

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. 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)..... ▶

8000.00

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