

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 01 01 2010 through 01 31 2010

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 02 19 2010

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 **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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		128897.14
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	128897.14									
(c) Total Receipts (from Line 19)	12979.70	12979.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	141876.84	141876.84								
7. Total Disbursements (from Line 31)	6500.00	6500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	135376.84	135376.84								
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

FEC Form 3X (Rev. 06/2004)

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)	5080.00	5080.00
(ii) Unitemized	2399.70	2399.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7479.70	7479.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5500.00	5500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12979.70	12979.70
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))	12979.70	12979.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12979.70	12979.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	6500.00	6500.00
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))..	6500.00	6500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	6500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	12979.70	12979.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12979.70	12979.70
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 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Chris Bird</p> <p>Mailing Address 2917 Harrods Crossing Boulevard</p> <p>City State Zip Code Crestwood KY 40014</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Peoplefirst Rehabilitation Occupation: President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 01 / 11 / 2010</p> <p>Transaction ID: C842576</p> <p>Amount of Each Receipt this Period 500.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) KaraLe Causey</p> <p>Mailing Address Haven Nursing Center, Inc. 7726 Highway 165</p> <p>City State Zip Code Columbia LA 71418</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Haven Nursing Center, Inc. Occupation: Owner/ Administrator/ CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 01 / 11 / 2010</p> <p>Transaction ID: C842572</p> <p>Amount of Each Receipt this Period 500.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Richard E. Chapman</p> <p>Mailing Address 11200 Bodley Drive</p> <p>City State Zip Code Louisville KY 40223</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Information Requested Occupation: Information Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 01 / 11 / 2010</p> <p>Transaction ID: C842575</p> <p>Amount of Each Receipt this Period 500.00</p>
---	--

SUBTOTAL of Receipts This Page (optional)	1500.00
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 7 / 13
(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) Gregory J. Elliot		Date of Receipt MM / DD / YYYY 01 / 11 / 2010
Mailing Address AMFM, Inc. 240 Capitol Street		Transaction ID: C842577
City Charleston	State WV	Zip Code 25301-2297
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 496.00
Name of Employer AMFM, Inc.	Occupation IT Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

B.

Full Name (Last, First, Middle Initial) Gregory J. Elliot		Date of Receipt MM / DD / YYYY 01 / 26 / 2010
Mailing Address AMFM, Inc. 240 Capitol Street		Transaction ID: C852595
City Charleston	State WV	Zip Code 25301-2297
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer AMFM, Inc.	Occupation IT Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

C.

Full Name (Last, First, Middle Initial) Larry Lane		Date of Receipt MM / DD / YYYY 01 / 11 / 2010
Mailing Address 101 E State St		Transaction ID: C842571
City Kennett Square	State PA	Zip Code 19348-3109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Genesis	Occupation Sr VP, Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1080.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 13
(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)
Richard Lechleiter

Mailing Address 601 Club Lane

City State Zip Code
Louisville KY 40207

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: C842570

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Michael A Newton

Mailing Address 6937 Warfield Avenue

City State Zip Code
Sykesville MD 21784

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

Name of Employer Nexion Health Occupation Director of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: C866635

Amount of Each Receipt this Period
1000.00

C.

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
MM / DD / YYYY
01 / 06 / 2010

Transaction ID: C841733

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)	5080.00

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

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

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

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

A.

Full Name (Last, First, Middle Initial) DIRECT SUPPLY INC. PARTNERS PAC (DSI PARTNERS PAC)		Date of Receipt MM / DD / YYYY 01 / 26 / 2010
Mailing Address 6767 North Industrial Road		Transaction ID: C852596
City Milwaukee	State WI	Zip Code 53223
FEC ID number of contributing federal political committee. C C00409516	Amount of Each Receipt this Period 3000.00	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

B.

Full Name (Last, First, Middle Initial) Kindred Healthcare Inc. Political Action Committee		Date of Receipt MM / DD / YYYY 01 / 11 / 2010
Mailing Address 680 S 4th St		Transaction ID: C842581
City Louisville	State KY	Zip Code 40202-2407
FEC ID number of contributing federal political committee. C C00242271	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
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)	5500.00
TOTAL This Period (last page this line number only)	5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS</p> <p>Mailing Address PO BOX 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92086 Date of Disbursement 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LOUISE SLAUGHTER RE-ELECTION COMMITTEE</p> <p>Mailing Address P.O. Box 730</p> <p>City Honeoye State NY Zip Code 14471</p> <p>Purpose of Disbursement Voided contribution of 9/29/09</p> <p>Candidate Name Rep. Louise McIntosh Slaughter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92317 Date of Disbursement 01 / 28 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE</p> <p>Mailing Address P. O. Box 408</p> <p>City Anderson State IN Zip Code 46015</p> <p>Purpose of Disbursement Voided contribution of 9/29/09</p> <p>Candidate Name Rep. Mike Pence</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92150 Date of Disbursement 01 / 22 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p>

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

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) ROSKAM FOR CONGRESS COMMITTEE	Transaction ID: D92319
	Mailing Address 141 Shelley Ln	Date of Disbursement 01 / 28 / 2010
	City Wheaton State IL Zip Code 60187-7423	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Peter J. Roskam	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: D92318
	Mailing Address 49 HUNTINGTON STREET	Date of Disbursement 01 / 28 / 2010
	City NEW HAVEN State CT Zip Code 06511	Amount of Each Disbursement this Period -3500.00
	Purpose of Disbursement Voided contribution of 11/17/09	Category/ Type
	Candidate Name Rep. Rosa Delauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EVAN BAYH COMMITTEE	Transaction ID: D92084
	Mailing Address 850 FORT WAYNE AVENUE	Date of Disbursement 01 / 21 / 2010
	City INDIANAPOLIS State IN Zip Code 46204	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Evan Bayh	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	-1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
FRIENDS FOR HARRY REID

Mailing Address P.O. BOX 19163

City LAS VEGAS State NV Zip Code 89132

Purpose of Disbursement
Voided Contribution of 7/16/09

Candidate Name
Sen. Harry Reid

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D92082

Date of Disbursement

01 / 21 / 2010

Amount of Each Disbursement this Period

-2000.00

B.

Full Name (Last, First, Middle Initial)
FRIENDS FOR HARRY REID

Mailing Address P.O. BOX 19163

City LAS VEGAS State NV Zip Code 89132

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Harry Reid

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D92083

Date of Disbursement

01 / 21 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

6500.00