

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
 Check if different than previously reported. (ACC)
Washington DC 20005

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2011 through 04 30 2011

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 Mr. Leonard Russ

Signature of Treasurer Electronically Filed by Mr. Leonard Russ Date 05 20 2011

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		110057.22
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	304858.41									
(c) Total Receipts (from Line 19)	119014.81	405816.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	423873.22	515873.22								
7. Total Disbursements (from Line 31)	75500.00	167500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	348373.22	348373.22								
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: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	113108.84	369259.96
(ii) Unitemized	5905.97	26556.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	119014.81	395816.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	119014.81	405816.00
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
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))	119014.81	405816.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	119014.81	405816.00

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	75500.00	167500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	75500.00	167500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75500.00	167500.00

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)	119014.81	405816.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119014.81	405816.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 45
(check only one)

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

Full Name (Last, First, Middle Initial)
Mary Allen

Mailing Address PO Box 231

City Atlanta State TX Zip Code 75551

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

Name of Employer Nexion Health Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2011

Transaction ID: C1278322

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
David Arnn

Mailing Address 166 Lake Royale

City Louisburg State NC Zip Code 27549-9595

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

Name of Employer Smithfield Manor Inc. Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 20 / 2011

Transaction ID: C1272776

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
John Barber

Mailing Address 12 Cateswood Dr

City Spartanburg State SC Zip Code 29304-3347

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

Name of Employer White Oak Manor Occupation Executive VP/CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 13 / 2011

Transaction ID: C1269275

Amount of Each Receipt this Period 3750.00

SUBTOTAL of Receipts This Page (optional) ► 5250.00

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 7 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Brad Barnes		Date of Receipt
	Mailing Address 2615 Falcon Knoll Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 12 / 2011
	City	State	Zip Code
	Katy	TX	77494-2419
	FEC ID number of contributing federal political committee. C		Transaction ID: C1268088
Name of Employer Green Acres of Baytown		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Harry Baum		Date of Receipt
	Mailing Address 8300 NW Eastside Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 14 / 2011
	City	State	Zip Code
	Weatherby Lake	MO	64152
	FEC ID number of contributing federal political committee. C		Transaction ID: C1268669
Name of Employer Sharon Lake Nursing Home		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) David Beck		Date of Receipt
	Mailing Address 10038 Carmelita Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 29 / 2011
	City	State	Zip Code
	Potomac	MD	20859
	FEC ID number of contributing federal political committee. C		Transaction ID: C1283555
Name of Employer Golden Living		Occupation Government Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 550.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brad Bedell

Mailing Address 731 North Main

City State Zip Code
Sikeston MO 63801-1210

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

Name of Employer Health Facilities Management
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: C1268670

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Don C. Bedell

Mailing Address 731 North Main Street
PO Box 1210

City State Zip Code
Sikeston MO 63801

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

Name of Employer Castle Partners
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

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

Transaction ID: C1272709

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Elton Beebe, Jr.

Mailing Address 1308 Bruton Springs Road

City State Zip Code
Austin TX 78733

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

Name of Employer Louisiana Extended Care Centers
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: C1272042

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Ken Beebe, Jr.

Mailing Address 571 Highway 51

City State Zip Code
Ridgeland MS 39157-2597

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

Name of Employer Occupation
Legacy Care Owner

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C1272050

Amount of Each Receipt this Period
550.00

B.

Full Name (Last, First, Middle Initial)

Ann R Belton

Mailing Address 225 Calumet Drive

City State Zip Code
Madison MS 39110

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

Name of Employer Occupation
ASI President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: C1275397

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

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 Management Resources Executive Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C1272049

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)

3550.00

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 10 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Bretton J Bolt

Mailing Address 6937 Warfield Avenue

City State Zip Code
Sykesville MD 21784

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

Name of Employer Occupation
Nexion Health Care CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: C1267957

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Timothy J Boyle

Mailing Address 600 Stevens Post Dr.

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
Care Center Mgmt Co Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: C1268672

Amount of Each Receipt this Period
1250.00

C.

Full Name (Last, First, Middle Initial)
Christopher R. Bryson

Mailing Address 1626 Jeurgens Court

City State Zip Code
Norcross GA 30096

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

Name of Employer Occupation
UHS-Pruitt Corporation, Inc. Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: C1269012

Amount of Each Receipt this Period
250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Douglas Burr		Date of Receipt MM / DD / YYYY 04 / 14 / 2011
Mailing Address 1185 Wilde Run Court		Transaction ID: C1268673
City Roswell	State GA	Zip Code 30075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Cypress Administrative Services, LLC	Occupation VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.

Full Name (Last, First, Middle Initial) Teresa Cagnolatti		Date of Receipt MM / DD / YYYY 04 / 14 / 2011
Mailing Address 2201 Wilson Blvd Apt 620		Transaction ID: C1269010
City Arlington	State VA	Zip Code 22201-3384
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AHCA	Occupation Director, Govt Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Robert M. Chur		Date of Receipt MM / DD / YYYY 04 / 20 / 2011
Mailing Address Elderwood Senior Care 7 Limestone Drive		Transaction ID: C1272059
City Williamsville	State NY	Zip Code 14221-7051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Elderwood Affiliates Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	1775.00
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 12 / 45
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 5000.00

Date of Receipt: 04 / 14 / 2011
Transaction ID: C1269245
 Amount of Each Receipt this Period: 5000.00

B.

Full Name (Last, First, Middle Initial)
Kathleen Collins Pagels

Mailing Address 1440 East Missouri Street

City Phoenix State AZ Zip Code 85014

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

Name of Employer Arizona Health Care Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 14 / 2011
Transaction ID: C1268674
 Amount of Each Receipt this Period: 125.00

C.

Full Name (Last, First, Middle Initial)
Gerald Cox

Mailing Address PO Box 7728

City Rocky Mount State NC Zip Code 27804-0728

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

Name of Employer Autumn Corp Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 20 / 2011
Transaction ID: C1272058
 Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► **7625.00**

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 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Patti Cullen

Mailing Address 2104 Palace Ave

City State Zip Code
St. Paul MN 55105

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

Name of Employer: Care Providers of Minnesota
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1075.00

Date of Receipt: 04 / 26 / 2011
Transaction ID: C1272963
 Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
Michael D'Arcangelo

Mailing Address 200 Dryden Road

City State Zip Code
Dresher PA 19025

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

Name of Employer: Complete Healthcare Resources
Occupation: Senior Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt: 04 / 14 / 2011
Transaction ID: C1272039
 Amount of Each Receipt this Period: 1250.00

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

Mailing Address 255 East 400 South, Suite 200

City State Zip Code
Salt Lake City UT 84111

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

Name of Employer: Avalon Health Care, Inc.
Occupation: President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 04 / 27 / 2011
Transaction ID: C1272808
 Amount of Each Receipt this Period: 250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 45

(check only one)

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

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

A.

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

Mailing Address 18215 Hillside Avenue

City State Zip Code
Jamaica NY 11432

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

Name of Employer Occupation
Hillside Manor Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: C1272838

Amount of Each Receipt this Period
1250.00

B.

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

Mailing Address 18215 Hillside Ave

City State Zip Code
Jamaica NY 11432

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

Name of Employer Occupation
Hillside Manor Rehab Ctr Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: C1272837

Amount of Each Receipt this Period
1250.00

C.

Full Name (Last, First, Middle Initial)
Gregory J. Elliot

Mailing Address 240 Capitol Street

City State Zip Code
Charleston WV 25301-2297

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

Name of Employer Occupation
AMFM, Inc. IT Coordinator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.72

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: C1272729

Amount of Each Receipt this Period
1414.72

SUBTOTAL of Receipts This Page (optional)

3914.72

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 15 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Irene Fleshner		Date of Receipt MM / DD / YYYY 04 / 27 / 2011		
	Mailing Address 3240 Gulf of Mexico Dr		Transaction ID: C1272844		
	City Longboat Key	State FL	Zip Code 34228	Amount of Each Receipt this Period 550.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 550.00		
	Name of Employer Genesis HealthCare Corporation		Occupation Nurse Executive		

B.	Full Name (Last, First, Middle Initial) Donald Franco		Date of Receipt MM / DD / YYYY 04 / 14 / 2011		
	Mailing Address 5 O'Kill Drive		Transaction ID: C1269023		
	City East Haven	State CT	Zip Code 06513	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Paragon Group Inc.		Occupation SNF Administrator/Owner/President		

C.	Full Name (Last, First, Middle Initial) Patricia Giorgio		Date of Receipt MM / DD / YYYY 04 / 07 / 2011		
	Mailing Address 4702 Chestnut Ridge NE		Transaction ID: C1266902		
	City Cedar Rapids	State IA	Zip Code 52411	Amount of Each Receipt this Period 3000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 3000.00		
	Name of Employer Evergreen Estates		Occupation Owner		

SUBTOTAL of Receipts This Page (optional)	3800.00
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 16 / 45
(check only one)

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

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.

Full Name (Last, First, Middle Initial)
James Gomez

Mailing Address 2201 K Street

City Sacramento State CA Zip Code 95816-4922

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

Name of Employer CA Association of Health Facilities Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 14 / 2011

Transaction ID: C1268677

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Don Gormly

Mailing Address 17011 Beach Blvd Ste 1130

City Huntington Beach State CA Zip Code 92647-7402

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

Name of Employer Anberry Rehab Hosp Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 13 / 2011

Transaction ID: C1268080

Amount of Each Receipt this Period 1250.00

C.

Full Name (Last, First, Middle Initial)
Don Gormly

Mailing Address 17011 Beach Blvd Ste 1130

City Huntington Beach State CA Zip Code 92647-7402

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

Name of Employer Anberry Rehab Hosp Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 27 / 2011

Transaction ID: C1272813

Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Howard Groff

Mailing Address 11337 Louisiana Circle

City State Zip Code
Bloomington MN 55438

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

Name of Employer Occupation
Tealwood Care Centers Inc President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: C1268678

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)
Barbara Hair

Mailing Address 1813 American Legion Road

City State Zip Code
Kaplan LA 70548

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

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: C1262577

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Gerald Hamilton

Mailing Address 7612 Rio Penasco Court NW

City State Zip Code
Albuquerque NM 87120-5315

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

Name of Employer Occupation
R&G Healthcare Management Owner/Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: C1268679

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

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 18 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Herbert Heflich

Mailing Address 5 Van Pelt Ct

City State Zip Code
Martinsville NJ 08836-2360

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

Name of Employer Occupation
Long Term Care Mgt Co Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2011

Transaction ID: C1272831

Amount of Each Receipt this Period
1000.00

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

Mailing Address 33 Elk Street
300

City State Zip Code
Albany NY 12207

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

Name of Employer Occupation
NYS Health Facilities Ass-ociation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2011

Transaction ID: C1268680

Amount of Each Receipt this Period
250.00

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

Mailing Address 39 Broadway

City State Zip Code
New York NY 10006

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

Name of Employer Occupation
New York Health Care Alli-ance, LLC Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: C1283557

Amount of Each Receipt this Period
1100.00

SUBTOTAL of Receipts This Page (optional) ► 2350.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robin L. Hillier

Mailing Address 22 Parrish Road

City State Zip Code
Conneaut OH 44030

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

Name of Employer Occupation
RLH Consulting Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

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

Transaction ID: C1268681

Amount of Each Receipt this Period
1250.00

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

Mailing Address 1001 Center Street

City State Zip Code
Little Egg Harbor NJ 08087-1364

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

Name of Employer Occupation
Seacrest Village Owner/President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

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

Transaction ID: C1269006

Amount of Each Receipt this Period
50.00

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

Mailing Address 1001 Center Street

City State Zip Code
Little Egg Harbor NJ 08087-1364

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

Name of Employer Occupation
Seacrest Village Owner/President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

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

Transaction ID: C1272836

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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 20 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jerry Holloway

Mailing Address 17011 Beach Blvd
Ste 1130

City State Zip Code
Huntington Beach CA 92647-7402

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

Name of Employer
Anberry Rehabilitation Ho-
spital

Occupation
Partner

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: C1268079

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Jerry Holloway

Mailing Address 17011 Beach Blvd
Ste 1130

City State Zip Code
Huntington Beach CA 92647-7402

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

Name of Employer
Anberry Rehabilitation Ho-
spital

Occupation
Partner

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: C1272815

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey N Hyatt

Mailing Address 701 N. 39th Avenue

City State Zip Code
Selah WA 98902

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

Name of Employer
Hyatt Family Facilities

Occupation
SNF AL Owner Operator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1268682

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Richard Kase		Date of Receipt MM / DD / YYYY 04 / 27 / 2011
Mailing Address 5125 Pine Rocklands Avenue		Transaction ID: C1272807
City Lithia	State FL	Zip Code 33547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cypress Healthcare	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Bruce Kelly		Date of Receipt MM / DD / YYYY 04 / 26 / 2011
Mailing Address 323 Highland		Transaction ID: C1272970
City Natchez	State MS	Zip Code 39120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 625.00
Name of Employer Senior Living Centers	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.

Full Name (Last, First, Middle Initial) Pat Kelly		Date of Receipt MM / DD / YYYY 04 / 28 / 2011
Mailing Address 110 Association Dr		Transaction ID: C1276615
City Charleston	State WV	Zip Code 25311-1217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WVHCA	Occupation CEO	
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)	1125.00
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 22 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Tandy Kephart

Mailing Address 409 Benedicta Ave

City State Zip Code
Trinidad CO 81082-2004

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

Name of Employer Occupation
Trinidad Inn Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2011

Transaction ID: C1276619

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
National Center for Assisted Living Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 316.48

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: C1262944

Amount of Each Receipt this Period
39.56

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

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
National Center for Assisted Living Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 316.48

Date of Receipt
MM / DD / YYYY
04 / 25 / 2011

Transaction ID: C1272747

Amount of Each Receipt this Period
39.56

SUBTOTAL of Receipts This Page (optional) ► 1079.12

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 23 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 12761 South Wacousta Road

City State Zip Code
Eagle MI 48822

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

Name of Employer: Health Care Association of Michigan
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 26 / 2011
Transaction ID: C1272967
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address S301 August Ave

City State Zip Code
Marrero LA 70072

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

Name of Employer: Marrero Healthcare
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 01 / 2011
Transaction ID: C1262578
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 201 North Main Street

City State Zip Code
Mount Vernon OH 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 ▼ 2000.00

Date of Receipt: 04 / 25 / 2011
Transaction ID: C1272716
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 24 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Paul Liistro

Mailing Address 1 Meadow Brook Lane

City State Zip Code
Westport CT 06880-3929

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

Name of Employer Occupation
Arbors of Hop Brook, LTD CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: C1268126

Amount of Each Receipt this Period
1000.00

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

Mailing Address 25407 Pyrite

City State Zip Code
Boerne TX 78006

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

Name of Employer Occupation
SavaSeniorCare Division President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: C1269019

Amount of Each Receipt this Period
312.50

C. Full Name (Last, First, Middle Initial)
Ruby Jo Lubarsky

Mailing Address 9403 Mill Brook Road

City State Zip Code
Louisville KY 40223

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

Name of Employer Occupation
Kentucky Association of Health Care Fa President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C1272047

Amount of Each Receipt this Period
1100.00

SUBTOTAL of Receipts This Page (optional) ► **2412.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Tod Mahoney

Mailing Address 1019 Brook Arbor Dr

City State Zip Code
Mansfield TX 76063-5445

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

Name of Employer Occupation
Cross Timbers Rehab Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: C1278323

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ralph Marrison

Mailing Address 1601 NE 26th St

City State Zip Code
Ft Lauderdale FL 33305-1410

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

Name of Employer Occupation
Marrison Group Inc. 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 4 / 2 7 / 2 0 1 1

Transaction ID: C1279966

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Christian Mason

Mailing Address 15467 Union School Road

City State Zip Code
Woodburn OR 97071

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

Name of Employer Occupation
Senior Housing Managemnet LLC President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: C1269015

Amount of Each Receipt this Period

125.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Debbie McLarty

Mailing Address 101 Sun Avenue NE

City State Zip Code
Albuquerque NM 87109

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

Name of Employer Occupation
Sun Health Care Group, Inc Senior Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: C1268987

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)

Richard Mendlen

Mailing Address 2151 Calle Poco

City State Zip Code
San Diego CA 92019

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

Name of Employer Occupation
Kennon S. Shea & Associates COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: C1268988

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Gregory Miller

Mailing Address 11573 Stablewatch Court

City State Zip Code
Cincinnati OH 45249-3602

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

Name of Employer Occupation
Health Care Management Group VP Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: C1271905

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

875.00

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 27 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 303 Cleveland Ave SE
Ste 206

City State Zip Code
Tumwater WA 98501-3340

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

Name of Employer Occupation
Washington Health Care As- Executive Director
sociation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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

Transaction ID: C1268989

Amount of Each Receipt this Period
250.00

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

Mailing Address 25117 SW Parkway Ste. F

City State Zip Code
Wilsonville OR 97070

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

Name of Employer Occupation
Avamere Health Services Owner/CEO

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C1272054

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
V. Richard Miller

Mailing Address 2849 Spanish River Road

City State Zip Code
Boca Raton FL 33432

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

Name of Employer Occupation
Retired Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

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

Transaction ID: C1268990

Amount of Each Receipt this Period
1250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lisa Mitchell
 Mailing Address 214 South Munson Road
 City Swanton State OH Zip Code 43558-1210
 Date of Receipt 04 / 15 / 2011
Transaction ID: C1272044
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Swanton Health Care Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Michael Morton
 Mailing Address 415 Rogers Avenue
 City Fort Smith State AR Zip Code 72901-1903
 Date of Receipt 04 / 21 / 2011
Transaction ID: C1272684
 Amount of Each Receipt this Period 1250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Central Arkansas Nursing Centers Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

C. Full Name (Last, First, Middle Initial)
Steve Mulder
 Mailing Address 7300 Del Pardo Street
 City Boca Raton State FL Zip Code 33433
 Date of Receipt 04 / 21 / 2011
Transaction ID: C1272704
 Amount of Each Receipt this Period 825.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Whitehall Boca Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

SUBTOTAL of Receipts This Page (optional) ► 2575.00
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 29 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Tony E Oglesby

Mailing Address PO Box 350

City State Zip Code
Benton TN 37307-0350

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

Name of Employer Occupation
SavaSenior Care President & CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: C1268992

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Joe Okruhlica

Mailing Address 1155 Eastern Pkwy

City State Zip Code
Louisville KY 40217-1401

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

Name of Employer Occupation
Parkway Medical Center Owner/Administrator

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C1269022

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Delbert Ousley

Mailing Address 300 Provider Court

City State Zip Code
Richmond KY 40475-8488

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

Name of Employer Occupation
PMD Corporation President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Transaction ID: C1275395

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mark Parkinson

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 Healthcare Association Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: C1272809

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
Stacy Parkinson

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 Self-Employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: C1272810

Amount of Each Receipt this Period
1250.00

C.

Full Name (Last, First, Middle Initial)
Ronald R. Payne

Mailing Address 1518 Legacy Dr Ste 110

City Frisco State TX Zip Code 75034

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

Name of Employer Southwest LTC Gulf Health Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: C1272718

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

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 31 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Russell V Peterson

Mailing Address 5281 Ventura Dr

City State Zip Code
Fremont NE 68025-9779

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

Name of Employer Occupation
Nye Senior Living Regional Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2011

Transaction ID: C1269020

Amount of Each Receipt this Period
137.50

B.

Full Name (Last, First, Middle Initial)
Mebane Pruitt

Mailing Address 4275 NE Lakehaven Drive

City State Zip Code
Atlanta GA 30319

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

Name of Employer Occupation
N/A Homemaker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1666.67

Date of Receipt
MM / DD / YYYY
04 / 14 / 2011

Transaction ID: C1268995

Amount of Each Receipt this Period
1666.67

C.

Full Name (Last, First, Middle Initial)
Neil L. Pruitt, Jr.

Mailing Address 4275 Lakehaven Dr NE

City State Zip Code
Atlanta GA 30319-1135

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

Name of Employer Occupation
UHS-Pruitt Corporation, Inc. President & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2011

Transaction ID: C1268994

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **3054.17**

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 32 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Eileen Ramage

Mailing Address 11108 Post House Court

City State Zip Code
Potomac MD 20854

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

Name of Employer American Health Care Association
Occupation SVP, Finance and Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: C1272712

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3308 Ocean Bld # 280

City State Zip Code
Corona Del Mar CA 92625

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

Name of Employer SR Management Svcs. Inc.
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	1	1

Transaction ID: C1272846

Amount of Each Receipt this Period
1250.00

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

Mailing Address PO Box 2215

City State Zip Code
Brighton MI 48116

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

Name of Employer Nexcare Health Systems, Inc.
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	1	1

Transaction ID: C1272832

Amount of Each Receipt this Period
3750.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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 33 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jon Reardon
Mailing Address 1202 Weiss Street
City State Zip Code
Saginaw MI 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 ▼ 550.00
Date of Receipt: 04 / 18 / 2011
Transaction ID: C1272053
Amount of Each Receipt this Period: 275.00

B. Full Name (Last, First, Middle Initial)
Stephen Reissman
Mailing Address 5120 W Goldleaf Circle Suite 400
City State Zip Code
Los Angeles CA 90056-1297
FEC ID number of contributing federal political committee. **C**
Name of Employer: Country Villa Health Services
Occupation: President/CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 04 / 22 / 2011
Transaction ID: C1272940
Amount of Each Receipt this Period: 1250.00

C. Full Name (Last, First, Middle Initial)
Frank Romano
Mailing Address 61 Summer Street
City State Zip Code
Rowley MA 01969-1835
FEC ID number of contributing federal political committee. **C**
Name of Employer: Essex Group
Occupation: CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 04 / 14 / 2011
Transaction ID: C1268996
Amount of Each Receipt this Period: 1250.00

SUBTOTAL of Receipts This Page (optional) ► 2775.00
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 34 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert Rosenthal

Mailing Address 6400 SW 44th Street

City Miami State FL Zip Code 33155-5145

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

Name of Employer 21st Century Health Group Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2011

Transaction ID: C1262571

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Leonard Russ

Mailing Address 40 Keogh Lane

City New Rochelle State NY Zip Code 10805-1308

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

Name of Employer Bayberry Nursing Home Occupation Owner/Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 14 / 2011

Transaction ID: C1268997

Amount of Each Receipt this Period 1250.00

C.

Full Name (Last, First, Middle Initial)
V. James Santarsiero

Mailing Address Executive Plaza 111 Suite 503

City Hunt Valley State MD Zip Code 21021

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

Name of Employer Perennial Healthcare Management, Inc. Occupation Managing Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 27 / 2011

Transaction ID: C1272845

Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 35 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jerry 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 Altercare Occupation Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 1
Transaction ID: C1282608
Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
Russell Schwartz
Mailing Address 8 Inwood Lane
City State Zip Code
Farmington CT 06032
FEC ID number of contributing federal political committee. **C**
Name of Employer Avon Health Center Occupation Director of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 265.00
Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 1 1
Transaction ID: C1272041
Amount of Each Receipt this Period 265.00

C. Full Name (Last, First, Middle Initial)
Shawn Scott
Mailing Address 8106 Boulder Ct.
City State Zip Code
Long Grove IL 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Medline Industries Occupation VP, Healthcare Corporate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1
Transaction ID: C1269375
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 3015.00
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 36 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code
Weirton WV 26062-3634

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

Name of Employer Occupation
Weirton Geriatric Center Owner/Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

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

Transaction ID: C1272037

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)
Robert Siebel

Mailing Address 13185 W Great Mountain Drive

City State Zip Code
Lakewood CO 80228-3512

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

Name of Employer Occupation
Carriage Healthcare Companies, Inc. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: C1268999

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)
David Stallard

Mailing Address 1305 West Causeway Approach #212

City State Zip Code
Mandeville LA 70471

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

Name of Employer Occupation
Covington Suites CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: C1269000

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional) ▶

3050.00

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 37 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Brad Stebbins

Mailing Address 600 East 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 Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: C1275396

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
Andrew Stokes

Mailing Address 2927 Sterling Place

City State Zip Code
Altadena CA 91001-4930

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

Name of Employer Occupation
LTC Properties, Inc. VP, Marketing & Strategic Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272966

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Jan Thayer

Mailing Address 2307 Stagecoach Rd.

City State Zip Code
Grand Island NE 68801

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

Name of Employer Occupation
Riverside Lodge Retirement Complex Chair/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C1272055

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 38 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5120 West Goldleaf Circle
400

City State Zip Code
Los Angeles CA 90056-1297

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

Name of Employer Country Villa Health Services
Occupation Vice President, Customer Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: C1269002

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jerry R. Tretwold

Mailing Address PO Box 829

City State Zip Code
Brewster WA 98812-0829

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

Name of Employer Harmony House Health Care Center
Occupation Owner/ Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	1	1

Transaction ID: C1279137

Amount of Each Receipt this Period
275.00

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

Mailing Address 817 W Center St

City State Zip Code
Sherman TX 75092-7205

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

Name of Employer Nexion Health
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: C1272738

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1275.00**

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 39 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Peter Van Runkle

Mailing Address 7460 Tottenham Pl

City State Zip Code
New Albany OH 43054-9443

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

Name of Employer Occupation
Ohio Health Care Association Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2011

Transaction ID: C1269011

Amount of Each Receipt this Period
125.00

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

Mailing Address 20220 Harney Street

City State Zip Code
Elkhorn NE 68022

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

Name of Employer Occupation
Vetter Health Services President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2011

Transaction ID: C1272705

Amount of Each Receipt this Period
1250.00

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

Mailing Address 2416 Mesa St.

City State Zip Code
Idaho Falls ID 83401

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

Name of Employer Occupation
New Beginnings Community Living Home Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2011

Transaction ID: C1269004

Amount of Each Receipt this Period
250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Barton D. Weisman

Mailing Address 5310 NW 33rd Ave
Ste 211

City State Zip Code
Ft Lauderdale FL 33309-6319

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

Name of Employer Occupation
Weisman Associates President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

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

Transaction ID: C1267962

Amount of Each Receipt this Period
1250.00

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

Mailing Address 922 McDonough Road

City State Zip Code
Jackson GA 30233-1522

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

Name of Employer Occupation
Westbury Medical Care Home Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 733.33

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

Transaction ID: C1272830

Amount of Each Receipt this Period
183.33

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

Mailing Address 1975 Drummond Pond Road

City State Zip Code
Alpharetta GA 30004

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

Name of Employer Occupation
Formation Capital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C1268589

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **6433.33**

TOTAL This Period (last page this line number only) ► **113108.84**

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

<p>A. Full Name (Last, First, Middle Initial) JANE CORWIN FOR CONGRESS COMMITTEE INC</p> <p>Mailing Address PO Box 15385</p> <p>City Rochester State NY Zip Code 14615-0385</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Jane Corwin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 26</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116240</p> <p>Date of Disbursement 04 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) A NEW DIRECTION PAC</p> <p>Mailing Address PO BOX 4234</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D115905</p> <p>Date of Disbursement 04 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 2nd St NE</p> <p>City Washington State DC Zip Code 20002-4914</p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116320</p> <p>Date of Disbursement 04 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p>

SUBTOTAL of Disbursements This Page (optional)	18500.00
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

<p>A. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS</p> <p>Mailing Address 5915 Eastman Avenue</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116164 Date of Disbursement 04 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MCKINLEY FOR CONGRESS</p> <p>Mailing Address 32 20TH STREET</p> <p>City WHEELING State WV Zip Code 26003</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. David B. McKinley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116163 Date of Disbursement 04 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) TEAM EMERSON FOR JO ANN EMERSON</p> <p>Mailing Address P.O. Box 822</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jo Ann Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D115907 Date of Disbursement 04 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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.	Full Name (Last, First, Middle Initial) YODER FOR CONGRESS	Transaction ID: D116161 Date of Disbursement
	Mailing Address P.O. Box 26742	<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
	City Overland Park State KS Zip Code 66225	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. Kevin Yoder	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012
	State: KS District: 03	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE	Transaction ID: D116155 Date of Disbursement
	Mailing Address PO Box 3370	<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City Palm Springs State CA Zip Code 92263	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="1500.00"/>
	Candidate Name Rep. Mary Bono Mack	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012
	State: CA District: 45	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRESS INC.	Transaction ID: D116233 Date of Disbursement
	Mailing Address 319 NANCY'S ROAD	<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City QUITMAN State LA Zip Code 71268	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="5000.00"/>
	Candidate Name Rep. Rodney Alexander	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012
	State: LA District: 05	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
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 45 / 45

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

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

A. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Tom Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116162 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE Mailing Address P.O. BOX 1948 City BOISE State ID Zip Code 83701 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Michael D. Crapo Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00 Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D115906 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

75500.00