

**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.....	227032.65	
(c) Total Receipts (from Line 19)	72759.77	917638.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	299792.42	1272664.00
7. Total Disbursements (from Line 31).....	26675.63	999547.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	273116.79	273116.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

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).....	67707.36	810309.24
(ii) Unitemized	1474.00	40356.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69181.36	850665.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	71681.36	873165.56
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).....	1078.41	15973.12
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	26500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2000.00
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))..... ▶	72759.77	917638.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	72759.77	917638.68

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	675.63	16665.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	675.63	16665.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	958989.00
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	0.00	17893.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	17893.14
29. Other Disbursements	0.00	6000.00
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)) ..	26675.63	999547.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26675.63	999547.21

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)	71681.36	873165.56
34. Total Contribution Refunds (from Line 28(d))	0.00	17893.14
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71681.36	855272.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	675.63	16665.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1078.41	15973.12
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-402.78	691.95

**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 6 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Scott Averill
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 West 7th Street
 City Overbrook State KS Zip Code 66524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brookside & Wellsville Retirement Comm Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 03 / 2012**
Transaction ID : C1833216
 Amount of Each Receipt this Period **500.00**

B. Mary Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1129
 City Trulock State CA Zip Code 95381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mark One Corp. Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : C1844747
 Amount of Each Receipt this Period **1250.00**

C. 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 **687.50**

Date of Receipt **10 / 17 / 2012**
Transaction ID : C1852261
 Amount of Each Receipt this Period **412.50**

SUBTOTAL of Receipts This Page (optional).....	2162.50
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: (check only one)	PAGE 7 OF 33
	<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

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

A. 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 Burnt Tavern Rehabilitation HealthCare Occupation Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : C1845128
 Amount of Each Receipt this Period **1250.00**

B. Lyn C. Bentley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2212 Hidden Valley Ln
 City Silver Spring State MD Zip Code 20904-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Senior Director, Regulatory Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : C184517
 Amount of Each Receipt this Period **20.00**
 * Payroll Deduction: \$20.00 Bi-Weekly

C. Linda Black-Kurek
 Full Name (Last, First, Middle Initial)
 Mailing Address 7445 Liberty Woods Lane
 City Dayton State OH Zip Code 45359
 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 **5000.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : C1844746
 Amount of Each Receipt this Period **1250.00**

SUBTOTAL of Receipts This Page (optional).....	2520.00
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 33
	<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

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

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

Mailing Address 32 Desert Willow Lane

City Littleton State CO Zip Code 80127

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

Name of Employer Pinon Management Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : C1852198

Amount of Each Receipt this Period
200.00

B. Leslie Burns
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 890754

City Houston State TX Zip Code 77289-0754

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

Name of Employer Beechnut Manor/ Nexion Health Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : C1845120

Amount of Each Receipt this Period
500.00

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

Mailing Address 7 Limestone Dr

City Williamsville State NY Zip Code 14221-7051

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

Name of Employer Elderwood Senior Care Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : C1854544

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Marcia Cotter

Mailing Address 904 Meadow Avenue

City Shoreview State MN Zip Code 55126

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

Name of Employer Parkinson's Specialty Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : C1849958

Amount of Each Receipt this Period
250.00

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

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 ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2012
Transaction ID : C1833782

Amount of Each Receipt this Period
1250.00

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

Mailing Address 18215 Hillside Ave

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 ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2012
Transaction ID : C1833783

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 10 OF 33
	<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

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

A. Jack Dwyer
Full Name (Last, First, Middle Initial)

Mailing Address 1422A Clarkview Road

City Baltimore State MD Zip Code 21209

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

Name of Employer Capital Lending & Mortgage Group, LLC Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 17 / 2012
Transaction ID : C1852356

Amount of Each Receipt this Period 5000.00

B. Joanne E 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 ▼ 769.40

Date of Receipt 10 / 17 / 2012
Transaction ID : C1854519

Amount of Each Receipt this Period 38.47

* Payroll Deduction: \$38.47 Bi-Weekly

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

Mailing Address 1720 N Cross St

City Dover State OH Zip Code 44622-1043

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

Name of Employer Hennis Care Centre Occupation Asst Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 17 / 2012
Transaction ID : C1852196

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7038.47

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 11 OF 33
	<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

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

A. 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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : C1849959

Amount of Each Receipt this Period
125.00

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

Mailing Address 701 N 39th Ave

City Yakima State WA Zip Code 98902-6343

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

Name of Employer Hyatt Family Facilities Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : C1849960

Amount of Each Receipt this Period
250.00

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

Mailing Address 900 N Randolph St Apt 1927

City Arlington State VA Zip Code 22203-4082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **514.17**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : C1854520

Amount of Each Receipt this Period
26.83

* Payroll Deduction: \$26.83 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ **401.83**

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 12 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
National Center for Assisted Living Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1827.04

Date of Receipt
10 / 17 / 2012
Transaction ID : C1854521

Amount of Each Receipt this Period
96.16

* Payroll Deduction: \$96.16 Bi-Weekly

B. Paul Langevin Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 4 AAA Drive

City State Zip Code
Hamilton NJ 08691

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

Name of Employer Occupation
Healthcare Assn of NJ State Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 07 / 2012
Transaction ID : C1838450

Amount of Each Receipt this Period
1000.00

C. Martin Liebman
Full Name (Last, First, Middle Initial)

Mailing Address 1381 Sally Court

City State Zip Code
East Meadow NY 11554

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

Name of Employer Occupation
Grand Manor Nursing & Rehab Center CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 10 / 2012
Transaction ID : C1845135

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1346.16
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Kenneth Lund
Full Name (Last, First, Middle Initial)

Mailing Address 2204 State Game Access NW

City Gig Harbor	State WA	Zip Code 98332
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nosilla Relyt Incorporated	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
10	/	03	/	2012

Transaction ID : C1833218

Amount of Each Receipt this Period
5000.00

B. R. Peter Madel Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 108 8th St NW

City Waseca	State MN	Zip Code 56093-1912
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Shore Inn Nursing Home	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : C1852007

Amount of Each Receipt this Period
275.00

C. Bethany R Martino
Full Name (Last, First, Middle Initial)

Mailing Address 8559 Window Latch Way

City Columbia	State MD	Zip Code 21045
------------------	-------------	-------------------

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

Name of Employer American Health Care Association	Occupation Director, Public Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : C1854522

Amount of Each Receipt this Period
20.00

* Payroll Deduction: \$20.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	5295.00
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Denise B McClain
Full Name (Last, First, Middle Initial)

Mailing Address 2108 S 1300 E
Suite 445

City Salt Lake City State UT Zip Code 84106

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

Name of Employer Utah Health Care Association Occupation Deputy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 15 / 2012
Transaction ID : C1849125

Amount of Each Receipt this Period
250.00

B. Midwest Health, Inc
Full Name (Last, First, Middle Initial)

Mailing Address 3715 SW 29th Street

City Topeka State KS Zip Code 66614

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
10 / 17 / 2012
Transaction ID : C1854477

Amount of Each Receipt this Period
10000.00

See Refund Post General 2012

C. 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 ▼
7500.00

Date of Receipt
10 / 10 / 2012
Transaction ID : C1845126

Amount of Each Receipt this Period
2500.00

See Refund Post General 2012 Report

SUBTOTAL of Receipts This Page (optional)..... ▶ 12750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 33
	<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

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

A. Jeff Mukamal
Full Name (Last, First, Middle Initial)

Mailing Address 1641 Stannard Trl

City Raleigh State NC Zip Code 27612-6389

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

Name of Employer Brookshire Provinet Solutions Occupation Co-Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2012
Transaction ID : C1854543

Amount of Each Receipt this Period 500.00

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

Mailing Address 6937 Warfield Avenue

City Sykesville State MD Zip Code 21784

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

Name of Employer Nexion Health Occupation Director of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 17 / 2012
Transaction ID : C1851781

Amount of Each Receipt this Period 100.00

c. Julie C Painter
Full Name (Last, First, Middle Initial)

Mailing Address 5023 Waple Ln

City Alexandria State VA Zip Code 22304-7727

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

Name of Employer American Health Care Association Occupation Senior Director of Constituency Affair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt 10 / 17 / 2012
Transaction ID : C1854524

Amount of Each Receipt this Period 11.54

* Payroll Deduction: \$11.54 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 611.54

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

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

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

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

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

A. Jane Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Woodland Drive
 City Paducah State KY Zip Code 42001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southgate Healthcare Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2012
Transaction ID : C1854541
 Amount of Each Receipt this Period 100.00

B. Mark V 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 ▼ 3600.00

Date of Receipt 10 / 17 / 2012
Transaction ID : C1854525
 Amount of Each Receipt this Period 200.00
 * Payroll Deduction: \$200.00 Bi-Weekly

C. Christopher Parks
 Full Name (Last, First, Middle Initial)
 Mailing Address 1532 Falston Lane
 City Crofton State MD Zip Code 21114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Director of IT and Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 192.40

Date of Receipt 10 / 17 / 2012
Transaction ID : C1854526
 Amount of Each Receipt this Period 9.62
 * Payroll Deduction: \$9.62 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 309.62
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 33
	<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

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

A. Wade Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 6420 Fox Meadow Drive
City Bismarck State ND Zip Code 58503
FEC ID number of contributing federal political committee. **C**
Name of Employer Sanford Health Occupation Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 08 / 2012
Transaction ID : C1839602
Amount of Each Receipt this Period 250.00

B. Gary Porter
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 128
City Ardmore State OK Zip Code 73402
FEC ID number of contributing federal political committee. **C**
Name of Employer Premier Health Care, LLC Occupation Owner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 10 / 11 / 2012
Transaction ID : C1845852
Amount of Each Receipt this Period 5000.00

C. Martin Porter
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 128
City Ardmore State OK Zip Code 73402-0128
FEC ID number of contributing federal political committee. **C**
Name of Employer Premier Health Care, LLC Occupation COO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 10 / 11 / 2012
Transaction ID : C1845851
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional).....▶ 10250.00
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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Christopher Puri		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : C1849948
Mailing Address 1600 Division St Ste 700		Amount of Each Receipt this Period 250.00
City Nashville	State TN	Zip Code 37203-2771
FEC ID number of contributing federal political committee. C		
Name of Employer Bradley Arant Boult Cummings LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Sharon C Purvis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : C1854528
Mailing Address 7805 Sycamore Drive		Amount of Each Receipt this Period 23.81
City Falls Church	State VA	Zip Code 22042
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Senior Director, Vendor Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 357.15	* Payroll Deduction: \$23.81 Bi-Weekly

Full Name (Last, First, Middle Initial) C. Sally Rapp		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012 Transaction ID : C1844745
Mailing Address 3308 Ocean Bld # 280		Amount of Each Receipt this Period 1250.00
City Corona Del Mar	State CA	Zip Code 92625
FEC ID number of contributing federal political committee. C		
Name of Employer SR Management Svcs. Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1523.81
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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 529 Pear Orchard

City State Zip Code
Ridgeland MS 39157

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

Name of Employer Occupation
Briar Hill Management Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 08 / 2012
Transaction ID : C1840892

Amount of Each Receipt this Period
1000.00

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

Mailing Address 451 Truman Rd

City State Zip Code
Franklin TN 37064-8322

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

Name of Employer Occupation
Tennessee Health Care Association State Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt
10 / 07 / 2012
Transaction ID : C1838449

Amount of Each Receipt this Period
250.00

C. Maryanne Sapio
Full Name (Last, First, Middle Initial)

Mailing Address 1324 South Kenmore Circle

City State Zip Code
Arlington VA 22204

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt
10 / 17 / 2012
Transaction ID : C1854530

Amount of Each Receipt this Period
38.47

* Payroll Deduction: \$38.47 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1288.47
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 33
	<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

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

A. Jennifer S 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 ▼
692.46

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : C1854532

Amount of Each Receipt this Period
38.47

* Payroll Deduction: \$38.47 Bi-Weekly

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

Mailing Address 2405 I St NW

City State Zip Code
Washington DC 20037-2206

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

Name of Employer Occupation
American Health Care Association Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : C1854533

Amount of Each Receipt this Period
19.24

* Payroll Deduction: \$19.24 Bi-Weekly

C. Brandon Tappan
Full Name (Last, First, Middle Initial)

Mailing Address 10037 Pinecrest

City State Zip Code
Providence Village TX 76227

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

Name of Employer Occupation
Senior Care Centers Regional 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
10 / 03 / 2012

Transaction ID : C1833217

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	307.71
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 22 OF 33
	<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

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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 ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : C1845136

Amount of Each Receipt this Period
 1250.00

B. Paula Warren
Full Name (Last, First, Middle Initial)

Mailing Address 3301 Alabama Ave

City Alexandria State VA Zip Code 22305

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

Name of Employer American Health Care Association Occupation CIO

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
 10 / 17 / 2012
Transaction ID : C1849962

Amount of Each Receipt this Period
 250.00

C. Brett Waters
Full Name (Last, First, Middle Initial)

Mailing Address 2416 Mesa St.

City Idaho Falls State ID Zip Code 83401

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

Name of Employer New Beginnings Community Living Home Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : C1849961

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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert Wehner
Full Name (Last, First, Middle Initial)

Mailing Address 5155 North High Street

City Columbus State OH Zip Code 43214

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

Name of Employer Wesley Glen Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : C1852258

Amount of Each Receipt this Period **137.75**

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

Mailing Address 922 McDonough Rd

City Jackson State GA Zip Code 30233

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 ▼ **1100.00**

Date of Receipt **10 / 03 / 2012**

Transaction ID : C1833215

Amount of Each Receipt this Period **367.00**

C. Nile Whitney
Full Name (Last, First, Middle Initial)

Mailing Address 4700 Village Green Drive

City El Dorado Hills State CA Zip Code 95762

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

Name of Employer Medline Industries Occupation Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : C1852170

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **529.75**

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

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

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

FOR LINE NUMBER: PAGE 24 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mark Woolpert

Mailing Address 200 S 13th St
 Ste 205

City Grover Beach State CA Zip Code 93433-2263

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

Name of Employer Compass Health Care Occupation President/ CEO

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
 10 / 17 / 2012

Transaction ID : C1852228

Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
B. Margaretta Yarwood

Mailing Address 2637 Marcey Rd

City Arlington State VA Zip Code 22207-5231

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

Name of Employer United Airlines Occupation Flight Attendant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4785.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : C1845121

Amount of Each Receipt this Period
 4785.00

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

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).....▶	9785.00
TOTAL This Period (last page this line number only).....▶	67707.36

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

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

FOR LINE NUMBER: PAGE 25 OF 33
(check only one)

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

Full Name (Last, First, Middle Initial)
A. GHC Ancillary Corporation Political Action Committee

Mailing Address 101 E State St

City Kennett Square State PA Zip Code 19348-3109

FEC ID number of contributing federal political committee. **C** C00292094

Name of Employer Occupation

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
 10 / 10 / 2012

Transaction ID : C1845133

Amount of Each Receipt this Period
2500.00

Unsolicited Contribution

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

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

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

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).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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 33
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. 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 ▼
 15973.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2012
Transaction ID : C1854534
 Amount of Each Receipt this Period
 530.12
 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 ▼
 15973.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2012
Transaction ID : C1854535
 Amount of Each Receipt this Period
 548.29
 Refund of Credit Card Processing 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 Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1078.41
TOTAL This Period (last page this line number only).....▶	1078.41

**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

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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
10 / 01 / 2012

Transaction ID : D138502

Amount of Each Disbursement this Period

11.20

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
10 / 05 / 2012

Transaction ID : D138503

Amount of Each Disbursement this Period

3.20

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : D138504

Amount of Each Disbursement this Period

88.00

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

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

102.40

**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

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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
10 / 11 / 2012

Transaction ID : D138505

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
10 / 15 / 2012

Transaction ID : D138506

Amount of Each Disbursement this Period

360.00

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
10 / 15 / 2012

Transaction ID : D138507

Amount of Each Disbursement this Period

150.83

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

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

518.83

**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

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

Full Name (Last, First, Middle Initial)

A. BB&T Merchant Services

Mailing Address PO Box 200

City State Zip Code
Wilson NC 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

M M / D D / Y Y Y Y Y Y
10 / 15 / 2012

Transaction ID : D138563

Amount of Each Disbursement this Period

54.40

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 / 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 / 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)..... ▶

54.40

675.63

**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

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

Full Name (Last, First, Middle Initial)

A. 21ST CENTURY MAJORITY FUND

Mailing Address 6065 Roswell Road #2274
BOX 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : D137346

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COLORADO COMMON SENSE PAC

Mailing Address PO Box 1978

City Denver State CO Zip Code 80201-1978

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : D136945

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 Avenue I

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement
Contribution

Candidate Name

Rep. Adrian Smith

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : D136946

Amount of Each Disbursement this Period

1000.00

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

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

Full Name (Last, First, Middle Initial)

A. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Contribution

Candidate Name
Rep. Allyson Y. Schwartz

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

State: PA District: 13

Date of Disbursement

/ /
10 / 01 / 2012

Transaction ID : D136947

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
Reissue of 9/13/12 Contribution

Candidate Name
Rep. Charles Boustany Jr.

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

State: LA District: 07

Date of Disbursement

/ /
10 / 11 / 2012

Transaction ID : D137185

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
Void of 9/13/2012 Contribution

Candidate Name
Rep. Charles Boustany Jr.

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

State: LA District: 07

Date of Disbursement

/ /
10 / 05 / 2012

Transaction ID : D137204

Amount of Each Disbursement this Period

-5000.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738
2nd Floor

City State Zip Code
SACRAMENTO CA 95812

Purpose of Disbursement
Contribution

Candidate Name

Rep. Doris Matsui

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : D136944

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address 330 Main Street

City State Zip Code
Hartford CT 06106

Purpose of Disbursement
Contribution

Candidate Name

Rep. John B. Larson

Office Sought: House
 Senate
 President
State: CT District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : D136943

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. COLE FOR CONGRESS

Mailing Address P.O. Box 722256

City State Zip Code
Norman OK 73070

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom Cole

Office Sought: House
 Senate
 President
State: OK District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2012

Transaction ID : D137349

Amount of Each Disbursement this Period

2500.00

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL NELSON FOR U S SENATE

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement Contribution

Candidate Name

Sen. Bill Nelson

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : D137448

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BOB CORKER FOR SENATE 2012

Mailing Address 1910 21ST AVENUE SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement Contribution

Candidate Name

Sen. Bob Corker

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : D137347

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. STRICKLAND FOR CONGRESS 2012

Mailing Address 603 E Alton Ave Ste H

City Santa Ana State CA Zip Code 92705-5646

Purpose of Disbursement Contribution

Candidate Name

Tony Strickland

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : D137348

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

26000.00