



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		355025.32
(b) Cash on Hand at Beginning of Reporting Period.....	294886.53	
(c) Total Receipts (from Line 19) .....	51418.53	844878.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	346305.06	1199904.23
7. Total Disbursements (from Line 31).....	119272.41	972871.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	227032.65	227032.65
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Health Care Association Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40321.58	742601.88
(ii) Unitemized .....	5046.50	38882.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45368.08	781484.20
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	45368.08	801484.20
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).....	1050.45	14894.71
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	26500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	51418.53	844878.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	51418.53	844878.91

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1078.41	15989.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1078.41	15989.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	117194.00	932989.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	17893.14
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	17893.14
29. Other Disbursements .....	1000.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	119272.41	972871.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	119272.41	972871.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	45368.08	801484.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	17893.14
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45368.08	783591.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1078.41	15989.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1050.45	14894.71
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	27.96	1094.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Scott James Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 209 West Osborne Ave

City Tampa State FL Zip Code 33603

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

Name of Employer Healthcare Navigator Occupation Vice President, Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **364.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : C1831321**

Amount of Each Receipt this Period  
**45.50**

**B. Stacie Aman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5124 27th Rd N

City Arlington State VA Zip Code 22207-1723

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.93**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : C1849357**

Amount of Each Receipt this Period  
**38.47**

\* Payroll Deduction: \$38.47 Biweekly

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

Mailing Address 5013 Centennial Oak Circle

City Tallahassee State FL Zip Code 32308

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

Name of Employer Asztalos & Associates Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **512.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : C1841611**

Amount of Each Receipt this Period  
**129.25**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>213.22</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Cecil Barcelo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 411 Alabama Ave  
City League City State TX Zip Code 77573-2615  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baywind Village Occupation Administrator  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **825.00**

Date of Receipt **09 / 24 / 2012**  
**Transaction ID : C1849294**  
Amount of Each Receipt this Period **275.00**

**B. Brent Barraclough**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1927  
City Sisters State OR Zip Code 97759  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JDL Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 26 / 2012**  
**Transaction ID : C1830995**  
Amount of Each Receipt this Period **250.00**

**C. Michael Beal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Glenwood Road  
City Windham State NH Zip Code 03087  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Occupation Senior Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt **09 / 07 / 2012**  
**Transaction ID : C1819910**  
Amount of Each Receipt this Period **125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 8 OF 48  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 14 Northtown Dr  
 Ste 202

City Jackson State MS Zip Code 39211-3018

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

Name of Employer Delco Inc. Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 825.00

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : C1841716**

Amount of Each Receipt this Period  
 275.00

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

Mailing Address 2212 Hidden Valley Ln

City Silver Spring State MD Zip Code 20904-5240

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

Name of Employer American Health Care Association Occupation Senior Director, Regulatory Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : C1849359**

Amount of Each Receipt this Period  
 20.00

\* Payroll Deduction: \$20.00 Biweekly

Full Name (Last, First, Middle Initial)  
**C. Heath Boddy**

Mailing Address 15717 East Aspen Road

City Adams State NE Zip Code 68301

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

Name of Employer Nebraska Health Care Association Occupation Association Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 09 / 14 / 2012  
**Transaction ID : C1825995**

Amount of Each Receipt this Period  
 125.00

**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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

**A. Christopher R. Bryson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 Jeurgens Court  
 City Norcross State GA Zip Code 30096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHS-Pruitt Corporation, Inc. Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : C1825925**  
 Amount of Each Receipt this Period  
 100.00

**B. Veronica Damesyn Sharpe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Oakford Avenue  
 City Edgewater State MD Zip Code 21037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Verandas Management Inc Occupation Association Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2012  
**Transaction ID : C1828343**  
 Amount of Each Receipt this Period  
 500.00

**C. Rick DeStefane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9200 Watson Road Suite 201  
 City Saint Louis State MO Zip Code 63126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reliant Care Group, Inc. Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012  
**Transaction ID : C1841605**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Jonathan P Dolan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9206 State Route 6  
 City Lohman State MO Zip Code 65053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Missouri Health Care Association Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012  
**Transaction ID : C1841607**  
 Amount of Each Receipt this Period  
 1500.00

**B. Aaron Dunlap**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20220 Harney Street  
 City Elkhorn State NE Zip Code 68022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vetter Health Services Occupation Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012  
**Transaction ID : C1841717**  
 Amount of Each Receipt this Period  
 500.00

**C. Joanne E Erickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 911 S Randolph St  
 City Arlington State VA Zip Code 22204-1564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Editor in Chief, Provider Magazine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012  
**Transaction ID : C1849362**  
 Amount of Each Receipt this Period  
 38.47  
 \* Payroll Deduction: \$38.47 Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2038.47
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 48  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Jim Giardina**

Mailing Address 312 Solley Dr  
 Rear

City State Zip Code  
 Ballwin MO 63021-5248

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

Name of Employer Occupation  
 Community Care Centers President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : C1841603**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. David Gifford**

Mailing Address 81 Kenyon Ave

City State Zip Code  
 East Greenwich RI 02818

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

Name of Employer Occupation  
 American Health Care Association Senior Vice President, Quality

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2012

**Transaction ID : C1829408**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Karen Goldsmith**

Mailing Address PO Box 875

City State Zip Code  
 Cape Canaveral FL 32920

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

Name of Employer Occupation  
 Goldsmith & Grout PA Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : C1827735**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Joanne Grubbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 216 Magnolia Street  
City Senoia State GA Zip Code 30276  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Georgia Health Care Association Occupation Director, Regulatory Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00

Date of Receipt 09 / 12 / 2012  
Transaction ID : **C1825764**  
Amount of Each Receipt this Period 200.00

**B. John Holland Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 427  
City Sharon Center State OH Zip Code 44274  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2012  
Transaction ID : **C1841719**  
Amount of Each Receipt this Period 250.00

**C. Sonya Kemp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 438 N. Water Ave  
City Gallatin State TN Zip Code 37066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gallatin Healthcare Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 09 / 19 / 2012  
Transaction ID : **C1827893**  
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 48  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Cheryl Killian**

Mailing Address 3801 Woodside Dr

City State Zip Code  
 Arlington TX 76016-3030

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

Name of Employer Occupation  
 Legacy Care Centers Inc. President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 09 / 25 / 2012  
**Transaction ID : C1849317**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Ben Klein**

Mailing Address 7444 Long Ave

City State Zip Code  
 Skokie IL 60077-3214

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

Name of Employer Occupation  
 Platinum Health Care LLC Principal

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : C1841610**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 900 N Randolph St  
 Apt 1927

City State Zip Code  
 Arlington VA 22203-4082

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 487.34

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : C1849363**

Amount of Each Receipt this Period  
 26.83

\* Payroll Deduction: \$26.83 Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1051.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.88**

Date of Receipt **09 / 28 / 2012**

**Transaction ID : C1849364**

Amount of Each Receipt this Period **96.16**

\* Payroll Deduction: \$96.16 Biweekly

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

Mailing Address 201 North Main Street

City Mount Vernon State OH Zip Code 43050

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

Name of Employer Levering Management Inc. Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 14 / 2012**

**Transaction ID : C1826385**

Amount of Each Receipt this Period **2000.00**

**C. Mark Lierman**  
Full Name (Last, First, Middle Initial)

Mailing Address 9117 Pine Ave

City Saint Louis State MO Zip Code 63144

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

Name of Employer Eldercare Management Services Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **09 / 28 / 2012**

**Transaction ID : C1841602**

Amount of Each Receipt this Period **2500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4596.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Steve Lierman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2963 Doddridge Ave  
 City Maryland Heights State MO Zip Code 63043-1736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brookview Nursing Home Occupation Administrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **09 / 28 / 2012**  
**Transaction ID : C1841613**  
 Amount of Each Receipt this Period **2500.00**

**B. Bethany R Martino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8559 Window Latch Way  
 City Columbia State MD Zip Code 21045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Director, Public Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 28 / 2012**  
**Transaction ID : C1849365**  
 Amount of Each Receipt this Period **20.00**  
 \* Payroll Deduction: \$20.00 Biweekly

**C. Jason McArthur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2847 Harding Ct NW  
 City Salem State OR Zip Code 97304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westcare Management Occupation Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 21 / 2012**  
**Transaction ID : C1829308**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2770.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Deborah Meade**  
Full Name (Last, First, Middle Initial)  
Mailing Address 112 Fieldfare Dr.  
City Kathleen State GA Zip Code 31047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Management Occupation Owner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2600.00**

Date of Receipt **09 / 13 / 2012**  
**Transaction ID : C1825929**  
Amount of Each Receipt this Period **100.00**

**B. Gregory Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11573 Stablewatch Court  
City Cincinnati State OH Zip Code 45249  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Care Management Group Occupation Vice President, Operations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **09 / 05 / 2012**  
**Transaction ID : C1818597**  
Amount of Each Receipt this Period **250.00**

**C. Natasha Nadkarni**  
Full Name (Last, First, Middle Initial)  
Mailing Address 108 Faskin Lane  
City Lexington State SC Zip Code 29072  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Laurel Baye Occupation Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **09 / 02 / 2012**  
**Transaction ID : C1817663**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. Marcus Naquin**

Mailing Address 1702 South Elm Street

City Hammond State LA Zip Code 70403

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

Name of Employer Hammond Nursing Home Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 07 / 2012**

**Transaction ID : C1819909**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**B. Renee Lynn Naylor**

Mailing Address 3155 River Road South

City Salem State OR Zip Code 97302

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

Name of Employer Westcare Management, Inc. Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 10 / 2012**

**Transaction ID : C1821489**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 5023 Waple Ln

City Alexandria State VA Zip Code 22304-7727

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.26**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : C1849367**

Amount of Each Receipt this Period  
**11.54**

\* Payroll Deduction: \$11.54 Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **636.54**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mark V Parkinson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8930 Harvest Square Ct  
City Potomac State MD Zip Code 20854-4475  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation President and CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **3400.00**

Date of Receipt **09 / 28 / 2012**  
**Transaction ID : C1849369**  
Amount of Each Receipt this Period **200.00**  
\* Payroll Deduction: \$200.00 Biweekly

**B. Christopher Parks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1532 Falston Lane  
City Crofton State MD Zip Code 21114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation Director of IT and Operations  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **182.78**

Date of Receipt **09 / 28 / 2012**  
**Transaction ID : C1849370**  
Amount of Each Receipt this Period **9.62**  
\* Payroll Deduction: \$9.62 Biweekly

**C. Mebane Pruitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4275 NE Lakehaven Drive  
City Atlanta State GA Zip Code 30319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **3125.00**

Date of Receipt **09 / 13 / 2012**  
**Transaction ID : C1825790**  
Amount of Each Receipt this Period **937.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1147.12</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Sharon C Purvis**  
Full Name (Last, First, Middle Initial)

Mailing Address 7805 Sycamore Drive

City Falls Church State VA Zip Code 22042

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **333.34**

Date of Receipt **09 / 28 / 2012**

**Transaction ID : C1849372**

Amount of Each Receipt this Period **23.81**

\* Payroll Deduction: \$23.81 Biweekly

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

Mailing Address 1202 Weiss Street

City Saginaw State MI Zip Code 48602-5471

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

Name of Employer Hoyt Nursing & Rehab Centre Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1158.00**

Date of Receipt **09 / 28 / 2012**

**Transaction ID : C1841604**

Amount of Each Receipt this Period **300.00**

**C. Melvin Rector**  
Full Name (Last, First, Middle Initial)

Mailing Address 422 Charlemagne Dr

City Lake Saint Louis State MO Zip Code 63367-2431

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

Name of Employer National Healthcare Corporation Occupation Health Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 28 / 2012**

**Transaction ID : C1841609**

Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1323.81</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Scott Robertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4497 Spring Meadow Drive  
 City Bountiful State UT Zip Code 84010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 24-7 Long Term Care Occupation Director Acquisition and Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **09 / 07 / 2012**  
**Transaction ID : C1819911**  
 Amount of Each Receipt this Period **1250.00**

**B. Maryanne Sapio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1324 South Kenmore Circle  
 City Arlington State VA Zip Code 22204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Senior Director, Government Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **730.93**

Date of Receipt **09 / 28 / 2012**  
**Transaction ID : C1849374**  
 Amount of Each Receipt this Period **38.47**  
 \* Payroll Deduction: \$38.47 Biweekly

**C. Jeff Schade**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2532 West Cadillac Drive PO Box 579  
 City Farwell State MI Zip Code 48622-9757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Peplinski Group Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **09 / 28 / 2012**  
**Transaction ID : C1841614**  
 Amount of Each Receipt this Period **2500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3788.47**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 21 OF 48  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Gerald Schroer Jr.**

Mailing Address 1608 Muirfield NW

City State Zip Code  
 Canton OH 44708

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

Name of Employer Occupation  
 TSG Ancillaries Healthcare Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 09 / 07 / 2012  
**Transaction ID : C1819912**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Trackea Scott**

Mailing Address 806 Nora Lane

City State Zip Code  
 DeSoto TX 75115

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

Name of Employer Occupation  
 Millbrook Healthcare and Rehab Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 428.25

Date of Receipt  
 09 / 18 / 2012  
**Transaction ID : C1849475**

Amount of Each Receipt this Period  
 428.25

Full Name (Last, First, Middle Initial)  
**C. Jennifer S Shimer**

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
 Fairfax VA 22031-4720

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

Name of Employer Occupation  
 American Health Care Association COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 653.99

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : C1849379**

Amount of Each Receipt this Period  
 38.47

\* Payroll Deduction: \$38.47 Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1466.72

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mario Sinicariello**  
Full Name (Last, First, Middle Initial)

Mailing Address 21849 Byron Road

City Shaker Hts State OH Zip Code 44122

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

Name of Employer Greenwich Woods LP Occupation Director of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2012

**Transaction ID : C1829490**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2405 I St NW

City Washington State DC Zip Code 20037-2206

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : C1849380**

Amount of Each Receipt this Period  
 19.24

\* Payroll Deduction: \$19.24 Biweekly

**C. Lisa Toti**  
Full Name (Last, First, Middle Initial)

Mailing Address 2140 River Oaks Drive

City Salem State VA Zip Code 24153

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

Name of Employer American HealthCare, LLC Occupation Chief Administrative Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : C1827613**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 469.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Marilyn K. Weber**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 386

City Wellington State OH Zip Code 44090

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

Name of Employer Self Employed Occupation Healthcare Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012  
**Transaction ID : C1831093**

Amount of Each Receipt this Period 500.00

**B. Maureen Wern**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 Kingston Court, NE

City Warren State OH Zip Code 44484

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

Name of Employer Wern & Associates, Inc. Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2012  
**Transaction ID : C1831151**

Amount of Each Receipt this Period 250.00

**C. Richard Winter**  
Full Name (Last, First, Middle Initial)

Mailing Address 12444 Powerscourt Dr Ste 170

City Saint Louis State MO Zip Code 63131-3671

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

Name of Employer Garden View Care Center Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 28 / 2012  
**Transaction ID : C1841608**

Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 12444 Powerscourt Dr  
Ste 170

City Saint Louis State MO Zip Code 63131-3671

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

Name of Employer Garden View Care Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
09 / 28 / 2012  
Transaction ID : C1841745

Amount of Each Receipt this Period  
100.00

**B. Randy Wyatt**  
Full Name (Last, First, Middle Initial)

Mailing Address 1401 West Capitol Avenue  
Suite 180

City Little Rock State AR Zip Code 72201-2939

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

Name of Employer Arkansas Health Care Assn Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 28 / 2012  
Transaction ID : C1841612

Amount of Each Receipt this Period  
250.00

**C. Alan Zuccari**  
Full Name (Last, First, Middle Initial)

Mailing Address 4100 Monument Corner Drive  
Suite 500

City Fairfax State VA Zip Code 22030

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

Name of Employer Alan J. Zuccari Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1875.00

Date of Receipt  
09 / 20 / 2012  
Transaction ID : C1828967

Amount of Each Receipt this Period  
1875.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. LAG Associates LP Managers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8028 Ritchie Hwy  
 Ste 210  
 City Pasadena State MD Zip Code 21122-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 09 / 25 / 2012  
**Transaction ID : C1849315**  
 Amount of Each Receipt this Period  
 1250.00  
 PARTNERSHIP--partners below if itemized

**B. Gary Attman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8028 Ritchie Highway  
 City Pasadena State MD Zip Code 21122-1069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LAG Associates LP Managers Owner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 09 / 25 / 2012  
**Transaction ID : C1849316**  
 Amount of Each Receipt this Period  
 1250.00  
**[MEMO ITEM]**  
 \*

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

Date of Receipt  
 / /  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40321.58

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 48
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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) <b>A. American Health Care Association</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 <b>Transaction ID : C1849281</b>
Mailing Address 1201 L St. NW		Amount of Each Receipt this Period 291.78
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14894.71	
		Refund of Bank Fees

Full Name (Last, First, Middle Initial) <b>B. American Health Care Association</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 <b>Transaction ID : C1849282</b>
Mailing Address 1201 L St. NW		Amount of Each Receipt this Period 758.67
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14894.71	
		Refund of Credit Card Fees

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.45
<b>TOTAL</b> This Period (last page this line number only).....▶	1050.45

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

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

FOR LINE NUMBER: PAGE 27 OF 48  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

**A. LATHAM FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 71  
 City Clarion State IA Zip Code 50525  
 FEC ID number of contributing federal political committee. **C** C00287045  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012  
**Transaction ID : C1818688**  
 Amount of Each Receipt this Period  
 5000.00  
 See Memo Text Below

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA16

Transaction ID : C1818688

AHCA PAC's 7/27/12 contribution to FARM PAC was inadvertently deposited into the Latham for Congress bank account. In order to correct the error, Latham for Congress sent a refund of \$5,000 to AHCA PAC and AHCA PAC reissued \$5,000 to FARM PAC.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : D138047**

Amount of Each Disbursement this Period

7.46

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2012

**Transaction ID : D138048**

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D138049**

Amount of Each Disbursement this Period

16.00

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

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

99.46

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : D138050**

Amount of Each Disbursement this Period

36.40

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : D138054**

Amount of Each Disbursement this Period

116.00

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : D138055**

Amount of Each Disbursement this Period

8.00

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

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

160.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. BB&T Merchant Services**

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : D138051

Amount of Each Disbursement this Period

54.40

Full Name (Last, First, Middle Initial)

**B. BB&T Merchant Services**

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : D138052

Amount of Each Disbursement this Period

163.10

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

Transaction ID : D138053

Amount of Each Disbursement this Period

70.93

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

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

288.43

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

### A. BB&T

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : D138056

Amount of Each Disbursement this Period

5	3	0	.	1	2
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

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

5	3	0	.	1	2
---	---	---	---	---	---

1	0	7	8	.	4	1
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. DONNA CHRISTENSEN CAMPAIGN**

Mailing Address PO Box 5197

City State Zip Code  
St Croix VI 00823-5197

Purpose of Disbursement  
Contribution

Candidate Name

**Del. Donna M.C. Christensen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	2

**Transaction ID : D135929**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Donnelly for Indiana**

Mailing Address PO Box 1961

City State Zip Code  
South Bend IN 46634-1961

Purpose of Disbursement  
Contribution

Candidate Name

**JOSEPH SIMON DONNELLY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

**Transaction ID : D136189**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. FOR AMERICAS REPUBLICAN MAJORITY PAC (FARM PAC)**

Mailing Address 675 N Washington St  
Ste 410

City State Zip Code  
Alexandria VA 22314-1939

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	2

**Transaction ID : D135849**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Contribution

Candidate Name

**Heidi Heitkamp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

**Transaction ID : D136115**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. HOOSIERS FOR RICHARD MOURDOCK INC**

Mailing Address PO Box 1583

City Indianapolis State IN Zip Code 46206-1583

Purpose of Disbursement  
Contribution

Candidate Name

**Richard E Mourdock**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D135846**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. KAINE FOR VIRGINIA**

Mailing Address 2106 HAMILTON STREET SUITE C

City Richmond State VA Zip Code 23230

Purpose of Disbursement  
Contribution

Candidate Name

**Tim Kaine**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

**Transaction ID : D136113**

Amount of Each Disbursement this Period

5000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Missourians for Accountability & Change**

Mailing Address 607 14th Street NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

**Transaction ID : D136111**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. NEXT CENTURY FUND**

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2012

**Transaction ID : D136795**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Patriots for Perry**

Mailing Address PO Box 147

City Red Lion State PA Zip Code 17356-0147

Purpose of Disbursement  
Contribution

Candidate Name

**Scott Perry**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D135848**

Amount of Each Disbursement this Period

2500.00

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

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

10500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. BARBARA LEE FOR CONGRESS**

Mailing Address 449 FIFTEENTH STREET #408

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Barbara Lee**

Office Sought:  House  
 Senate  
 President  
State: CA District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : D135930**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Ben Ray Lujan**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : D136153**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF BENNIE THOMPSON**

Mailing Address P.O. Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Bennie Thompson**

Office Sought:  House  
 Senate  
 President  
State: MS District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : D135934**

Amount of Each Disbursement this Period

2000.00
---------

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

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

5000.00
---------

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. BRALEY FOR CONGRESS**

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bruce Braley**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

**Transaction ID : D136110**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FATTAH FOR CONGRESS**

Mailing Address 3900 FORD ROAD SUITE 12-O

City PHILADELPHIA State PA Zip Code 19131

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Chaka Fattah**

Office Sought:  House  
 Senate  
 President  
State: PA District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D135933**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

**Transaction ID : D136108**

Amount of Each Disbursement this Period

5000.00

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

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CORRINE BROWN**

Mailing Address 3563 CARRIAGE WALK LANE

City LAUREL State MD Zip Code 20724

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Corrine Brown**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : D135936**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. DAVID SCOTT FOR CONGRESS**

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. David Scott**

Office Sought:  House  
 Senate  
 President  
State: GA District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : D135935**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. CLEAVER FOR CONGRESS**

Mailing Address 4801 MAIN STREET, STUITE 1000

City KANSAS CITY State MO Zip Code 64112

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Emanuel Cleaver II**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : D135927**

Amount of Each Disbursement this Period

2000.00
---------

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

6000.00
---------

**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

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. COURTNEY FOR CONGRESS**

Mailing Address 38 Risley Road

City State Zip Code  
Vernon CT 06066

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joe Courtney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D135851**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. JOE DONNELLY FOR CONGRESS**

Mailing Address PO Box 1961

City State Zip Code  
South Bend IN 46634

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joe Donnelly**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

**Transaction ID : D136114**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN BARROW**

Mailing Address PO Box 8166

City State Zip Code  
Savannah GA 31412

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John Barrow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : D136375**

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. MARCIA FUDGE FOR CONGRESS**

Mailing Address 3729 SILSBY RD

City UNIVERSITY HEIGHTS State OH Zip Code 44118

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Marcia L. Fudge**

Office Sought:  House  
 Senate  
 President  
State: OH District: 11

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2012

**Transaction ID : D135928**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. MARTIN HEINRICH FOR SENATE**

Mailing Address 2118 CENTRAL AVENUE SE

City ALBUQUERQUE State NM Zip Code 87106

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Martin Heinrich**

Office Sought:  House  
 Senate  
 President  
State: NM District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : D136118**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR WATERS**

Mailing Address 555 SO.FLOWER ST.,SUITE 4210

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Maxine Waters**

Office Sought:  House  
 Senate  
 President  
State: CA District: 35

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2012

**Transaction ID : D135931**

Amount of Each Disbursement this Period

2000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mazie K. Hirono**

Office Sought:  House  
 Senate  
 President  
State: HI District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	2		

**Transaction ID : D136116**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael C. Burgess**

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	2		

**Transaction ID : D135937**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. POMPEO FOR CONGRESS INC**

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mike Pompeo**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	2		

**Transaction ID : D135852**

Amount of Each Disbursement this Period

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

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City State Zip Code  
CHRISTIANSBURG VA 24068

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Morgan Griffith**

Office Sought:  House  
 Senate  
 President  
State: VA District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : D136190

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 2619

City State Zip Code  
HUNTSVILLE AL 35804

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Parker Griffith**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2012

Transaction ID : D136150

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. ROB ANDREWS U.S. HOUSE COMMITTEE**

Mailing Address 215 Fourth Avenue

City State Zip Code  
Haddon Heights NJ 07076

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Robert E. Andrews**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : D136796

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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

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. RODNEY ALEXANDER FOR CONGRESS INC.**

Mailing Address 319 NANCY'S ROAD

City State Zip Code  
QUITMAN LA 71268

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Rodney Alexander**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: LA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2012

Transaction ID : **D136109**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5th Avenue South

City State Zip Code  
La Crosse WI 54601

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Ron Kind**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2012

Transaction ID : **D135843**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ROSA DELAURO**

Mailing Address 12 TRUMBULL STREET

City State Zip Code  
NEW HAVEN CT 06511

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Rosa DeLauro**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2012

Transaction ID : **D135850**

Amount of Each Disbursement this Period

5000.00
---------

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

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

10000.00
----------

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. SANFORD D. BISHOP, JR. FOR CONGRESS**

Mailing Address P. O. Box 909

City State Zip Code  
Columbus GA 31902

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Sanford D. Bishop Jr.**

Office Sought:  House  
 Senate  
 President  
State: GA District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

09 / 07 / 2012

**Transaction ID : D135932**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. HOYER FOR CONGRESS**

Mailing Address 700 13th Street, NW

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steny H. Hoyer**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

09 / 07 / 2012

**Transaction ID : D135847**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. BONAMICI FOR CONGRESS**

Mailing Address 2236 SE 10TH AVE

City State Zip Code  
PORTLAND OR 97214

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Suzanne Bonamici**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

09 / 13 / 2012

**Transaction ID : D136152**

Amount of Each Disbursement this Period

1000.00

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

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Nebraskans for Kerrey**

Mailing Address PO Box 48520

City Omaha State NE Zip Code 68145

Purpose of Disbursement  
Contribution

Candidate Name  
**Robert Kerrey**

Office Sought:  House  
 Senate  
 President  
State: NE District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	2

**Transaction ID : D136120**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement  
Contribution

Candidate Name  
**Sen. Bill Nelson**

Office Sought:  House  
 Senate  
 President  
State: FL District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	2

**Transaction ID : D136119**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. MONTANANS FOR TESTER**

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Contribution

Candidate Name  
**Sen. Jon Tester**

Office Sought:  House  
 Senate  
 President  
State: MT District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	2

**Transaction ID : D136112**

Amount of Each Disbursement this Period

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

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. WALORSKI FOR CONGRESS INC**

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546-0954

Purpose of Disbursement  
Contribution

Candidate Name

**JACKIE (SWIHART) WALORSKI**

Office Sought:  House  
 Senate  
 President  
State: IN District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : D136376**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Well Dunn Catering**

Mailing Address 513 Morse St NE

City Washington State DC Zip Code 20002-7011

Purpose of Disbursement  
Catering

Candidate Name

**Rep. Emanuel Cleaver II**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : D136850**

Amount of Each Disbursement this Period

1694.00

\* In-Kind

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

2694.00

117194.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

### A. Morrissy for Attorney General

Mailing Address PO Box 820

City State Zip Code  
Charles Town WV 25414

Purpose of Disbursement  
Non Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

Transaction ID : D136377

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

1000.00
---------

1000.00
---------