer Knorr Hahs

Mailing Address 900 N Randolph St
Apt 1927

City State Zip Code
Arlington VA 22203-4082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.04

Date of Receipt
04 / 27 / 2012
Transaction ID : C1648657

Amount of Each Receipt this Period
134.15

* Payroll Deduction: \$26.83 Biweekly

SUBTOTAL of Receipts This Page (optional).....▶	10134.15
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 24 OF 62
	<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. Evan Lansing Kolb
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 Marye Street
 City Alexandria State LA Zip Code 71301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Magnolia Management Corporation Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2012
Transaction ID : C1645948
 Amount of Each Receipt this Period
 265.00

B. David Kylo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4621 28th Road South
 City Arlington State VA Zip Code 22206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Center for Assisted Living Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : C1648659
 Amount of Each Receipt this Period
 480.80
 * Payroll Deduction: \$96.16 Biweekly

C. David LaLumia
 Full Name (Last, First, Middle Initial)
 Mailing Address 12761 South Wacousta Road
 City Eagle State MI Zip Code 48822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care Association of Michigan Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : C1644839
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	1745.80
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 25 OF 62
	<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. Larry Lane
Full Name (Last, First, Middle Initial)
Mailing Address 1616 Stephens Dr
City Wayne State PA Zip Code 19087-1023
FEC ID number of contributing federal political committee. **C**
Name of Employer Genesis Occupation Sr VP, Regulatory Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 30 / 2012
Transaction ID : C1648720
Amount of Each Receipt this Period 1000.00

B. Martin Liebman
Full Name (Last, First, Middle Initial)
Mailing Address 1381 Sally Court
City East Meadow State NY Zip Code 11554
FEC ID number of contributing federal political committee. **C**
Name of Employer Grand Manor Nsg & Rehab Ctr Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 16 / 2012
Transaction ID : C1642701
Amount of Each Receipt this Period 250.00

C. Steven Littlehale
Full Name (Last, First, Middle Initial)
Mailing Address 420 Bedford Street Suite 210
City Lexington State MA Zip Code 02420
FEC ID number of contributing federal political committee. **C**
Name of Employer PointRight Inc Occupation Healthcare Executive
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 04 / 16 / 2012
Transaction ID : C1642702
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... 1550.00
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 26 OF 62
	<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. Jeffrey Liu

Mailing Address 9321 Branchside Lane

City State Zip Code
Fairfax VA 22031

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

Name of Employer Occupation
American Health Care Association Senior Research Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : C1645821

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Tim Lukenda

Mailing Address 111 West Michigan Street

City State Zip Code
Milwaukee WI 53203

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

Name of Employer Occupation
Extencicare Health Services President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2012

Transaction ID : C1634341

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Patrick Martone

Mailing Address 26 North Broadway

City State Zip Code
Schenectady NY 12305

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

Name of Employer Occupation
Hallmark Nursing Centre, Inc. Administrator and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : C1644864

Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional).....▶	5875.00
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 27 OF 62
	<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. Jeffery Mathews
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 South 400 East
 City Bountiful State UT Zip Code 84010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 24-7 Care and Rehab Occupation COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : C1645832
 Amount of Each Receipt this Period **1250.00**

B. Andrea McClure
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 N Stony Point Road
 City Suttons Bay State MI Zip Code 49682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CWCcapital Occupation Investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 25 / 2012**
Transaction ID : C1644889
 Amount of Each Receipt this Period **1000.00**

C. Tim McKean
 Full Name (Last, First, Middle Initial)
 Mailing Address 261 Twp Rd 1101
 City Nova State OH Zip Code 44859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Weber Health Care Occupation Controller
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 27 / 2012**
Transaction ID : C1647898
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 28 OF 62
<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. Debbie McLarty
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Sun Avenue NE
 City Albuquerque State NM Zip Code 87109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sun Health Care Group, Inc. Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2012
Transaction ID : C1644859
 Amount of Each Receipt this Period
 125.00

B. Thad McLaurin
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1677
 City Ridgeland State MS Zip Code 39158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Orchard Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2012
Transaction ID : C1642705
 Amount of Each Receipt this Period
 500.00

C. Karen Messick
 Full Name (Last, First, Middle Initial)
 Mailing Address 4599 Lantern Court NW
 City Comstock Park State MI Zip Code 49321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pilgrim Manor Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2012
Transaction ID : C1645949
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 29 OF 62
	<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. Michael Morton
Full Name (Last, First, Middle Initial)

Mailing Address 415 Rogers Avenue

City Fort Smith State AR Zip Code 72901-1903

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

Name of Employer Central Arkansas Nursing Centers Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012
Transaction ID : C1642704

Amount of Each Receipt this Period
 1250.00

B. Steven Mulder
Full Name (Last, First, Middle Initial)

Mailing Address 7300 Del Prado Cir S

City Boca Raton State FL Zip Code 33433-3386

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

Name of Employer Whitehall Boca Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2012
Transaction ID : C1642725

Amount of Each Receipt this Period
 275.00

C. Joe Okruhlica
Full Name (Last, First, Middle Initial)

Mailing Address 1155 Eastern Pkwy

City Louisville State KY Zip Code 40217-1401

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

Name of Employer Parkway Medical Center Occupation Owner/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 Y
 04 / 26 / 2012
Transaction ID : C1645833

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: (check only one)	PAGE 30 OF 62
	<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. Mark Parkinson
Full Name (Last, First, Middle Initial)

Mailing Address 8930 Harvest Square Ct

City Potomac State MD Zip Code 20854-4475

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

Name of Employer American Health Care Association Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : C1648665

Amount of Each Receipt this Period
1000.00

* Payroll Deduction: \$200.00 Biweekly

B. Nicole Pogue
Full Name (Last, First, Middle Initial)

Mailing Address 1803 Jane Street

City New Iberia State LA Zip Code 70562

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

Name of Employer Nexion Health, inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
527.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : C1625910

Amount of Each Receipt this Period
527.00

C. Gail M. Polanski
Full Name (Last, First, Middle Initial)

Mailing Address 5563 Coachmans Ln

City Hamburg State NY Zip Code 14075-5854

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

Name of Employer Tara Cares Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : C1644822

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1827.00
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 31 OF 62
	<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. Neil L. Pruitt Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1626 Jeurgens Ct

City Norcross State GA Zip Code 30093-2219

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2012
Transaction ID : C1644865

Amount of Each Receipt this Period
 1250.00

B. Christopher Puri
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Division Street, Suite 700

City Nashville State TN Zip Code 37203

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

Name of Employer Bradley Arant Boulton Cummings LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2012
Transaction ID : C1625369

Amount of Each Receipt this Period
 250.00

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

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 ▼ 616.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2012
Transaction ID : C1638956

Amount of Each Receipt this Period
 241.00

SUBTOTAL of Receipts This Page (optional).....▶	1741.00
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 32 OF 62
	<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. Ryan Richard
Full Name (Last, First, Middle Initial)

Mailing Address 600 Bayard Street

City New Iberia State LA Zip Code 70560

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

Name of Employer Nexion Health, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : C1625909

Amount of Each Receipt this Period
 500.00

B. Emmett Riner
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 391

City Naples State TX Zip Code 75568

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

Name of Employer Nexion Health, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : C1625907

Amount of Each Receipt this Period
 355.00

C. Clinton Robertson
Full Name (Last, First, Middle Initial)

Mailing Address 450 S 400 E Ste 200

City Bountiful State UT Zip Code 84010-5094

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

Name of Employer 24-7 Care and Rehab, Inc. Occupation CEO-Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : C1649800

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2105.00

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 33 OF 62
	<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. Frank Romano
Full Name (Last, First, Middle Initial)

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 President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : C1645826

Amount of Each Receipt this Period
 1250.00

B. Angelo S. Rotella
Full Name (Last, First, Middle Initial)

Mailing Address 4 Pond View Ct

City Smithfield State RI Zip Code 02917

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

Name of Employer Friendly Home Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : C1648182

Amount of Each Receipt this Period
 1000.00

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

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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : C1651678

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7250.00

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 34 OF 62
	<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. Maryanne Sapio
Full Name (Last, First, Middle Initial)
Mailing Address 1324 South Kenmore Circle

City Arlington	State VA	Zip Code 22204
-------------------	-------------	-------------------

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

Name of Employer American Health Care Association	Occupation Senior Director, Government Relations
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.23

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		27		2012

Transaction ID : C1648672

Amount of Each Receipt this Period

192.35

* Payroll Deduction: \$38.47 Biweekly

B. Vincent Saturnino
Full Name (Last, First, Middle Initial)
Mailing Address 14699 East Hampden

City Arvada	State CO	Zip Code 80004
----------------	-------------	-------------------

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

Name of Employer Nexion Health, Inc.	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
04		05		2012

Transaction ID : C1625908

Amount of Each Receipt this Period

106.50

C. Alan Schabes
Full Name (Last, First, Middle Initial)
Mailing Address 200 Public Square, Suite 2300

City Cleveland	State OH	Zip Code 44114
-------------------	-------------	-------------------

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

Name of Employer Benesch Friedlander	Occupation Attorney
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2012

Transaction ID : C1642683

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	798.85
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 35 OF 62
(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

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

Mailing Address 7265 Kenwood Road
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 ▼
275.00

Date of Receipt
04 / 23 / 2012
Transaction ID : C1645946

Amount of Each Receipt this Period
137.50

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

Mailing Address 4200 W Peterson Ave
140

City Chicago State IL Zip Code 60646-6819

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

Name of Employer Alden Management Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
04 / 09 / 2012
Transaction ID : C1634340

Amount of Each Receipt this Period
2500.00

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

Mailing Address 4200 W Peterson Ave
140

City Chicago State IL Zip Code 60646-6819

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

Name of Employer Alden Management, Inc. Occupation Special Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
04 / 09 / 2012
Transaction ID : C1634339

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5137.50

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 OF 62
(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

Full Name (Last, First, Middle Initial)
A. Shawn Scott

Mailing Address 8106 Boulder Ct.

City State Zip Code
 Long Grove IL 60047

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

Name of Employer Occupation
 Medline Industries Senior VP HC Corporate Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012
Transaction ID : C1644858

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code
 Weirton WV 26062-3634

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

Name of Employer Occupation
 Weirton Geriatric Center Owner/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2012
Transaction ID : C1637825

Amount of Each Receipt this Period
 550.00

Full Name (Last, First, Middle Initial)
c. Stuart H. Shapiro

Mailing Address 315 North 2nd Street

City State Zip Code
 Harrisburg PA 17101-1305

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

Name of Employer Occupation
 Pennsylvania Health Care Association President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2012
Transaction ID : C1642734

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1050.00**

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 37 OF 62
	<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. Jennifer Shimer
Full Name (Last, First, Middle Initial)

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

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

Name of Employer Occupation
American Health Care Association COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.23

Date of Receipt
04 / 27 / 2012

Transaction ID : C1648675

Amount of Each Receipt this Period
192.35

* Payroll Deduction: \$38.47 Biweekly

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

Mailing Address 13185 W Great Mountain Drive

City State Zip Code
Lakewood CO 80228

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 ▼
2500.00

Date of Receipt
04 / 25 / 2012

Transaction ID : C1644855

Amount of Each Receipt this Period
1250.00

C. Elise Smith
Full Name (Last, First, Middle Initial)

Mailing Address 2022 Columbia Rd NW

City State Zip Code
Washington DC 20009-1323

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

Name of Employer Occupation
American Health Care Association VP Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 30 / 2012

Transaction ID : C1648161

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	1567.35
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 38 OF 62
<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. Greg Smith
Full Name (Last, First, Middle Initial)

Mailing Address 13802 Fairway Lane

City Goshen State KY Zip Code 40026

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

Name of Employer Medline HealthCare Company Occupation LTC Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 25 / 2012**

Transaction ID : C1644850

Amount of Each Receipt this Period **250.00**

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

Mailing Address 5109 Bur Oak Cir

City Raleigh State NC Zip Code 27612-3101

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

Name of Employer North Carolina Health Care Facilities Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : C1654845

Amount of Each Receipt this Period **1100.00**

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

Mailing Address 6025 Highway 231 S

City Castalian Springs State TN Zip Code 37031-5516

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

Name of Employer Quality Care Health Center Occupation Administrator/Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **04 / 25 / 2012**

Transaction ID : C1644856

Amount of Each Receipt this Period **1250.00**

SUBTOTAL of Receipts This Page (optional)..... **2600.00**

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 39 OF 62
	<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. Jan Thayer
Full Name (Last, First, Middle Initial)

Mailing Address 2307 Stagecoach Rd.

City Grand Island State NE Zip Code 68801

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

Name of Employer Riverside Lodge Retirement Community Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
04 / 19 / 2012
Transaction ID : C1644707

Amount of Each Receipt this Period
1250.00

B. Michael Torgan
Full Name (Last, First, Middle Initial)

Mailing Address 5120 West Goldleaf Circle # 400

City Los Angeles State CA Zip Code 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 ▼ 1250.00

Date of Receipt
04 / 26 / 2012
Transaction ID : C1645831

Amount of Each Receipt this Period
625.00

C. Bill Ulrich
Full Name (Last, First, Middle Initial)

Mailing Address 104 S Freya, Suite 119

City Spokane State WA Zip Code 99202

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

Name of Employer Consolidated Billing Services Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.00

Date of Receipt
04 / 30 / 2012
Transaction ID : C1654843

Amount of Each Receipt this Period
333.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2208.00

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 40 OF 62
(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. James W. Unverferth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Shawnee Rd
 City State Zip Code
 Lima OH 45805-3529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCF Management, Inc. President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2012
Transaction ID : C1644857
 Amount of Each Receipt this Period
 1250.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2012
Transaction ID : C1637828
 Amount of Each Receipt this Period
 1250.00

C. John A. Vinson
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Health Systems of Kentucky President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : C1651677
 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 41 OF 62
(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. Steven Wannemacher
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Heritage Enterprises President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : C1642545
 Amount of Each Receipt this Period
 2500.00

B. Paula Warren
 Full Name (Last, First, Middle Initial)
 Mailing Address 3301 Alabama Ave
 City State Zip Code
 Alexandria VA 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Health Care Association CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : C1638974
 Amount of Each Receipt this Period
 250.00

C. Brett Waters
 Full Name (Last, First, Middle Initial)
 Mailing Address 2416 Mesa St.
 City State Zip Code
 Idaho Falls ID 83401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Beginnings Community Living Home Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : C1638973
 Amount of Each Receipt this Period
 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 62
	<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. James R. Westbury Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 922 McDonough Road
 City Jackson State GA Zip Code 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 ▼ 366.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2012
Transaction ID : C1642735
 Amount of Each Receipt this Period
 366.00

B. Douglas M Wright Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2844 Traceland Drive
 City Tupelo State MS Zip Code 38803-3667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Eldercare Services Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2012
Transaction ID : C1634420
 Amount of Each Receipt this Period
 5000.00

C. LAG Associates LP Managers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8028 Ritchie Hwy Ste 210
 City Pasadena State MD Zip Code 21122-1075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2012
Transaction ID : C1634332
 Amount of Each Receipt this Period
 1250.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 6616.00
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 43 OF 62
	<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. Gary Attman
Full Name (Last, First, Middle Initial)

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 LAG Associates LP Managers Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2012
Transaction ID : C1663645

Amount of Each Receipt this Period
 1250.00

[MEMO ITEM]
*

B. Trend Consultants
Full Name (Last, First, Middle Initial)

Mailing Address 323 Highland Boulevard

City Natchez State MS Zip Code 39120

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : C1634413

Amount of Each Receipt this Period
 625.00

PARTNERSHIP--partners below if itemized

C. Bruce Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 323 Highland Blvd

City Natchez State MS Zip Code 39120-4635

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

Name of Employer Trend Consultants Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : C1663643

Amount of Each Receipt this Period
 312.50

[MEMO ITEM]
*

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 62
<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. Rita Kelly

Mailing Address 323 Highland Boulevard

City Natchez State MS Zip Code 39120

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

Name of Employer Trend Consultants Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2012

Transaction ID : **C1663644**

Amount of Each Receipt this Period
312.50

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. Medicalodges Political Advisory Fund, LLC

Mailing Address PO Box 509

City Coffeyville State KS Zip Code 67337

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : **C1643987**

Amount of Each Receipt this Period
5000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
C. Garen Cox

Mailing Address 201 West Eighth Street
PO Box 509

City Coffeyville State KS Zip Code 67337-0509

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

Name of Employer Medicalodges, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : **C1663648**

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]
*

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 45 OF 62
	<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. Asztalos & Associates LLC

Mailing Address 5013 Centennial Oak Cir

City State Zip Code
Tallahassee FL 32308-5857

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
254.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012
Transaction ID : C1644540

Amount of Each Receipt this Period
129.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Robert Asztalos

Mailing Address 5013 Centennial Oak Circle

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
Asztalos & Associates President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
254.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012
Transaction ID : C1663647

Amount of Each Receipt this Period
129.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
C. Harmony House LLC

Mailing Address PO Box 829

City State Zip Code
Brewster WA 98812

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2012
Transaction ID : C1647470

Amount of Each Receipt this Period
375.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 504.00

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 46 OF 62
<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. Jerry R. Tretwold
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 829
 City Brewster State WA Zip Code 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 **500.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : C1663664
 Amount of Each Receipt this Period **375.00**
[MEMO ITEM]
 *

B. Millenium Health Systems LLC dba Nuvision Management
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 NW 33rd Ave Ste 211
 City Fort Lauderdale State FL Zip Code 33309-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : C1647471
 Amount of Each Receipt this Period **1250.00**
 PARTNERSHIP--partners below if itemized

C. Barry Kantowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 NW 35th Ave Ste 211
 City Fort Lauderdale State FL Zip Code 33309-6314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NuVision Management Occupation Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **310.80**

Date of Receipt **04 / 26 / 2012**
Transaction ID : C1663651
 Amount of Each Receipt this Period **250.00**
[MEMO ITEM]
 *

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 62
	<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. Keith Kroeger		Date of Receipt MM / DD / YYYY 04 / 26 / 2012
Mailing Address 5310 NW 33rd Ave # 211		Transaction ID : C1663652
City Fort Lauderdale	State FL	Zip Code 33309-6312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Millennium Health Systems LLC	Occupation Partner	[MEMO ITEM] *
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.54	

Full Name (Last, First, Middle Initial) B. Howard Lipshutz		Date of Receipt MM / DD / YYYY 04 / 26 / 2012
Mailing Address 5310 NW 35th Ave Ste 211		Transaction ID : C1663653
City Fort Lauderdale	State FL	Zip Code 33309-6314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NuVision Management	Occupation Partner	[MEMO ITEM] *
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Andrew S Weisman		Date of Receipt MM / DD / YYYY 04 / 26 / 2012
Mailing Address 5310 NW 35th Ave Ste 211		Transaction ID : C1663649
City Fort Lauderdale	State FL	Zip Code 33309-6314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NuVision Management	Occupation Chief Executive Officer	[MEMO ITEM] *
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 722.98	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 48 OF 62
<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. Barton D. Weisman

Mailing Address 5310 NW 33rd Ave
Ste 211

City Ft Lauderdale State FL Zip Code 33309-6319

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

Name of Employer Millennium Health Systems Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
722.98

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2012
Transaction ID : C1663650

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. Briar Hill Management, LLC

Mailing Address PO Box 2712

City Ridgeland State MS Zip Code 39158-2712

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2012
Transaction ID : C1651676

Amount of Each Receipt this Period
500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
C. Robert Rotolo

Mailing Address 529 Pear Orchard

City Ridgeland State MS Zip Code 39157

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

Name of Employer Briar Hill Management, LLC Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2012
Transaction ID : C1663666

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 49 OF 62
(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. ML Refort Scott LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 509
 City Coffeyville State KS Zip Code 67337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : C1652894
 Amount of Each Receipt this Period
 5000.00
 PARTNERSHIP--partners below if itemized

B. Fred Benjamin
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 W 8th St
 City Coffeyville State KS Zip Code 67337-5807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ML Refort Scott LLC Partner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : C1663667
 Amount of Each Receipt this Period
 5000.00
[MEMO ITEM]
 *

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	123620.85

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

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

FOR LINE NUMBER: PAGE 50 OF 62
(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. American Health Care Association
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 L St. NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 8121.57

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 02 / 2012
Transaction ID : C1663687
 Amount of Each Receipt this Period
 311.13
 Refund of Bank Fees

B. American Health Care Association
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 L St. NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 8121.57

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 02 / 2012
Transaction ID : C1663692
 Amount of Each Receipt this Period
 1749.92
 Refund of Bank Fees

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2061.05
TOTAL This Period (last page this line number only).....▶	2061.05

**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 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. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2012

Transaction ID : D128630

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2012

Transaction ID : D128631

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2012

Transaction ID : D128632

Amount of Each Disbursement this Period

170.66

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

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

186.66

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 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. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2012

Transaction ID : D128633

Amount of Each Disbursement this Period

1.60

Category/
Type

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2012

Transaction ID : D128634

Amount of Each Disbursement this Period

1.60

Category/
Type

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2012

Transaction ID : D128635

Amount of Each Disbursement this Period

19.90

Category/
Type

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

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

23.10

**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 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. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2012

Transaction ID : D128636

Amount of Each Disbursement this Period

104.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2012

Transaction ID : D128637

Amount of Each Disbursement this Period

440.88

Full Name (Last, First, Middle Initial)

C. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2012

Transaction ID : D128638

Amount of Each Disbursement this Period

539.79

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

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

1084.67

**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 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 Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2012

Transaction ID : D128639

Amount of Each Disbursement this Period

49.40

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2012

Transaction ID : D128628

Amount of Each Disbursement this Period

59.30

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2012

Transaction ID : D128629

Amount of Each Disbursement this Period

265.50

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

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

374.20

1668.63

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. IMPACT

Mailing Address 192 Lexington Ave
Suit 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D127459

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JEFF FLAKE FOR US SENATE INC

Mailing Address PO BOX 12512

City Tempe State AZ Zip Code 85284

Purpose of Disbursement
Contribution

Candidate Name

Jeff Flake

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D127836

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. JOBS, OPPORTUNITIES AND EDUCATION, PAC (JOE-PAC)

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D127835

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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. LEE ROGERS FOR CONGRESS

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
Contributions

Candidate Name
Lee Rogers

Office Sought: House
 Senate
 President
State: CA District: 25

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2012

Transaction ID : D127286

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LISA WILSON-FOLEY FOR CONGRESS

Mailing Address PO BOX 1220

City Avon State CT Zip Code 06001

Purpose of Disbursement
Contribution

Candidate Name
Lisa Wilson-Foley

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2012

Transaction ID : D127455

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ORRINPAC

Mailing Address 175 S. WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2012

Transaction ID : D127458

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

**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

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. DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Diane Black

Office Sought: House
 Senate
 President
State: TN District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2012

Transaction ID : D127456

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Diane Black

Office Sought: House
 Senate
 President
State: TN District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2012

Transaction ID : D127457

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
Contribution

Candidate Name

Rep. Fred Upton

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2012

Transaction ID : D127284

Amount of Each Disbursement this Period

5000.00

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

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

10000.00

**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

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. UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Fred Upton

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2012

Transaction ID : D127285

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BERMAN FOR CONGRESS

Mailing Address 6380 Wilshire Blvd. #1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement
Contribution

Candidate Name
Rep. Howard L. Berman

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 30

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2012

Transaction ID : D127545

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOHN TIERNEY FOR CONGRESS

Mailing Address 49 Federal Street

City State Zip Code
Salem MA 01970

Purpose of Disbursement
Contribution

Candidate Name
Rep. John F. Tierney

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MA District: 06

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2012

Transaction ID : D127656

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

**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

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. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE

City ALBANY State NY Zip Code 12206

Purpose of Disbursement Contribution

Candidate Name

Rep. Paul Tonko

Office Sought: House Senate President

State: NY District: 20

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2012

Transaction ID : D127282

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. RIBBLE FOR CONGRESS

Mailing Address PO BOX 7200

City APPLETON State WI Zip Code 54912

Purpose of Disbursement Contribution

Candidate Name

Rep. Reid Ribble

Office Sought: House Senate President

State: WI District: 08

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2012

Transaction ID : D127454

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BERG FOR CONGRESS

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement Contribution

Candidate Name

Rep. Rick Berg

Office Sought: House Senate President

State: ND District: 00

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2012

Transaction ID : D127473

Amount of Each Disbursement this Period

2500.00

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

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

7800.00

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

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. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	6		2	0	1	2		

City Springfield State VA Zip Code 22152

Transaction ID : D127460

Purpose of Disbursement
Contributions to Federal Committees

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--	--	--	--	--	--	--

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--	--	--	--	--	--	--

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

4	9	8	0	0	.	0	0
---	---	---	---	---	---	---	---

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

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. Community Memorial Health Center

Mailing Address P.O. Box 188

City Hartley State IA Zip Code 51346

Purpose of Disbursement
Refund of 4/2/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2012

Transaction ID : D128713

Amount of Each Disbursement this Period

340.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

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

340.00

340.00
