

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2006 through 09 30 2006

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 Robert Van Dyk

Signature of Treasurer Electronically Filed by Robert Van Dyk Date 10 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		371526.17
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	336552.36									
(c) Total Receipts (from Line 19) .....	14644.90	458856.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	351197.26	830383.09								
7. Total Disbursements (from Line 31) .....	240604.07	719789.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	110593.19	110593.19								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	10283.18	416978.98
(i) Itemized (use Schedule A) .....	4361.72	38627.94
(ii) Unitemized .....	14644.90	455606.92
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14644.90	455606.92
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	3250.00
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)) .....	14644.90	458856.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14644.90	458856.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	354.07	6039.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	354.07	6039.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	240250.00	710250.00
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	3500.00
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))..	240604.07	719789.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	240604.07	719789.90

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14644.90	455606.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14644.90	455606.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	354.07	6039.90
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	354.07	6039.90

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Lyn Bentley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 2212 Hidden Valley Lane		<b>Transaction ID: 24621900</b>	
City State Zip Code Silver Spring MD 20904-5240	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA Occupation Director	Aggregate Year-to-Date ▼ 320.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. David Hebert</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 7605 Ridgecrest Drive		<b>Transaction ID: 24621904</b>	
City State Zip Code Alexandria VA 22308-1049	Amount of Each Receipt this Period 27.78		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA Occupation Senior Vice President of Advocacy	Aggregate Year-to-Date ▼ 250.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr David Kylo</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		<b>Transaction ID: 24621907</b>	
City State Zip Code Arlington VA 22206-1143	Amount of Each Receipt this Period 39.56		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA Occupation Director, Assisted Living	Aggregate Year-to-Date ▼ 657.96		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	87.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lyn Bentley		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 2212 Hidden Valley Lane		<b>Transaction ID:</b> 24621987
City State Zip Code Silver Spring MD 20904-5240	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Julie Cheeka		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 3614 Connecticut Avenue, NW Apt 22		<b>Transaction ID:</b> 24621994
City State Zip Code Washington DC 20008-2436	Amount of Each Receipt this Period 11.54	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA Occupation Senior Director of Constituency Affair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.72	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David Hebert		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 7605 Ridgecrest Drive		<b>Transaction ID:</b> 24622001
City State Zip Code Alexandria VA 22308-1049	Amount of Each Receipt this Period 27.78	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA Occupation Senior Vice President of Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Ms Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
Fairfax VA 22031-4720

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

Name of Employer AHCA Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2006

Transaction ID: 24622003

Amount of Each Receipt this Period  
11.54

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

Mailing Address 4621 28th Road South  
PAYROLL DEDUCTION

City State Zip Code  
Arlington VA 22206-1143

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 697.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2006

Transaction ID: 24622063

Amount of Each Receipt this Period  
39.56

**C.** Full Name (Last, First, Middle Initial)  
Ms Dixie Taylor-Huff

Mailing Address 932 Baddour Parkway

City State Zip Code  
Lebanon TN 37087-3707

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

Name of Employer Quality Care Health Center Occupation Administrator/Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

Transaction ID: 24643791

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>301.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr Dick Stebbins</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 600 E Whaley		<b>Transaction ID: 24644241</b>
City State Zip Code Longview TX 75601-6525	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Stebbins Five Companies	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr Floyd Schlossberg</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 4200 W. Peterson #140		<b>Transaction ID: 24644378</b>
City State Zip Code Chicago IL 60646-6812	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Alden Management Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Ina Schlossberg</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 4200 W Peterson #140		<b>Transaction ID: 24644452</b>
City State Zip Code Chicago IL 60646-6819	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Alden Enterprises	Occupation Special Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr Theodore Vinci

Mailing Address 96 Scotland Ave # A

City Madison State CT Zip Code 06443-2531

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

Name of Employer Talmadge Park Health Care Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: 24644643

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Bibo

Mailing Address 239 S. Cherry St.

City Galesburg State IL Zip Code 61401-4911

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

Name of Employer RFMS, Inc Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: 24644687

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dion Schrack

Mailing Address 2021 4th Ave.

City Gunnell State IA Zip Code 50412

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

Name of Employer St. Francis Manor Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: 24645217

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Gerald Romano		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 7 Creek Lane		<b>Transaction ID:</b> 24645222
City Bristol	State RI	Zip Code 02809-2499
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer Silver Creek Manor	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jim Kohler		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 8741 Landmark Road		<b>Transaction ID:</b> 24657187
City Richmond	State VA	Zip Code 23228-2801
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer McKesson Medical-Surgical	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Tom Balderston		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 1972 Thatch Palm Drive		<b>Transaction ID:</b> 24657198
City Boca Raton	State FL	Zip Code 33432-7457
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 750.00
Name of Employer Heather Hills Care Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. W. Scott Plumb

Mailing Address 2310 Washington St #300

City State Zip Code  
Newton Lower Falls MA 02462-1449

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

Name of Employer  
MA Extended Care Federation

Occupation  
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  
09 / 22 / 2006

**Transaction ID:** 24657220

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Cathy Williams

Mailing Address 826 West Desmond St

City State Zip Code  
Winslow AZ 86047-2321

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

Name of Employer  
Winslow Campus of Care

Occupation  
COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** 24660264

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Elizabeth B Irtz

Mailing Address 12136 Col. Bayaud Ave. #200

City State Zip Code  
Lorewood CO 80228

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

Name of Employer  
Pinon Mgmt.

Occupation  
VP Life Enhancement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** 24661342

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr Gavin Gadberry</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address PO Box 9158		<b>Transaction ID: 24663580</b>	
City Amarillo	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 79105-9158		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Underwood Wilson Berry PC	Occupation Attorney	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Kathleen Collins Pagels</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 9035 E. Lupine Ave		<b>Transaction ID: 24664331</b>	
City Scottsdale	State AZ	Amount of Each Receipt this Period 100.00	
Zip Code 85260-6837		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Arizona Health Care Association	Occupation Executive Director	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	Amount of Each Receipt this Period 100.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Lyn Bentley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 2212 Hidden Valley Lane		<b>Transaction ID: 24664452</b>	
City Silver Spring	State MD	Amount of Each Receipt this Period 20.00	
Zip Code 20904-5240		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer AHCA	Occupation Director	Amount of Each Receipt this Period 20.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Amount of Each Receipt this Period 20.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	620.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	620.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 52
	(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

Full Name (Last, First, Middle Initial) <b>A. Ms. Julie Cheeka</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6	
Mailing Address 3614 Connecticut Avenue, NW Apt 22		<b>Transaction ID: 24664455</b>	
City State Zip Code Washington DC 20008-2436	Amount of Each Receipt this Period 11.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AHCA	Occupation Senior Director of Constituency Affair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26		

Full Name (Last, First, Middle Initial) <b>B. Mr. David Hebert</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6	
Mailing Address 7605 Ridgecrest Drive		<b>Transaction ID: 24664456</b>	
City State Zip Code Alexandria VA 22308-1049	Amount of Each Receipt this Period 27.78		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AHCA	Occupation Senior Vice President of Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.58		

Full Name (Last, First, Middle Initial) <b>C. Ms Jennifer Shimer</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6	
Mailing Address 9507 Shelly Krasnow Ln		<b>Transaction ID: 24664464</b>	
City State Zip Code Fairfax VA 22031-4720	Amount of Each Receipt this Period 11.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AHCA	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 52
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		<b>Transaction ID:</b> 24664466
City Arlington State VA Zip Code 22206-1143	Amount of Each Receipt this Period 39.56	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AHCA Occupation Director, Assisted Living	Aggregate Year-to-Date ▼ 737.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms Patricia Snyder		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 3900 NW 12th Street Suite 100		<b>Transaction ID:</b> 24664537
City Lincoln State NE Zip Code 68521-3015	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nebraska Health Care Assn Occupation Executive Director	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Elizabeth B Irtz		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 12136 Col. Bayaud Ave. #200		<b>Transaction ID:</b> 24672184
City Lorewood State CO Zip Code 80228	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pinon Mgmt. Occupation VP Life Enhancement	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	464.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harvey Pelovsky

Mailing Address 807 W Longhorn Road

City Payson State AZ Zip Code 85541-4263

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

Name of Employer Rim Country Health Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
09 / 27 / 2006

Transaction ID: 24672188

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Cathy Williams

Mailing Address 826 West Desmond St

City Winslow State AZ Zip Code 86047-2321

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

Name of Employer Winslow Campus of Care Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
09 / 27 / 2006

Transaction ID: 24672193

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Clay Crosson

Mailing Address 21 South Oaks Drive

City Cartersville State GA Zip Code 30121-8111

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

Name of Employer Americare Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
09 / 27 / 2006

Transaction ID: 24672196

Amount of Each Receipt this Period  
-500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	575.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 600 E Whaley

City State Zip Code  
Longview TX 75601-6525

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

Name of Employer Occupation  
Stebbins Five Companies Managing Partner

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 24672200

Amount of Each Receipt this Period  
-250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Don Chensvold

Mailing Address 4080 1st Ave NE #103  
PO Box 5428

City State Zip Code  
Cedar Rapids IA 52402-3160

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

Name of Employer Occupation  
Health Care of Iowa Inc Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 24672263

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Timothy Boyle

Mailing Address 936 Spyglass Court

City State Zip Code  
Dakota Dunes SD 57049-5101

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

Name of Employer Occupation  
Care Centre Management Pres

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 24672273

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	-50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael Shepard		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 6810 S. Hazel		Transaction ID: 24672274	
City State Zip Code PineBluff AR	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Davis Life Care	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Michael Shepard		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 6810 S. Hazel		Transaction ID: 24672279	
City State Zip Code PineBluff AR	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Davis Life Care	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Linda Sechovec		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 4411 McLeod NE Suite G		Transaction ID: 24672280	
City State Zip Code Albuquerque NM 87109-2227	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer New Mexico Health Care As- sn	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr William Dunn		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 195 Executive Dr		<b>Transaction ID:</b> 24672302
City Marion State OH Zip Code 43302-6391	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Marion Manor Nursing Hm Inc Occupation Administrator	Aggregate Year-to-Date ▼ 1750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Michael A Newton		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1430 Progress Way #108		<b>Transaction ID:</b> 24672311
City Eldersburg State MD Zip Code 21784-6484	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nexion Health Occupation Director of Human Resources	Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr Michael Hamm		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1501 42nd St #375		<b>Transaction ID:</b> 24672312
City West Des Moines State IA Zip Code 50266-1026	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hawkeye Care Centers Inc Occupation President	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Brain Lee		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1430 Prigress Way Suite 108		<b>Transaction ID:</b> 24672474	
City Eldersburg	State MD	Zip Code 21784-6484	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nexion Health Care	Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms Cheryl Killian		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 3801 Woodside Dr.		<b>Transaction ID:</b> 24673623	
City Arlington	State TX	Zip Code 76016-3030	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Legacy Care Centers Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Arlene Miles		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 225 E 16th Ave. #110		<b>Transaction ID:</b> 24688161	
City Denver	State CO	Zip Code 80203-1620	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Colorado Health Care Association	Occupation State Exeuctive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms Arlene Miles		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 225 E 16th Ave. #110		<b>Transaction ID:</b> 24688163	
City State Zip Code Denver CO 80203-1620	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Colorado Health Care Association	Occupation State Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms Arlene Miles		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 225 E 16th Ave. #110		<b>Transaction ID:</b> 24688165	
City State Zip Code Denver CO 80203-1620	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Colorado Health Care Association	Occupation State Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Dixie Taylor-Huff		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 932 Baddour Parkway		<b>Transaction ID:</b> 24688246	
City State Zip Code Lebanon TN 37087-3707	Amount of Each Receipt this Period -250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Quality Care Health Center	Occupation Administrator/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	10283.18

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 52

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** BB & T

Mailing Address Operations Center  
Post Office Box 819

City State Zip Code  
Wilson NC 27894-0819

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: 24809432

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

354.07

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

354.07

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

354.07

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Mark Foley</b>		<b>Transaction ID:</b> 24545420 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 30505		Amount of Each Disbursement this Period 2500.00
City West Palm Gardens State FL Zip Code 33420	Purpose of Disbursement 011 Category/ Type	
Candidate Name Mr. Mark Foley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Scott Garrett for Congress</b>		<b>Transaction ID:</b> 24545425 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address PO Box 905		Amount of Each Disbursement this Period 1000.00
City Newton State NJ Zip Code 07860	Purpose of Disbursement 011 Category/ Type	
Candidate Name Mr. Scott Garrett	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Lewis for Congress Committee</b>		<b>Transaction ID:</b> 24568532 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 1150 Brookside Ave.		Amount of Each Disbursement this Period 5000.00
City Redlands State CA Zip Code 92373	Purpose of Disbursement 011 Category/ Type	
Candidate Name Mr. Jerry Lewis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. John Spratt for Congress</b>		<b>Transaction ID: 24596798</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 636		Amount of Each Disbursement this Period 3000.00
City Annandale State VA Zip Code 22003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr John Spratt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John D. Dingell for Congress Committee</b>		<b>Transaction ID: 24597704</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 19855 W. Outer Drive #103 A-E		Amount of Each Disbursement this Period 1500.00
City Dearborn State MI Zip Code 48124	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. John Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Chet Edwards for Congress</b>		<b>Transaction ID: 24596697</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 5006 Lakeland Circle 328 Cannon House Ofc Bldg		Amount of Each Disbursement this Period 5000.00
City Waco State TX Zip Code 76710	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Chet Edwards		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Sweeney for Congress</b>		<b>Transaction ID: 24595878</b> Date of Disbursement 09 / 11 / 2006
Mailing Address PO Box 4137		Amount of Each Disbursement this Period 4750.00
City Clifton Park State NY Zip Code 12065	011 Category/ Type	
Purpose of Disbursement Candidate Name Mr John Sweeney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jim Gerlach for Congress</b>		<b>Transaction ID: 24595351</b> Date of Disbursement 09 / 11 / 2006
Mailing Address 911 Welsh Ayres Way		Amount of Each Disbursement this Period 5000.00
City Downingtown State PA Zip Code 19335	011 Category/ Type	
Purpose of Disbursement Candidate Name Mr. James Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Boswell for Congress</b>		<b>Transaction ID: 24596930</b> Date of Disbursement 09 / 11 / 2006
Mailing Address 709 Furnas Dr. Ste. 1		Amount of Each Disbursement this Period 5000.00
City Osceola State IA Zip Code 50213	011 Category/ Type	
Purpose of Disbursement Candidate Name Mr. Leonard Boswell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Jim Marshall</b>		<b>Transaction ID: 24597283</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.O. B0x 125		Amount of Each Disbursement this Period 5000.00
City Macon State GA Zip Code 31201	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Jim Marshall		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 3		

Full Name (Last, First, Middle Initial) <b>B. Kuhl For Congress</b>		<b>Transaction ID: 24595294</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 10 Ganesvoort Street		Amount of Each Disbursement this Period 5000.00
City Bath State NY Zip Code 14810	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. John Kuhl		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29		

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Barrow</b>		<b>Transaction ID: 24597046</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 2141 B West Broad St		Amount of Each Disbursement this Period 5000.00
City Athens State GA Zip Code 30606	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. John Barrow		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Mike Sodrel</b>		<b>Transaction ID: 24596350</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 702 North Shore Drive Suite 500		Amount of Each Disbursement this Period 4000.00
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Michael Sodrel		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 9	

Full Name (Last, First, Middle Initial) <b>B. Fitzpatrick For Congress</b>		<b>Transaction ID: 24595284</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 115 North Broad Street		Amount of Each Disbursement this Period 5000.00
City Doylestown State PA Zip Code 18901	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Michael Fitzpatrick		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 8	

Full Name (Last, First, Middle Initial) <b>C. Simmons For Congress</b>		<b>Transaction ID: 24595572</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 5000.00
City Stonington State CT Zip Code 06378	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Robert Simmons		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 2	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Alan Mollohan For Congress Committee</b>		<b>Transaction ID: 24597685</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P. O. Box 1343		Amount of Each Disbursement this Period 5000.00
City Fairmont State WV Zip Code 26555	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Alan Mollohan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Charlie Wilson for Congress</b>		<b>Transaction ID: 24612880</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Charles Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of John Boehner</b>		<b>Transaction ID: 24622157</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 7908 Cincinnati-Dayton Rd. 1020 Longworth House Ofc Bldg		Amount of Each Disbursement this Period 5000.00
City West Chester State OH Zip Code 45069	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. John Boehner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Patrick Kennedy</b>		<b>Transaction ID:</b> 24622152 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 1356		Amount of Each Disbursement this Period 3000.00
City Providence State RI Zip Code 02901	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Patrick Kennedy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. People for English</b>		<b>Transaction ID:</b> 24622150 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 1528 South Shore Dr.		Amount of Each Disbursement this Period 1000.00
City Erie State PA Zip Code 16505	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Philip English		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Langevin for Congress</b>		<b>Transaction ID:</b> 24622156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 181-A Knight St.		Amount of Each Disbursement this Period 3000.00
City Warwick State RI Zip Code 02886	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. James Langevin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Heather Wilson for Congress</b>		<b>Transaction ID: 24622146</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Heather Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Murphy for Congress</b>		<b>Transaction ID: 24622140</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 11721		Amount of Each Disbursement this Period 1500.00
City Pittsburgh State PA Zip Code 15228	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Timothy Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Herseth for Congress</b>		<b>Transaction ID: 24622154</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 85352		Amount of Each Disbursement this Period 3000.00
City Sioux Falls State SD Zip Code 57118	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Stephanie Herseth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. McCrery for Congress</b>		Transaction ID: 24622648 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address Suite 350, 6425 Youree Dr.		Amount of Each Disbursement this Period 3000.00
City Shreveport State LA Zip Code 71105-0650		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Jim McCrery Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 5		

Full Name (Last, First, Middle Initial) <b>B. Dave Camp for Congress</b>		Transaction ID: 24622633 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 135 Ashman		Amount of Each Disbursement this Period 4000.00
City Midland State MI Zip Code 48640		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Dave Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 4		

Full Name (Last, First, Middle Initial) <b>C. Senator Akaka in 2000</b>		Transaction ID: 24623228 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3125 Kaohinani Drive SH-720 Hart Senate Ofc Bldg		Amount of Each Disbursement this Period 3000.00
City Honolulu State HI Zip Code 96817		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Senator Daniel Akaka Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Rangel for Congress Committee</b>		<b>Transaction ID:</b> 24622660 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 74 West 132nd St		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10037	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Charles Rangel		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Amount of Each Disbursement this Period 4000.00	

Full Name (Last, First, Middle Initial) <b>B. Rangel for Congress Committee</b>		<b>Transaction ID:</b> 24622663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 74 West 132nd St		Amount of Each Disbursement this Period 4000.00
City New York State NY Zip Code 10037	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Charles Rangel		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Amount of Each Disbursement this Period 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Citizens for David Obey</b>		<b>Transaction ID:</b> 24622674 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 932 Ross Avenue		Amount of Each Disbursement this Period 3000.00
City Wausau State WI Zip Code 54401	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. David Obey		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7	Amount of Each Disbursement this Period 8000.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Andrews for Congress</b>		<b>Transaction ID: 24622942</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 16 Somerdale		Amount of Each Disbursement this Period 2000.00
City Somerdale State NJ Zip Code 08083	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Robert Andrews		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Stearns for Congress</b>		<b>Transaction ID: 24622605</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address PO Box 308		Amount of Each Disbursement this Period 4000.00
City Silver Springs State FL Zip Code 34489-0006	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Cliff Stearns		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Menendez for Senate</b>		<b>Transaction ID: 24623237</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1100 Valley Brook Ave		Amount of Each Disbursement this Period 2000.00
City Lindhurst State NJ Zip Code 07071	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Robert Menendez		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Eshoo for Congress</b>		<b>Transaction ID: 24622622</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 555 Bryant, Box 335		Amount of Each Disbursement this Period 5000.00
City Palo Alto State CA Zip Code 94301	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Anna Eshoo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Roger Wicker</b>		<b>Transaction ID: 24622672</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 874		Amount of Each Disbursement this Period 1000.00
City Tupelo State MS Zip Code 38802	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Roger Wicker		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ron Lewis for Congress</b>		<b>Transaction ID: 24622643</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1705 N. Dixie Star PLaza, #73 2233 Rayburn House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City ?Elizabethtown State KY Zip Code 42701	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Ron Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Norwood for Congress</b>		Transaction ID: 24622589 Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 499		Amount of Each Disbursement this Period 3500.00
City Evans	State GA	
Zip Code 30809-9906		
Purpose of Disbursement 011 Category/Type		
Candidate Name Dr. Charles Norwood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 10		

Full Name (Last, First, Middle Initial) <b>B. Radanovich for Congress</b>		Transaction ID: 24622599 Date of Disbursement 09 / 15 / 2006
Mailing Address 2377 W. Shaw, Ste. 204		Amount of Each Disbursement this Period 4000.00
City Fresno	State CA	
Zip Code 93711		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. George Radanovich		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 19		

Full Name (Last, First, Middle Initial) <b>C. Pete Stark Re-Election Committee</b>		Transaction ID: 24622860 Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 8331		Amount of Each Disbursement this Period 4000.00
City Fremont	State CA	
Zip Code 94537		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Pete Stark		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Joe Pitts</b>		<b>Transaction ID:</b> 24622596 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22302	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Joe Pitts		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pickering for Congress</b>		<b>Transaction ID:</b> 24622592 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 4297		Amount of Each Disbursement this Period 5000.00
City Brandon State MS Zip Code 39048	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Chip Pickering		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Team Emerson</b>		<b>Transaction ID:</b> 24622671 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 822		Amount of Each Disbursement this Period 2000.00
City Cape Girardeau State MO Zip Code 63702	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. JoAnn Emerson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Tom Allen for Congress</b>		<b>Transaction ID: 24622617</b> Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 17766		Amount of Each Disbursement this Period 5000.00
City Portland	State ME	
Zip Code 04112		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Tom Allen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District: 1		

Full Name (Last, First, Middle Initial) <b>B. Stabenow for Senate</b>		<b>Transaction ID: 24623240</b> Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 1500.00
City East Lansing	State MI	
Zip Code 48826		
Purpose of Disbursement 011 Category/Type		
Candidate Name Ms. Debbie Stabenow		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 2		

Full Name (Last, First, Middle Initial) <b>C. Hulshof for Congress</b>		<b>Transaction ID: 24622639</b> Date of Disbursement 09 / 15 / 2006
Mailing Address 1005 Cherry Street, Suite 203		Amount of Each Disbursement this Period 1000.00
City Columbia	State MO	
Zip Code 65201		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Kenny Hulshof		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 9		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Volunteers for Shimkus</b>		<b>Transaction ID:</b> 24622601 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 3000.00
City Arlington State VA Zip Code 22202	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr John Shimkus		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 20	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Berkley for Congress</b>		<b>Transaction ID:</b> 24623019 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 7397		Amount of Each Disbursement this Period 4000.00
City Las Vegas State NV Zip Code 89125	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms Shelley Berkley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Walden for Congress</b>		<b>Transaction ID:</b> 24622609 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 1091		Amount of Each Disbursement this Period 2000.00
City Hood River State OR Zip Code 97031	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr Greg Walden		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ryan For Congress</b>		<b>Transaction ID: 24622651</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period 4000.00	
City Arlington	State VA		Zip Code 22202
Purpose of Disbursement			011 Category/ Type
Candidate Name Mr. Paul Ryan			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WI District: 1			

Full Name (Last, First, Middle Initial) <b>B. Friends of George Allen</b>		<b>Transaction ID: 24623229</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address PO Box 6859		Amount of Each Disbursement this Period 1000.00	
City Arlington	State VA		Zip Code 22206
Purpose of Disbursement			011 Category/ Type
Candidate Name Mr. George Allen			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VA District:			

Full Name (Last, First, Middle Initial) <b>C. Friends of Lois Capps</b>		<b>Transaction ID: 24622619</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC		Zip Code 20003
Purpose of Disbursement			011 Category/ Type
Candidate Name Ms. Lois Capps			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 22			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Adam Putnam For Congress Campaign Committee</b>		<b>Transaction ID:</b> 24622668 Date of Disbursement
Mailing Address Post Office Box 2426		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Bartow	State FL	Zip Code 33851
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text" value="4000.00"/>
Candidate Name Adam Putnam		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 12		

Full Name (Last, First, Middle Initial) <b>B. Nelson for Senate</b>		<b>Transaction ID:</b> 24623239 Date of Disbursement
Mailing Address 110-B East Broad Street		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Falls Church	State FL	Zip Code 22046
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text" value="4000.00"/>
Candidate Name Mr. Bill Nelson		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 2		

Full Name (Last, First, Middle Initial) <b>C. People with Hart</b>		<b>Transaction ID:</b> 24622637 Date of Disbursement
Mailing Address PO Box 435		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Wexford	State PA	Zip Code 15090
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text" value="500.00"/>
Candidate Name Ms. Melissa Hart		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mike Ross for Congress</b>		<b>Transaction ID: 24622627</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 411 S. Victory #206		Amount of Each Disbursement this Period 5000.00
City Little Rock State AR Zip Code 72201	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Mike Ross		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mike Burgess for Congress</b>		<b>Transaction ID: 24622578</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address P.O.Box 2334		Amount of Each Disbursement this Period 1000.00
City Denton State TX Zip Code 76020	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Mike Burgess		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Barrett for Congress Committee</b>		<b>Transaction ID: 24622665</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 869		Amount of Each Disbursement this Period 2000.00
City Westminster State SC Zip Code 29693	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Gresham Barrett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Craig Thomas</b>		<b>Transaction ID: 24623241</b> Date of Disbursement 09 / 15 / 2006
Mailing Address P.O. ?Box s1580 302 Hart SOB		Amount of Each Disbursement this Period 1000.00
City Casper State WY Zip Code 82602	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Craig Thomas		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pallone for Congress</b>		<b>Transaction ID: 24622625</b> Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2000.00
City Long Branch State NJ Zip Code 77401	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Frank Pallone		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Clay Shaw</b>		<b>Transaction ID: 24622653</b> Date of Disbursement 09 / 15 / 2006
Mailing Address 1512 East Broward Blvd. Suite 101		Amount of Each Disbursement this Period 3000.00
City Fort Lauderdale State FL Zip Code 33301	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Clay Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hall For Congress Committee</b>		<b>Transaction ID:</b> 24622582 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address Post Office Box 711		Amount of Each Disbursement this Period 4000.00
City State Zip Code Rockwall TX 75087	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Ralph Hall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Bobby Jindal</b>		<b>Transaction ID:</b> 24622884 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 2000.00
City State Zip Code Metairie LA 70011	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Bobby Jindal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jeb Bradley For Congress</b>		<b>Transaction ID:</b> 24622613 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 645 South Main Street		Amount of Each Disbursement this Period 1000.00
City State Zip Code Wolfeboro NH 03894	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Jeb Bradley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Trent Lott For Mississippi</b>		<b>Transaction ID: 24623238</b>	
Mailing Address PO Box 22824		Date of Disbursement 09 / 15 / 2006	
City Jackson	State MS	Zip Code 39225	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Trent Lott			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MS	District: 2		

Full Name (Last, First, Middle Initial) <b>B. Sue Myrick For Congress</b>		<b>Transaction ID: 24622584</b>	
Mailing Address P.O. Box 37091		Date of Disbursement 09 / 15 / 2006	
City Charlotte	State NC	Zip Code 28237	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Sue Myrick			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC	District: 9		

Full Name (Last, First, Middle Initial) <b>C. Cmte. to Reelect Chris Smith</b>		<b>Transaction ID: 24655236</b>	
Mailing Address 217 Hancock Ave. 2353 Rayburn House Ofc Bldg		Date of Disbursement 09 / 22 / 2006	
City Bridgewater	State NJ	Zip Code 08807	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Christopher Smith			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ	District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of John Peterson</b>		<b>Transaction ID:</b> 24655234 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 1524 West College Avenue		Amount of Each Disbursement this Period 1000.00
City State College, State PA Zip Code 16801	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. John Peterson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ERICPAC</b>		<b>Transaction ID:</b> 24655288 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 209 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 2000.00
City Washington, State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Matsui For Congress</b>		<b>Transaction ID:</b> 24655231 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 233 Massachusetts AVenue NE 2nd Fl		Amount of Each Disbursement this Period 1000.00
City Washington, State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mrs Doris Matsui		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Chocola for Congress</b>		<b>Transaction ID: 24655237</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address P.O.Box 6728		Amount of Each Disbursement this Period 2000.00
City South Bend State IN Zip Code 46660	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Chris Chocola		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John Salazar For Congress</b>		<b>Transaction ID: 24655233</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 1000.00
City Pueblo State CO Zip Code 81002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Salazar		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Allyson Schwartz For Congress</b>		<b>Transaction ID: 24655235</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 45706		Amount of Each Disbursement this Period 1500.00
City Philadelphia State PA Zip Code 19149	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Allyson Schwartz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Weldon Victory Committee</b>		<b>Transaction ID: 24655229</b> Date of Disbursement 09 / 22 / 2006
Mailing Address P. O. Box 1992		Amount of Each Disbursement this Period 2000.00
City Media State PA Zip Code 19063	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Curt Weldon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Adrian Smith For Congress</b>		<b>Transaction ID: 24655238</b> Date of Disbursement 09 / 22 / 2006
Mailing Address 3321 Avenue I Suite 6		Amount of Each Disbursement this Period 1000.00
City Scottsbluff State NE Zip Code 69361	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Adrian Smith		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Dave Camp for Congress</b>		<b>Transaction ID: 24663739</b> Date of Disbursement 09 / 25 / 2006
Mailing Address 135 Ashman		Amount of Each Disbursement this Period 1000.00
City Midland State MI Zip Code 48640	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Dave Camp		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Frelinghuysen for Congress</b>		<b>Transaction ID: 24663750</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 712 514 Cannon HOB		Amount of Each Disbursement this Period 1000.00
City Morristown State NJ Zip Code 07963	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr Rodney Frelinghuysen		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 11	

Full Name (Last, First, Middle Initial) <b>B. Larson for Congress</b>		<b>Transaction ID: 24663747</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 1087 Old Maine Street		Amount of Each Disbursement this Period 1000.00
City East Hartford State CT Zip Code 06108	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr John Larson		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 1	

Full Name (Last, First, Middle Initial) <b>C. Cardoza for Congress</b>		<b>Transaction ID: 24663786</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 2724 Winton Way		Amount of Each Disbursement this Period 3000.00
City Atwater State CA Zip Code 95301	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Dennis Cardoza		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 18	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Marsha Blackburn For Congress Inc.</b>		<b>Transaction ID: 24663916</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address PO Box 682185		Amount of Each Disbursement this Period 1000.00
City Franklin State TN Zip Code 37068	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Marsha Blackburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sali For Congress</b>		<b>Transaction ID: 24663917</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000.00
City Kuna State ID Zip Code 83634	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. William Sali		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Congressman Waxman Campaign Committee</b>		<b>Transaction ID: 24663923</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 5000.00
City Los Angeles State CA Zip Code 90048	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Henry Waxman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Cmte. to Reelect Chris Smith</b>		<b>Transaction ID: 24672219</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 217 Hancock Ave. 2353 Rayburn House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City Bridgewater State NJ Zip Code 08807	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Christopher Smith	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Castle for Congress</b>		<b>Transaction ID: 24672218</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address Two Mill Rd., Ste. 104		Amount of Each Disbursement this Period 1000.00
City Wilmington State DE Zip Code 19806	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Mike Castle	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. J.D. Hayworth for Congress</b>		<b>Transaction ID: 24672458</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 14300 N. Northsight Blvd. Ste. 105		Amount of Each Disbursement this Period 1500.00
City Scottsdale State AZ Zip Code 85260	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. J.D. Hayworth	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Geoff Davis For Congress</b>		<b>Transaction ID: 24673466</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 1000.00	
City Erlanger State KY Zip Code 41018	Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type		
Candidate Name Rep. Geoffrey Davis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 4			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Smile PAC</b>		<b>Transaction ID: 24672255</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address P.O. Box 2178		Amount of Each Disbursement this Period 2500.00	
City Evans State GA Zip Code 30809	Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Sam Farr for Congress</b>		<b>Transaction ID: 24674968</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 380 Alvarado St. 1216 Longworth House Ofc Bldg		Amount of Each Disbursement this Period 1000.00	
City Monterey State CA Zip Code 93940	Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type		
Candidate Name Mr. Sam Farr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Gerald C. Jerry Weller for Congress</b>		<b>Transaction ID: 24674152</b>	
Mailing Address PO Box 37		Date of Disbursement 09 / 28 / 2006	
City Joliet	State IL	Zip Code 60434	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Jerry Weller			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 11		

Full Name (Last, First, Middle Initial) <b>B. Chabot for Congress</b>		<b>Transaction ID: 24674157</b>	
Mailing Address 105 West Fourth St, Rm 1133 1641 Longworth HOB		Date of Disbursement 09 / 28 / 2006	
City Cincinnati	State OH	Zip Code 45202	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Steve Chabot			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 1		

Full Name (Last, First, Middle Initial) <b>C. Joy Padgett For Congress</b>		<b>Transaction ID: 24674161</b>	
Mailing Address 871 Walnut Street		Date of Disbursement 09 / 28 / 2006	
City Coshocton	State OH	Zip Code 43812	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Joy Padgett			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 18		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>240250.00</b>