

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2005 through 08 31 2005

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

Type or Print Name of Treasurer Anna Lee -Assistant Treas

Signature of Treasurer Electronically Filed by Anna Lee -Assistant Treas Date 08 03 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		168941.11
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	276706.30									
(c) Total Receipts (from Line 19)	41602.65	551645.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	318308.95	720586.51								
7. Total Disbursements (from Line 31)	38340.85	440618.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	279968.10	279968.10								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	39268.14	502244.68
(i) Itemized (use Schedule A)	2334.51	47150.72
(ii) Unitemized	41602.65	549395.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	41602.65	549395.40
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	-250.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	41602.65	551645.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	41602.65	551645.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1339.35	6368.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1339.35	6368.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37001.50	431901.50
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1250.00
29. Other Disbursements.....	0.00	1098.03
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38340.85	440618.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	38340.85	440618.41

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	41602.65	549395.40
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41602.65	548145.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1339.35	6368.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	-250.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1339.35	6618.88

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Richard M Sheridan, II

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005-4024

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

Name of Employer AHCA Occupation VP Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 5

Transaction ID: 22546199

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Gerald Schroer, Jr.

Mailing Address 7235 Whipple Ave. NW

City North Canton State OH Zip Code 44720-7137

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

Name of Employer Altercare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 5

Transaction ID: 22546202

Amount of Each Receipt this Period
 250.00

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

Mailing Address 17441 W. Muirfield

City Baton Rouge State LA Zip Code 70810-5962

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

Name of Employer Harahan Guest House Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 5

Transaction ID: 22546203

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Nancy Beecham		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2005	
Mailing Address 1827 Diesel Drive		Transaction ID: 22546204	
City El Cajon	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 92019-1153			
FEC ID number of contributing federal political committee. C			
Name of Employer Retro Medical Billing Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Mr. Stephen J. Allen		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2005	
Mailing Address 921 E. Fort Avenue Suite 240		Transaction ID: 22546205	
City Baltimore	State MD	Amount of Each Receipt this Period 500.00	
Zip Code 21230-5346			
FEC ID number of contributing federal political committee. C			
Name of Employer Xavier Health Care Services, Inc.	Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Ms. Michaela Miller		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2005	
Mailing Address 20383 SW Tremont Way		Transaction ID: 22549499	
City Aloha	State OR	Amount of Each Receipt this Period 5000.00	
Zip Code 97007-8597			
FEC ID number of contributing federal political committee. C			
Name of Employer Avamere Health Services	Occupation Shareholder		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Rick Miller		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2005
Mailing Address 25117 SW Parkway Suite F		Transaction ID: 22549517
City State Zip Code Wilsonville OR 97070-9697	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Avamere Health Services, NC	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Mr. Cliff Coldren		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2005
Mailing Address 1930 Cliff Side Dr.		Transaction ID: 22549518
City State Zip Code STATE COLLEGE PA 16801-7694	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Brookline	Occupation Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Ms Helen Louise Stout		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2005
Mailing Address 1865 Executive Park		Transaction ID: 22549527
City State Zip Code Cleveland TN 37312	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Royal Care Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	3125.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr Daniel Salmon

Mailing Address 85 Beaumont Dr

City Northbridge State MA Zip Code 01534-1093

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

Name of Employer Beaumont Nursing Home Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2005

Transaction ID: 22549532

Amount of Each Receipt this Period
125.00

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

Mailing Address 617 Comstock Road Suite 8

City Montpelier State VT Zip Code 05602-4307

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

Name of Employer Vermont Health Care Assn. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2005

Transaction ID: 22552053

Amount of Each Receipt this Period
75.00

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

Mailing Address 1250 H Street NW Suite 555

City Washington State DC Zip Code 20005-3965

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

Name of Employer Beverly Enterprises Occupation Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2005

Transaction ID: 22552055

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Thomas Reddy		Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2005	
Mailing Address P.O. Box 5802		Transaction ID: 22553184	
City Carmel	State CA	Amount of Each Receipt this Period 5000.00	
Zip Code 93921-5802			
FEC ID number of contributing federal political committee. C			
Name of Employer TR Development/Hallmark Rehabilitation	Occupation Director Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

Full Name (Last, First, Middle Initial) B. Mr. William Gillis		Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2005	
Mailing Address 8 Avenue 1		Transaction ID: 22553186	
City Scarborough	State ME	Amount of Each Receipt this Period 250.00	
Zip Code 04074			
FEC ID number of contributing federal political committee. C			
Name of Employer Continuum Health Care	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mr Brad Stebbins		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2005	
Mailing Address 600 E Whaley		Transaction ID: 22559269	
City Longview	State TX	Amount of Each Receipt this Period 1250.00	
Zip Code 75601-6525			
FEC ID number of contributing federal political committee. C			
Name of Employer Stebbins Five Companies	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr Dick Stebbins

Mailing Address 600 E Whaley

City State Zip Code
Longview TX 75601-6525

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

Name of Employer Occupation
Stebbins Five Companies Managing Partner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 09 / 2005

Transaction ID: 22588921

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Mr William Biggs

Mailing Address 101 Grace Street

City State Zip Code
Easley SC 29640

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

Name of Employer Occupation
Health Managemnet Resourc- Executive Director
es

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 12 / 2005

Transaction ID: 22620255

Amount of Each Receipt this Period
1250.00

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

Mailing Address P.O. Box 605

City State Zip Code
Sunset Beach CA 90742-0605

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

Name of Employer Occupation
JK Health Care Mgmt. Inc. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 12 / 2005

Transaction ID: 22620257

Amount of Each Receipt this Period
1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Blaine Hendrickson

Mailing Address PO Box 7

City Rancho Mirage State CA Zip Code 92270-0007

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

Name of Employer Legacy Healthcare Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
08 / 12 / 2005

Transaction ID: 22620258

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Ms Adele Wilzack

Mailing Address 7060 Oakland Mills Road Suite M

City Columbia State MD Zip Code 21046-1694

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

Name of Employer Health Facilities Assn of MD Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
08 / 09 / 2005

Transaction ID: 22620262

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms Jane Hibbard-Merrill

Mailing Address Gulford St PO Box 159

City Dover-Foxcroft State ME Zip Code 04426

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

Name of Employer Hibbard Nsg Hm Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
08 / 16 / 2005

Transaction ID: 22636795

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	1575.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. James Parker

Mailing Address PO Box 336250

City State Zip Code
Greeley CO 80633-0605

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

Name of Employer
Continuum Health Partners-hips Inc

Occupation
Chief Finance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2005

Transaction ID: 22636800

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Mr. Brett Klausman

Mailing Address 3715 SW 26th Street

City State Zip Code
Topeka KS 66614-4347

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

Name of Employer
Rolling Hills Health Center

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2005

Transaction ID: 22636821

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Phyllis Gish

Mailing Address 117 SW 6th Avebue

City State Zip Code
Topeka KS 66610

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

Name of Employer
Kansas Health Care Association

Occupation
Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2005

Transaction ID: 22636822

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1625.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Sterling B Pierce, III		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2005	
Mailing Address 25 S Charles St. 18th Floor		Transaction ID: 22636828	
City State Zip Code Baltimore MD 21201-3330	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer M & T Bank Healthcare Banking Division	Occupation Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Mr Travis Tomlinson		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2005	
Mailing Address 513 E Whitaker Mill Rd		Transaction ID: 22648616	
City State Zip Code Raleigh NC 27608-2699	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mayview Conv Home Inc	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		

Full Name (Last, First, Middle Initial) C. Mr. John Derr		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2005	
Mailing Address 2001 Piper Circle		Transaction ID: 22648625	
City State Zip Code Anacortes WA 98221-3125	Amount of Each Receipt this Period 252.75		
FEC ID number of contributing federal political committee. C			
Name of Employer JD 7 Associates Enterprises	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1432.25		

SUBTOTAL of Receipts This Page (optional) ▶	1252.75
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. James B. Smith		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5
Mailing Address 1201 L St. NW PAYROLL DEDUCTION		Transaction ID: 22648630
City Washington State DC Zip Code 20005-4024	Amount of Each Receipt this Period 576.93	
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr. VP Aggregate Year-to-Date ▼ 2884.65	

Full Name (Last, First, Middle Initial) B. Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: 22648631
City Arlington State VA Zip Code 22206-1143	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director, Assisted Living Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. Ms. Lyn Bentley		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5
Mailing Address 2212 Hidden Valley Lane		Transaction ID: 22648633
City Silver Spring State MD Zip Code 20904-5240	Amount of Each Receipt this Period 13.46	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 201.90	

SUBTOTAL of Receipts This Page (optional) ▶	665.39
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr Angelo S. Rotella		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5
Mailing Address 303 Rhodes Ave		Transaction ID: 22648635
City State Zip Code Woonsocket RI 02895-2899	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Friendly Home Inc	Occupation President/Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Mr. Mark McKenzie		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5
Mailing Address 30105 NE 124th Avenue		Transaction ID: 22648639
City State Zip Code Battle Ground WA 98604-7737	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sodexho	Occupation Vender	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr Don Angell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address 6000 Meadowbrook Mall #27 PO Box 1670		Transaction ID: 22659419
City State Zip Code Clemmons NC 27012-8775	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Angell Group Inc	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms Toni Fatone

Mailing Address 99 East River Drive
8th Floor

City East Hartford State CT Zip Code 06108-3288

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

Name of Employer Connecticut Association of HC Faciliti
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 5

Transaction ID: 22703630

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. David Moore

Mailing Address 2749 E. Covenanter Dr.

City Bloomington State IN Zip Code 47401-5454

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

Name of Employer CarDon & Associates
Occupation Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 5

Transaction ID: 22717349

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Ms. Beverly Miller

Mailing Address 3594 E US Highway 30

City Warsaw State IN Zip Code 46580-6720

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

Name of Employer MMM Invest Inc.
Occupation Treasurer Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 5

Transaction ID: 22717356

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1625.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms Gail Clarkson

Mailing Address 1387 Club Drive

City Bloomfield Hills State MI Zip Code 48302-0823

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

Name of Employer The Medilodge Group Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
08 / 24 / 2005

Transaction ID: 22717446

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
David E. Meillier

Mailing Address 27 Brand Avenue

City Faribault State MN Zip Code 55021-6411

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

Name of Employer Pleasant Manor Inc Occupation Administrator/Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
08 / 31 / 2005

Transaction ID: 22731465

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Ms Jill Capela

Mailing Address 1101 S. Capital of TX Hwy. Bldg. G

City Austin State TX Zip Code 78746

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

Name of Employer ONR Inc Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
08 / 31 / 2005

Transaction ID: 22731467

Amount of Each Receipt this Period
3750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr Anthony Krieg

Mailing Address 472 Kaulana St

City State Zip Code
Kahului HI 96732-2099

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

Name of Employer Occupation
Hale Makua CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	5

Transaction ID: 22731468

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	39268.14

**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)

PAGE 20 / 29

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Health Care Assoc PAC

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 22812286

Date of Disbursement

08 / 31 / 2005

Amount of Each Disbursement this Period

1339.35

SUBTOTAL of Disbursements This Page (optional) ►

1339.35

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

1339.35

**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. Stabenow for Senate		Transaction ID: 22543575 Date of Disbursement 08 / 02 / 2005
Mailing Address PO Box 4945		Amount of Each Disbursement this Period -1000.00
City East Lansing State MI Zip Code 48826	Purpose of Disbursement Void - Stabenow for Senate Category/Type 011	
Candidate Name Ms. Debbie Stabenow	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void - Stabenow for Senate

Full Name (Last, First, Middle Initial) B. John D. Dingell for Congress Committee		Transaction ID: 22549544 Date of Disbursement 08 / 04 / 2005
Mailing Address 19855 W. Outer Drive #103 A-E		Amount of Each Disbursement this Period 1000.00
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Category/Type 011	
Candidate Name Mr. John Dingell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Stabenow for Senate		Transaction ID: 22549599 Date of Disbursement 08 / 04 / 2005
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 1000.00
City East Lansing State MI Zip Code 48826	Purpose of Disbursement Category/Type 011	
Candidate Name Ms. Debbie Stabenow	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 29

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

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

Full Name (Last, First, Middle Initial) A. Friends of Lois Capps		Transaction ID: 22549542 Date of Disbursement 08 / 04 / 2005
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20003		
Purpose of Disbursement 011 Category/Type		
Candidate Name Ms. Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 22		

Full Name (Last, First, Middle Initial) B. Graves for Congress		Transaction ID: 22549545 Date of Disbursement 08 / 04 / 2005
Mailing Address PO Box 34744		Amount of Each Disbursement this Period 1000.00
City Kansas City	State MO	
Zip Code 64116		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Sam Graves		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 6		

Full Name (Last, First, Middle Initial) C. Talent for Senate		Transaction ID: 22549604 Date of Disbursement 08 / 04 / 2005
Mailing Address 507 Capitol Court NE #100		Amount of Each Disbursement this Period -1000.00
City Washington	State DC	
Zip Code 20002		
Purpose of Disbursement Void - Talent for Senate 011 Category/Type		
Candidate Name Mr. Jim Talent		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District:		Void - Talent for Senate

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Talent for Senate		Transaction ID: 22549605 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 5
Mailing Address 507 Capitol Court NE #100		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Jim Talent		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Other	

Full Name (Last, First, Middle Initial) B. Friends of Joe Lieberman		Transaction ID: 22549608 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 5
Mailing Address 236 Massachusetts Ave. NE #306		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Senator Joseph Lieberman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Joe Lieberman		Transaction ID: 22549610 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 5
Mailing Address 236 Massachusetts Ave. NE #306		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Senator Joseph Lieberman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
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)

PAGE 24 / 29

<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. Carper For Senate		Transaction ID: 22549541 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 5
Mailing Address PO Box 2882		Amount of Each Disbursement this Period 2000.00
City Newport State DE Zip Code 19805	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Thomas Carper		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Dave Reichert		Transaction ID: 22549595 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 5
Mailing Address P. O. Box 53322		Amount of Each Disbursement this Period -2000.00
City Bellevue State WA Zip Code 98015	011 Category/ Type	
Purpose of Disbursement Void - Friends Of Dave Reichert		
Candidate Name Rep. David Reichert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 8	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General	Void - Friends Of Dave Reichert

Full Name (Last, First, Middle Initial) C. Friends Of Dave Reichert		Transaction ID: 22549596 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 5
Mailing Address P. O. Box 53322		Amount of Each Disbursement this Period 2000.00
City Bellevue State WA Zip Code 98015	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. David Reichert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. John Spratt for Congress		Transaction ID: 22659514 Date of Disbursement 08 / 19 / 2005
Mailing Address PO Box 636		Amount of Each Disbursement this Period 1000.00
City Annandale State VA Zip Code 22003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr John Spratt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John D. Dingell for Congress Committee		Transaction ID: 22659517 Date of Disbursement 08 / 19 / 2005
Mailing Address 19855 W. Outer Drive #103 A-E		Amount of Each Disbursement this Period 1000.00
City Dearborn State MI Zip Code 48124	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. John Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens for David Obey		Transaction ID: 22659515 Date of Disbursement 08 / 19 / 2005
Mailing Address 932 Ross Avenue		Amount of Each Disbursement this Period 1000.00
City Wausau State WI Zip Code 54401	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. David Obey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Buyer for Congress Committee Full Name (Last, First, Middle Initial) Mailing Address 103 W. Broadway City Monticello State IN Zip Code 47960 Purpose of Disbursement <input type="text" value="011"/> Category/Type Candidate Name Mr. Steve Buyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 5		Transaction ID: 22659530 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5 Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
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B. Eshoo for Congress Full Name (Last, First, Middle Initial) Mailing Address 555 Bryant, Box 335 City Palo Alto State CA Zip Code 94301 Purpose of Disbursement <input type="text" value="011"/> Category/Type Candidate Name Ms. Anna Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 14		Transaction ID: 22659521 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5 Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
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C. Gerald C. Jerry Weller for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 37 City Joliet State IL Zip Code 60434 Purpose of Disbursement <input type="text" value="011"/> Category/Type Candidate Name Mr. Jerry Weller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11		Transaction ID: 22659513 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5 Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
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SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 29

<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. John Ensign for US Senate		Transaction ID: 22659529 Date of Disbursement 08 / 19 / 2005
Mailing Address PO Box 98407		Amount of Each Disbursement this Period 1000.00
City Las Vegas	State NV	
Zip Code 89193		
Purpose of Disbursement		
Candidate Name Mr. John Ensign		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 2		

Full Name (Last, First, Middle Initial) B. Whitfield for Congress		Transaction ID: 22659528 Date of Disbursement 08 / 19 / 2005
Mailing Address PO Box 391		Amount of Each Disbursement this Period 1000.00
City Hopkinsville	State KY	
Zip Code 42241		
Purpose of Disbursement		
Candidate Name Mr. Ed Whitfield		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 1		

Full Name (Last, First, Middle Initial) C. Pete Stark Re-Election Committee		Transaction ID: 22659520 Date of Disbursement 08 / 19 / 2005
Mailing Address PO Box 8331		Amount of Each Disbursement this Period 1000.00
City Fremont	State CA	
Zip Code 94537		
Purpose of Disbursement		
Candidate Name Mr. Pete Stark		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 13		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Volunteers for Shimkus		Transaction ID: 22659512 Date of Disbursement 08 / 19 / 2005
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 2500.00
City Arlington	State VA	
Zip Code 22202		
Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr John Shimkus		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 20		

Full Name (Last, First, Middle Initial) B. Friends of Lois Capps		Transaction ID: 22659518 Date of Disbursement 08 / 19 / 2005
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20003		
Purpose of Disbursement 011 Category/ Type		
Candidate Name Ms. Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 22		

Full Name (Last, First, Middle Initial) C. Lincoln Davis for Congress		Transaction ID: 22659519 Date of Disbursement 08 / 19 / 2005
Mailing Address PO box 2002		Amount of Each Disbursement this Period 1000.00
City Pall Mall	State TN	
Zip Code 38577		
Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Lincoln Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 4		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lincoln Davis for Congress		Transaction ID: 22659531 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address PO box 2002		Amount of Each Disbursement this Period 1500.00
City Pall Mall	State TN	
Zip Code 38577		
Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Lincoln Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 4		

Full Name (Last, First, Middle Initial) B. McMorris for Congress		Transaction ID: 22659532 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address 301 W Main Street		Amount of Each Disbursement this Period 1.50
City Spokane	State WA	
Zip Code 99210		
Purpose of Disbursement 011 Category/ Type		
Candidate Name Ms. Cathy McMorris		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 5		

Full Name (Last, First, Middle Initial) C. Freedom Fund		Transaction ID: 22659526 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address 128 N Columbus Street		Amount of Each Disbursement this Period 5000.00
City ALexandria	State VA	
Zip Code 22344		
Purpose of Disbursement 011 Category/ Type		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	6501.50
TOTAL This Period (last page this line number only)	37001.50