

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 01 2007 through 11 30 2007

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

Type or Print Name of Treasurer Robert Van Dyk

Signature of Treasurer Electronically Filed by Robert Van Dyk Date 12 20 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		140530.01
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	166299.38									
(c) Total Receipts (from Line 19)	53547.98	598497.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	219847.36	739027.17								
7. Total Disbursements (from Line 31)	97307.95	616487.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	122539.41	122539.41								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	49668.05	545275.36
(i) Itemized (use Schedule A)	3879.93	48721.80
(ii) Unitemized	53547.98	593997.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	1500.00
(c) Other Political Committees (such as PACs)	53547.98	595497.16
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	-1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	53547.98	598497.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53547.98	598497.16

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1807.95	8266.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1807.95	8266.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95500.00	608100.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	121.38
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	97307.95	616487.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	97307.95	616487.76

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	53547.98	595497.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53547.98	595497.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1807.95	8266.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	-1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1807.95	9266.38

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 47
	<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. Ira Alpert		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7	
Mailing Address 285 South St Ste J		Transaction ID: C364933	
City State Zip Code San Luis Obispo CA 93401-5037		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Wilshire Foundation Inc President			
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. Gary D Anderson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address 6618 McMakin Court		Transaction ID: C351953	
City State Zip Code Colleyville TX 76034-5752		Amount of Each Receipt this Period 330.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Preferred Care Management President/Management Company			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 930.00	

Full Name (Last, First, Middle Initial) C. Todd Aronson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 644 Goffle Road		Transaction ID: C352169	
City State Zip Code Hawthorne NJ 07506		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Van Dyk Park Place Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	755.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 47
	<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

Full Name (Last, First, Middle Initial) A. Don B. B Bedell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address PO Box 1210		Transaction ID: C364225
City State Zip Code Sikeston MO 63801-1210	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Health Facilities Mgmt Co.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Don C. C Bedell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 731 North Main Street PO Box 1210		Transaction ID: C364939
City State Zip Code Sikeston MO 63801	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Health Facilities Mgmt Co- rp	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Nancy Beecham		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 1827 Diesel Drive		Transaction ID: C352159
City State Zip Code El Cajon CA 92019-1153	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Retro Medical Billing Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 47
	<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. Lyn Bentley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1201 L Street NW		Transaction ID: C364212	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

Full Name (Last, First, Middle Initial) B. Orlando Jr Bisbano, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 135 Tripps Lane		Transaction ID: C352165	
City State Zip Code Riverside RI 02915-3017	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Orchard View Manor	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ken Bittman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 304 South Van Dien Avenue		Transaction ID: C352168	
City State Zip Code Ridgewood NJ 07450	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Van Dyk Health Care	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	420.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 47
	<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

Full Name (Last, First, Middle Initial) A. Timothy J Boyle		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 4412 Applewood Avenue		Transaction ID: C364228	
City State Zip Code Sioux City IA 51106-3602	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Care Center Mgmt Co	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Phyllis Byrnes		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address 700 Hanover Street		Transaction ID: C351950	
City State Zip Code Manchester NH 03104	Amount of Each Receipt this Period 505.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hanover Hill HCC	Occupation Nurse Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00		

Full Name (Last, First, Middle Initial) C. Ruth Channels		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address 303 High Drive		Transaction ID: C351946	
City State Zip Code Odessa MO 64076-1530	Amount of Each Receipt this Period 115.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Medicalodges Inc	Occupation A.L. Services Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00		

SUBTOTAL of Receipts This Page (optional) ▶	1870.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 47
	<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

Full Name (Last, First, Middle Initial) A. Julie Cheeka		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 3614 Connecticut Ave NW Apt 22		Transaction ID: C364213	
City Washington	State DC	Amount of Each Receipt this Period 11.54	
Zip Code 20008-2436			
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Senior Director of Constituency Affair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.38		

Full Name (Last, First, Middle Initial) B. Gail Clarkson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 1387 Club Drive		Transaction ID: C367303	
City Bloomfield Hills	State MI	Amount of Each Receipt this Period 1250.00	
Zip Code 48302-0823			
FEC ID number of contributing federal political committee. C			
Name of Employer The Medilodge Group	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Cliff Coldren		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 1950 Cliffside Drive		Transaction ID: C352508	
City State College	State PA	Amount of Each Receipt this Period 780.00	
Zip Code 16801-7662			
FEC ID number of contributing federal political committee. C			
Name of Employer Brookline	Occupation Developer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3680.00		

SUBTOTAL of Receipts This Page (optional) ▶	2041.54
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Heather Anne Cutler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 309 W Myrtle St		Transaction ID: C352502
City State Zip Code Alexandria VA 22301-2428	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation PAC Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.93	

Full Name (Last, First, Middle Initial) B. Heather Anne Cutler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 309 W Myrtle St		Transaction ID: C364224
City State Zip Code Alexandria VA 22301-2428	Amount of Each Receipt this Period 14.29	
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation PAC Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.93	

Full Name (Last, First, Middle Initial) C. Veronica Damesyn-Sharpe		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 102 Oakford Ave		Transaction ID: C353077
City State Zip Code Edgewater MD 21037-4913	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DCHCA Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	214.29
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 47
	<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. Full Name (Last, First, Middle Initial)
Jack Dwyer

Mailing Address 1422A Clarkview Road

City State Zip Code
Baltimore MD 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
M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: C366963

Amount of Each Receipt this Period
5000.00

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

Mailing Address 240 Capitol St Ste 500

City State Zip Code
Charleston WV 25301-2297

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

Name of Employer
AMFM, Inc.

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: C367309

Amount of Each Receipt this Period
2500.00

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

Mailing Address 240 Capitol St Ste 500

City State Zip Code
Charleston WV 25301-2297

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

Name of Employer
AMFM Inc

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: C367308

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 47
	<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. Susan Feeney		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 7005 Metropolitan PI		Transaction ID: C364214	
City Falls Church State VA Zip Code 22043-2330	Amount of Each Receipt this Period 21.43		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 214.30	

Full Name (Last, First, Middle Initial) B. Frances Foy		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 4900 Telegraph Road		Transaction ID: C352161	
City Ventura State CA Zip Code 93003	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DSI Corporation - The Venturian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James Gomez		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 2201 K Street		Transaction ID: C364938	
City Sacramento State CA Zip Code 95816-4922	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CA Association of Health Facilities Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	821.43
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial) Howard Groff		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 9031 Penn Ave S		Transaction ID: C352513	
City Bloomington	State MN	Zip Code 55431-2225	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tealwood Care Centers Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

B. Full Name (Last, First, Middle Initial) Steve Hatlestad		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 18705 West 153rd Terrace		Transaction ID: C352506	
City Olathe	State KS	Zip Code 66062-3189	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Americare Systemsm Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Mary Haynes		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address 2000 Newburg		Transaction ID: C351955	
City Louisville	State KY	Zip Code 40205	Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nazareth Home	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional) ▶	2025.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. David Hebert		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 7605 Ridgecrest Drive		Transaction ID: C352505
City State Zip Code Alexandria VA 22308-1049	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA Occupation Senior Vice President of Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.43	

Full Name (Last, First, Middle Initial) B. David Hebert		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 7605 Ridgecrest Drive		Transaction ID: C364216
City State Zip Code Alexandria VA 22308-1049	Amount of Each Receipt this Period 43.65	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA Occupation Senior Vice President of Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.43	

Full Name (Last, First, Middle Initial) C. Paul Hubbard		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address 16540 North Woodson Drive		Transaction ID: C367304
City State Zip Code Ramona CA 92065-6832	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Plum Healthcare Group LLC Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1393.65
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 47
	<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. Cheryl Killian		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 3801 Woodside Dr		Transaction ID: C367307	
City State Zip Code Arlington TX 76016-3030	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Legacy Care Centers Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. Mary Jo Kurtz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 304 South Van Dien Avenue		Transaction ID: C352170	
City State Zip Code Ridgewood NJ 07450	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Van Dyk Health Care	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. David Kylo		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: C364219	
City State Zip Code Arlington VA 22206	Amount of Each Receipt this Period 39.56		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Director, Assisted Living		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 909.88		

SUBTOTAL of Receipts This Page (optional) ▶	364.56
TOTAL This Period (last page this line number only) ▶	

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

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

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

A. Full Name (Last, First, Middle Initial)
Edward LaMonde

Mailing Address 38 Echo Ridge Drive

City State Zip Code
Vernon CT 06066-5909

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

Name of Employer Health Haven Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: C352150

Amount of Each Receipt this Period
300.00

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

Mailing Address 4 Aaa Drive Suite 203

City State Zip Code
Hamilton NJ 08691-1813

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

Name of Employer Health Care Association of New Jersey 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
1 1 / 0 1 / 2 0 0 7

Transaction ID: C351922

Amount of Each Receipt this Period
500.00

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

Mailing Address 1304 Laurel Oak Rd

City State Zip Code
Voorhees NJ 08043-4310

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

Name of Employer Burnt Tavern Rehabilitation HealthCare Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: C352814

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)	▶	925.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 47
	<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

Full Name (Last, First, Middle Initial) A. Cindy Luxem		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 1177 SW 6th Avenue Suite 200		Transaction ID: C352156
City State Zip Code Topeka KS 66606	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kansas Health Care Association	Occupation State Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Cindy Luxem		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 1177 SW 6th Avenue Suite 200		Transaction ID: C352173
City State Zip Code Topeka KS 66606	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kansas Health Care Association	Occupation State Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. John Masternick		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 101 W Liberty St		Transaction ID: C366967
City State Zip Code Girard OH 44420-2844	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Attorney AT LAW	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	425.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 47
	<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. Full Name (Last, First, Middle Initial) Mark McKenzie Mailing Address 930 Ridgebrook Road City Sparks Glencoe State MD Zip Code 21152 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7 Transaction ID: C351956 Amount of Each Receipt this Period 1450.00
Name of Employer Fundamental Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

B. Full Name (Last, First, Middle Initial) Rick Mendlen Mailing Address 1810 Gillespie Way Suite 212 City El Cajon State CA Zip Code 92020-0921 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: C367306 Amount of Each Receipt this Period 500.00
Name of Employer Kennon Shea & Assoc. Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Arlene Miles Mailing Address 6061 South Brook Valley City Centennial State CO Zip Code 80121-3103 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: C364941 Amount of Each Receipt this Period 400.00
Name of Employer Colorado Health Care Association Occupation State Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 47
	<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. Michaela Miller		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 20023 SW Corrine Street		Transaction ID: C364936	
City State Zip Code Beaverton OR 97007-8637		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Avamere Health Services Shareholder			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Rick Miller		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 25117 SW Parkway Avenue Suite F		Transaction ID: C364937	
City State Zip Code Wilsonville OR 97070-9697		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Avamere Health Services, NC President & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. V. Richard Miller		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 3594 East US Highway 30		Transaction ID: C364935	
City State Zip Code Warsaw IN 46580-6720		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MMM Invest Inc CEO/CFO			
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) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 47
	<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. Full Name (Last, First, Middle Initial)
Cynthia Klisz Morton

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer AHCA Occupation Sr. Director of Cong. Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
11 / 05 / 2007

Transaction ID: C352498

Amount of Each Receipt this Period
100.00

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

Mailing Address 308 Centennial Boulevard

City Edmond State OK Zip Code 73013

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

Name of Employer Grace Living Centers Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
11 / 01 / 2007

Transaction ID: C351951

Amount of Each Receipt this Period
400.00

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

Mailing Address 4005 Nellie Custis Dr

City Arlington State VA Zip Code 22207-5107

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
11 / 09 / 2007

Transaction ID: C364217

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶ 520.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 47
	<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

Full Name (Last, First, Middle Initial) A. Lassie Pappas		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address 6937 Warfield Avenue		Transaction ID: C351952	
City State Zip Code Sykesville MD 21784	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nexion Health, Inc.	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Charles Perry		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 4550 West Oakey Boulevard Suite 99B		Transaction ID: C364229	
City State Zip Code Las Vegas NV 89102-1599	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nevada Health Care Assn.	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Scott Pilgrim		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 129 West 1st Street Apartment B		Transaction ID: C353075	
City State Zip Code Edmond OK 73003-5509	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Diakonos Group	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

SUBTOTAL of Receipts This Page (optional) ▶	1925.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 47
	<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

Full Name (Last, First, Middle Initial) A. Tom Pollock		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 9899 Avocet Street, NW		Transaction ID: C367354
City State Zip Code Coon Rapids MN 55433-6413	Amount of Each Receipt this Period -900.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Park River Estates Care Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) B. Neil Pruitt, Sr.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address PO Box 1210		Transaction ID: C364227
City State Zip Code Toccoa GA 30577-1421	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pruitt Corp.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Daniel Rader		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7
Mailing Address 1503 South Main Street		Transaction ID: C351957
City State Zip Code Phillipsburg NJ 08865	Amount of Each Receipt this Period 1105.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Care Perspectives, Inc.	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.00	

SUBTOTAL of Receipts This Page (optional) ▶	1455.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 3308 Ocean Boulevard

City State Zip Code
Corona Del Mar CA 92625-3256

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

Name of Employer Occupation
Fountain View General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

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

Transaction ID: C352509

Amount of Each Receipt this Period
210.00

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

Mailing Address 10503 Citation Drive

City State Zip Code
Brighton MI 48116

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

Name of Employer Occupation
Nexcare Health Systems, LLC Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: C364232

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Mark Emerson Reagan

Mailing Address 1508 Landmark Dr

City State Zip Code
Vallejo CA 94591-3845

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

Name of Employer Occupation
Information Requested 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
1 1 / 0 5 / 2 0 0 7

Transaction ID: C353385

Amount of Each Receipt this Period
64.00

SUBTOTAL of Receipts This Page (optional)	▶	1524.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 47
	<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. Frank Romano		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 57 Summer Street		Transaction ID: C364231	
City State Zip Code Rowley MA 01969-1835	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Essex Group CEO	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Leonard Russ		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 40 Keogh Lane		Transaction ID: C352174	
City State Zip Code New Rochelle NY 10805-1308	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Bayberry Nursing Home Administrator	Aggregate Year-to-Date ▼ 2100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Shelley Sabo		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 6360 Tisbury Dr PAYROLL DEDUCTION		Transaction ID: C364220	
City State Zip Code Burke VA 22015-4061	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation NCAL Director Assisted Living	Aggregate Year-to-Date ▼ 230.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1360.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 47
	<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

Full Name (Last, First, Middle Initial) A. Alfred Santos		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
Mailing Address 57 Kilvert Street Suite 200		Transaction ID: C352162
City Warwick	State RI	Zip Code 02886-1054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rhode Island Healthcare Assn	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Alfred Santos		Date of Receipt MM / DD / YYYY 11 / 20 / 2007
Mailing Address 57 Kilvert Street Suite 200		Transaction ID: C364940
City Warwick	State RI	Zip Code 02886-1054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rhode Island Healthcare Assn	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Maryanne Sapio		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 1324 South Kenmore Circle		Transaction ID: C364221
City Arlington	State VA	Zip Code 22204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.79
Name of Employer AHCA	Occupation Director, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.85	

SUBTOTAL of Receipts This Page (optional)	▶	365.79
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 47						
	(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

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

A. Full Name (Last, First, Middle Initial) Dion Sena		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1301 NE 104th Street		Transaction ID: C352154	
City State Zip Code Miami Shores FL 33138-2661	Amount of Each Receipt this Period 850.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alachua Health Consultants Inc.	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00		

B. Full Name (Last, First, Middle Initial) John Kennon Shea		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 1810 Gillespie Way Suite 212		Transaction ID: C364442	
City State Zip Code El Cajon CA 92020-0921	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kennon S. Shea and Associates	Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

C. Full Name (Last, First, Middle Initial) Michael Shepard		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address 6810 South Hazel Street		Transaction ID: C351945	
City State Zip Code Pine Bluff AR 71603-7828	Amount of Each Receipt this Period 420.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Garden Point - Davis Life Care	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 47
	<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

Full Name (Last, First, Middle Initial) A. Michael Shepard		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 7	
Mailing Address 6810 South Hazel Street		Transaction ID: C352614	
City State Zip Code Pine Bluff AR 71603-7828		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Garden Point - Davis Life Care		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1440.00	

Full Name (Last, First, Middle Initial) B. Jennifer Shimer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 9507 Shelly Krasnow Ln		Transaction ID: C364218	
City State Zip Code Fairfax VA 22031-4720		Amount of Each Receipt this Period 11.54	
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.38	

Full Name (Last, First, Middle Initial) C. Matthew D. Smyth		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1201 L Street NW		Transaction ID: C364222	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 31.25	
FEC ID number of contributing federal political committee. C			
Name of Employer American Health Care Association		Occupation Director of Grassroots	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 435.00	

SUBTOTAL of Receipts This Page (optional) ▶	62.79
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 47
	<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

Full Name (Last, First, Middle Initial) A. Andrea Solazzo		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
Mailing Address 42 North Mountain Avenue		Transaction ID: C352171
City State Zip Code Montclair NJ 07042	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Van Dyk Healthcare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dean Solden		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
Mailing Address 12005 Scio Church Road		Transaction ID: C351925
City State Zip Code Chelsea MI 48118-9612	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00
Name of Employer Solden Development Company LLC	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

Full Name (Last, First, Middle Initial) C. Dean Solden		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
Mailing Address 12005 Scio Church Road		Transaction ID: C351958
City State Zip Code Chelsea MI 48118-9612	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00
Name of Employer Solden Development Company LLC	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

SUBTOTAL of Receipts This Page (optional)	▶	735.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 47
	<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

Full Name (Last, First, Middle Initial) A. Dixie Taylor-Huff		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 932 East Baddour Parkway		Transaction ID: C364226	
City State Zip Code Lebanon TN 37087-3707	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Quality Care Health Center	Occupation Administrator/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Nicholas Thisse		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7	
Mailing Address 80 Access Rd		Transaction ID: C352612	
City State Zip Code Norwood MA 02062-5237	Amount of Each Receipt this Period 450.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rehab Associates	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1530.00		

Full Name (Last, First, Middle Initial) C. Nicholas Thisse		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 80 Access Rd		Transaction ID: C353076	
City State Zip Code Norwood MA 02062-5237	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rehab Associates	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1530.00		

SUBTOTAL of Receipts This Page (optional) ▶	1780.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Pamela Tokarczvk

Mailing Address 197 Cahill Cross Road

City State Zip Code
West Milford NJ 07480

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

Name of Employer Occupation
Van Dyk Health Care Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: C352172

Amount of Each Receipt this Period
300.00

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

Mailing Address 513 East Whitaker Mill Road

City State Zip Code
Raleigh NC 27608-2633

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

Name of Employer Occupation
Mayview Conv Home Inc Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

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

Transaction ID: C351927

Amount of Each Receipt this Period
150.00

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

Mailing Address 1100 Shawnee Road

City State Zip Code
Lima OH 45805-3583

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

Name of Employer Occupation
HCF, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C364934

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 47
	<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. Robert VandeMerwe		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7
Mailing Address 802 West Bannock Suite 304		Transaction ID: C351928
City State Zip Code Boise ID 83702	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Idaho Health Care Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Robert VandeMerwe		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address 802 West Bannock Suite 304		Transaction ID: C367305
City State Zip Code Boise ID 83702	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Idaho Health Care Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Solanges Vivens		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7
Mailing Address 4201 Connecticut Avenue, NW		Transaction ID: C351926
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer VMT Long Term Care Management Inc.	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	475.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 47
	<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. Yrene Waldron		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7
Mailing Address 726 Loveville Road Suite 3000		Transaction ID: C351923
City State Zip Code Hockessin DE 19707-1536	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Delaware Health Care Facilities Assn Occupation Executive Director	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Yrene Waldron		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 726 Loveville Road Suite 3000		Transaction ID: C352812
City State Zip Code Hockessin DE 19707-1536	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Delaware Health Care Facilities Assn Occupation Executive Director	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Yrene Waldron		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 7
Mailing Address 726 Loveville Road Suite 3000		Transaction ID: C352611
City State Zip Code Hockessin DE 19707-1536	Amount of Each Receipt this Period 180.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Delaware Health Care Facilities Assn Occupation Executive Director	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 47
	<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. Full Name (Last, First, Middle Initial)
Marilyn K. Weber

Mailing Address PO Box 386

City Wellington State OH Zip Code 44090-0386

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

Name of Employer Weber Health Care Center, Inc. Occupation Superintendent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: C364230

Amount of Each Receipt this Period
500.00

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

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 NuVision Management Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: C366966

Amount of Each Receipt this Period
500.00

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

Mailing Address 725 Harvard Drive

City Owensboro State KY Zip Code 42301-6185

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

Name of Employer Wells Healthi Systems Occupation President & Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1490.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: C351949

Amount of Each Receipt this Period
1490.00

SUBTOTAL of Receipts This Page (optional)	▶	2490.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jean Wells		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7
Mailing Address 725 Harvard Drive		Transaction ID: C351944
City State Zip Code Owensboro KY 42301-6185	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wells Health Systems	Occupation Owner, Legislative Chair	
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. Michael Wylie		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 101 East State Street		Transaction ID: C352151
City State Zip Code Kennett Square PA 19348-3109	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Genesis Eldercare Network	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	49668.05

**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)

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<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

A. BB & T CREDIT CARD Full Name (Last, First, Middle Initial) Mailing Address 2200 Wilson Blvd Ste 200 City Arlington State VA Zip Code 22201-3324 Purpose of Disbursement CC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D56609 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 1733.63
---	--	---

B. BB & T Full Name (Last, First, Middle Initial) Mailing Address PO Box 819 Operations Center City Wilson State NC Zip Code 27894-0819 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D56608 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 74.32
--	--	---

SUBTOTAL of Disbursements This Page (optional) ►

1807.95

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

1807.95

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bob Schaffer for U.S. Senate		Transaction ID: D55740 Date of Disbursement 11 / 15 / 2007
Mailing Address PO Box 102135		Amount of Each Disbursement this Period 1000.00
City Denver	State CO Zip Code 80250-2135	
Purpose of Disbursement Contribution to Federal Committee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Brown-Waite for Congress		Transaction ID: D54694 Date of Disbursement 11 / 12 / 2007
Mailing Address 6135 Deltona Blvd		Amount of Each Disbursement this Period 3000.00
City Spring Hill	State FL Zip Code 34606-1000	
Purpose of Disbursement Contributions to Federal Committees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Freedom Fund		Transaction ID: D54697 Date of Disbursement 11 / 12 / 2007
Mailing Address 128 N Columbus St		Amount of Each Disbursement this Period 1500.00
City Alexandria	State VA Zip Code 22314-3038	
Purpose of Disbursement Contributions to Federal Committees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Hillary Clinton for President		Transaction ID: D54678 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address PO BOX 77593		Amount of Each Disbursement this Period 1500.00
City WASHINGTON State DC Zip Code 20013	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Hillary C For, President		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Joe Courtney for Congress		Transaction ID: D54653 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7
Mailing Address 713-717 Main St.		Amount of Each Disbursement this Period 1000.00
City Willimantic State CT Zip Code 06226	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Mike Pence for Congress		Transaction ID: D54676 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 802 S Anderson St		Amount of Each Disbursement this Period 250.00
City Elwood State IN Zip Code 46036-2328	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. HARRY MITCHELL FOR CONGRESS		Transaction ID: D54672 Date of Disbursement 11 / 07 / 2007
Mailing Address PO Box 23748		Amount of Each Disbursement this Period 5000.00
City Tempe	State AZ	
Zip Code 85285		
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Harry E Mitchell		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 5		

Full Name (Last, First, Middle Initial) B. HARRY MITCHELL FOR CONGRESS		Transaction ID: D54673 Date of Disbursement 11 / 07 / 2007
Mailing Address PO Box 23748		Amount of Each Disbursement this Period 5000.00
City Tempe	State AZ	
Zip Code 85285		
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Harry E Mitchell		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 5		

Full Name (Last, First, Middle Initial) C. CITIZENS FOR ALTMIRE		Transaction ID: D54664 Date of Disbursement 11 / 07 / 2007
Mailing Address 499 S Capitol St SW Ste 404		Amount of Each Disbursement this Period 3000.00
City Washington	State DC	
Zip Code 20003-4004		
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Jason Altmire		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 4		

SUBTOTAL of Disbursements This Page (optional) ▶	13000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CITIZENS FOR ALTMIRE		Transaction ID: D54665 Date of Disbursement
Mailing Address 499 S Capitol St SW Ste 404		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20003-4004
Purpose of Disbursement Contributions to Federal Candidates		Amount of Each Disbursement this Period
Candidate Name Rep. Jason Altmire		<input type="text" value="5000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 4	

Full Name (Last, First, Middle Initial) B. JIM GERLACH FOR CONGRESS COMMITTEE		Transaction ID: D54701 Date of Disbursement
Mailing Address 911 Welsh Ayres Way		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Downingtown	State PA	Zip Code 19335-1689
Purpose of Disbursement Contributions to Federal Committees		Amount of Each Disbursement this Period
Candidate Name Rep. Jim Gerlach		<input type="text" value="2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 6	

Full Name (Last, First, Middle Initial) C. JOE DONNELLY FOR CONGRESS		Transaction ID: D54632 Date of Disbursement
Mailing Address P.O. Box 1961		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City South Bend	State IN	Zip Code 46634
Purpose of Disbursement Contributions to Federal Contributions		Amount of Each Disbursement this Period
Candidate Name Rep. Joe Donnelly		<input type="text" value="250.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 2	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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. TIERNEY FOR CONGRESS		Transaction ID: D54630 Date of Disbursement 11 / 06 / 2007
Mailing Address PO Box 8013		Amount of Each Disbursement this Period 1000.00
City SALEM	State MA	
Zip Code 01971-8013		
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. John F Tierney		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 6		

Full Name (Last, First, Middle Initial) B. JOHN HALL FOR CONGRESS		Transaction ID: D54629 Date of Disbursement 11 / 06 / 2007
Mailing Address PO Box 274		Amount of Each Disbursement this Period 1000.00
City Hopewell Junction	State NY	
Zip Code 12533-0274		
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. John Hall		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 19		

Full Name (Last, First, Middle Initial) C. JOHN SALAZAR FOR CONGRESS		Transaction ID: D54631 Date of Disbursement 11 / 06 / 2007
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 1000.00
City Pueblo	State CO	
Zip Code 81002		
Purpose of Disbursement Contributions to Federal Contributions		
Candidate Name Rep. John T Salazar		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 3		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. GILLIBRAND FOR CONGRESS		Transaction ID: D54670 Date of Disbursement 11 / 07 / 2007
Mailing Address P.O. Box 1279		Amount of Each Disbursement this Period 5000.00
City Hudson	State NY Zip Code 12534	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Kirsten Gillibrand		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 20		

Full Name (Last, First, Middle Initial) B. GILLIBRAND FOR CONGRESS		Transaction ID: D54671 Date of Disbursement 11 / 07 / 2007
Mailing Address P.O. Box 1279		Amount of Each Disbursement this Period 5000.00
City Hudson	State NY Zip Code 12534	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Kirsten Gillibrand		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 20		

Full Name (Last, First, Middle Initial) C. MIKE THOMPSON FOR CONGRESS		Transaction ID: D54677 Date of Disbursement 11 / 07 / 2007
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 5000.00
City Sacramento	State CA Zip Code 95841	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Mike Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF ROSA DELAURO		Transaction ID: D54696 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 49 HUNTINGTON STREET		Amount of Each Disbursement this Period 1000.00
City NEW HAVEN State CT Zip Code 06511	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Rosa Delauro		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SHELLEY MOORE CAPITO FOR CONGRESS		Transaction ID: D54695 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 11519		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25339	Category/ Type	
Purpose of Disbursement Contributions to Federal Committees		
Candidate Name Rep. Shelley M Capito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. KAGEN 4 CONGRESS		Transaction ID: D54659 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 100 W. College Ave.		Amount of Each Disbursement this Period 4500.00
City Appleton State WI Zip Code 54911	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Steve Kagen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

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(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. KAGEN 4 CONGRESS		Transaction ID: D54660 Date of Disbursement 11 / 07 / 2007
Mailing Address 100 W. College Ave.		Amount of Each Disbursement this Period 5000.00
City Appleton State WI Zip Code 54911	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Steve Kagen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 8	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. TIM WALZ FOR US CONGRESS		Transaction ID: D54674 Date of Disbursement 11 / 07 / 2007
Mailing Address PO BOX 938		Amount of Each Disbursement this Period 5000.00
City MANKATO State MN Zip Code 56002	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Tim Walz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TIM WALZ FOR US CONGRESS		Transaction ID: D54675 Date of Disbursement 11 / 07 / 2007
Mailing Address PO BOX 938		Amount of Each Disbursement this Period 5000.00
City MANKATO State MN Zip Code 56002	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Tim Walz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. TIM MAHONEY FOR FLORIDA		Transaction ID: D54667 Date of Disbursement 11 / 07 / 2007	
Mailing Address 1128-408 ROYAL PALM BEACH BLVD		Amount of Each Disbursement this Period 5000.00	
City ROYAL PALM BEACH	State FL	Zip Code 33411	Category/ Type
Purpose of Disbursement Contributions to Federal Candidates			
Candidate Name Rep. Timothy Mahoney			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL	District: 16		

Full Name (Last, First, Middle Initial) B. TIM MAHONEY FOR FLORIDA		Transaction ID: D54669 Date of Disbursement 11 / 07 / 2007	
Mailing Address 1128-408 ROYAL PALM BEACH BLVD		Amount of Each Disbursement this Period 5000.00	
City ROYAL PALM BEACH	State FL	Zip Code 33411	Category/ Type
Purpose of Disbursement Contributions to Federal Candidates			
Candidate Name Rep. Timothy Mahoney			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL	District: 16		

Full Name (Last, First, Middle Initial) C. ZACK SPACE FOR CONGRESS COMMITTEE		Transaction ID: D54662 Date of Disbursement 11 / 07 / 2007	
Mailing Address 714 N WOOSTER AVENUE		Amount of Each Disbursement this Period 3000.00	
City DOVER	State OH	Zip Code 44622	Category/ Type
Purpose of Disbursement Contributions to Federal Candidates			
Candidate Name Rep. Zack Space			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 18		

SUBTOTAL of Disbursements This Page (optional)	▶	13000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ZACK SPACE FOR CONGRESS COMMITTEE		Transaction ID: D54663 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 714 N WOOSTER AVENUE		Amount of Each Disbursement this Period 5000.00
City DOVER State OH Zip Code 44622	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name Rep. Zack Space		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rodriguez for Congress		Transaction ID: D54698 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 363 W. Harding		Amount of Each Disbursement this Period 1000.00
City San Antonio State TX Zip Code 78214	Category/ Type	
Purpose of Disbursement Contributions to Federal Candidates		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Schock for Congress		Transaction ID: D54699 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 1155 21st Street NW Ste 330		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	Category/ Type	
Purpose of Disbursement Contributions to Federal Committees		
Candidate Name Aaron Schock		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. MARK PRYOR FOR US SENATE		Transaction ID: D54628 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7
Mailing Address 227 Massachusetts Ave NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002-4963	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Mark Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 0	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) B. SENATE MAJORITY FUND		Transaction ID: D54693 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 32025		Amount of Each Disbursement this Period 1500.00
City Phoenix State AZ Zip Code 85064	Purpose of Disbursement Contributions to Federal Committees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) C. VINE PAC		Transaction ID: D54682 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 227 Massachusetts Ave. NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contributions to Federal Committees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Category/Type		
Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	95500.00