

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2011 through 08 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Leonard Russ

Signature of Treasurer Electronically Filed by Mr. Leonard Russ Date 09 18 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		110057.22
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	207927.09									
(c) Total Receipts (from Line 19)	49789.03	698658.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	257716.12	808716.12								
7. Total Disbursements (from Line 31)	32000.00	583000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	225716.12	225716.12								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	43006.30	619040.14
(ii) Unitemized	5995.73	57831.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	49002.03	676871.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	787.00	21787.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	49789.03	698658.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	49789.03	698658.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49789.03	698658.90

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	32000.00	583000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32000.00	583000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32000.00	583000.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	49789.03	698658.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49789.03	698658.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Scott Averill

Mailing Address 700 W. 7th St.

City Overbrook State KS Zip Code 66524

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

Name of Employer: Brookside and Wellsville Retirement Co
Occupation: Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 30 / 2011
Transaction ID: C1353051
 Amount of Each Receipt this Period: 750.00

B. Full Name (Last, First, Middle Initial)
Mack Baldrige

Mailing Address 55 Whistler Lane

City Hallsville State TX Zip Code 75650

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

Name of Employer: Southwest Nursing & Rehabilitation
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 26 / 2011
Transaction ID: C1359975
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Harry Baum

Mailing Address 8300 NW Eastside Drive

City Weatherby Lake State MO Zip Code 64152

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

Name of Employer: Sharon Lake Nursing Home
Occupation: Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1537.00

Date of Receipt: 08 / 01 / 2011
Transaction ID: C1331681
 Amount of Each Receipt this Period: 787.00

SUBTOTAL of Receipts This Page (optional) ► 1787.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City State Zip Code
Silver Spring MD 20904-5240

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

Name of Employer Occupation
American Health Care Association Director, Regulatory

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2011

Transaction ID: C1341625

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City State Zip Code
Silver Spring MD 20904-5240

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

Name of Employer Occupation
American Health Care Association Director, Regulatory

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2011

Transaction ID: C1348991

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Thomas Boerboom

Mailing Address 1391 Butterfly Lane

City State Zip Code
Jordan MN 55352

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

Name of Employer Occupation
Mission Healthcare, LLC COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2011

Transaction ID: C1341621

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas Boerboom

Mailing Address 1391 Butterfly Lane

City State Zip Code
Jordan MN 55352

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

Name of Employer Occupation
Mission Healthcare, LLC COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2011

Transaction ID: C1346858

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Richard Brockman

Mailing Address 569 Brookwood Village Suite 901

City State Zip Code
Birmingham AL 35209

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

Name of Employer Occupation
Johnston, Barton, Proctor & Powell Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2011

Transaction ID: C1353053

Amount of Each Receipt this Period
2200.00

C.

Full Name (Last, First, Middle Initial)
James A Carlson

Mailing Address 6026 SW Madison Court

City State Zip Code
Portland OR 97221

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

Name of Employer Occupation
Oregon Health Care Association CEO/President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2011

Transaction ID: C1350857

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Steven E. Chies

Mailing Address 8624 Mississippi Blvd NW

City: Coon Rapids State: MN Zip Code: 55433-5968

FEC ID number of contributing federal political committee. C

Name of Employer: Benedictine Health System-Cambridge
Occupation: VP, Long Term Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 842.34

Date of Receipt: 08 / 02 / 2011
Transaction ID: C1332183

Amount of Each Receipt this Period
175.00

B.

Full Name (Last, First, Middle Initial)
Cliff Coldren

Mailing Address 1950 Cliffside Drive

City: State College State: PA Zip Code: 16801-7662

FEC ID number of contributing federal political committee. C

Name of Employer: Brookline Village
Occupation: Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: C1349814

Amount of Each Receipt this Period
1100.00

C.

Full Name (Last, First, Middle Initial)
Paul Contris

Mailing Address 4602 East Foothill Drive

City: Paradise Valley State: AZ Zip Code: 85253

FEC ID number of contributing federal political committee. C

Name of Employer: Mission Healthcare
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 17 / 2011
Transaction ID: C1346867

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 1775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jim Cooper

Mailing Address PO Box 506

City State Zip Code
Melbourne AR 72556-0506

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

Name of Employer Occupation
Cooper Management Corpora- Administrator
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00

Date of Receipt

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

Transaction ID: C1342985

Amount of Each Receipt this Period
330.00

B.

Full Name (Last, First, Middle Initial)

Louis E. Cottrell, Jr.

Mailing Address 4156 Carmichael Road

City State Zip Code
Montgomery AL 36106-2866

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

Name of Employer Occupation
Alabama Nursing Home Asso- Executive Director
ciation

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

Date of Receipt

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

Transaction ID: C1348558

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)

Patti Cullen

Mailing Address 2104 Palace Ave

City State Zip Code
St. Paul MN 55105

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

Name of Employer Occupation
Care Providers of Minneso- President
ta

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1175.00

Date of Receipt

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

Transaction ID: C1341622

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

1430.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 33
(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
							17

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

A.

Full Name (Last, First, Middle Initial) Wayne Culp		Date of Receipt MM / DD / YYYY 08 / 30 / 2011
Mailing Address HMG Services 10003 Woodloch Forest Drive		Transaction ID: C1356639
City Spring	State TX	Zip Code 77380
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HealthMark Group, LTD	Occupation VP, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dan D'Amico		Date of Receipt MM / DD / YYYY 08 / 19 / 2011
Mailing Address 2000 Sherman Circle		Transaction ID: C1348573
City Massillon	State OH	Zip Code 44646
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Laurel Health Care	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Joseph Donchess		Date of Receipt MM / DD / YYYY 08 / 25 / 2011
Mailing Address 7354 Seven Oaks Avenue		Transaction ID: C1353062
City Baton Rouge	State LA	Zip Code 70806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Louisiana Nursing Home As- sociation	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gloria Dunn

Mailing Address 710 N. 39th Avenue

City State Zip Code
Yakima WA 98902

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

Name of Employer Landmark Care Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: C1350512

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 240 Capitol Street

City State Zip Code
Charleston WV 25301-2297

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

Name of Employer AMFM, Inc. Occupation IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.36

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 1 1

Transaction ID: C1346863

Amount of Each Receipt this Period
416.66

C.

Full Name (Last, First, Middle Initial)
Martha Everett Meng, Esq.

Mailing Address 2 Whitney Avenue

City State Zip Code
New Haven CT 06510-1220

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

Name of Employer Murtha Cullina LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: C1356684

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1166.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Teresa Eyet		Date of Receipt MM / DD / YYYY 08 / 05 / 2011		
	Mailing Address 10009 Dallas Ave		Transaction ID: C1341626		
	City Takoma Park	State MD	Zip Code 20901-2240	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Health Care Association		Occupation Director, Education		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00			

B.	Full Name (Last, First, Middle Initial) Teresa Eyet		Date of Receipt MM / DD / YYYY 08 / 18 / 2011		
	Mailing Address 10009 Dallas Ave		Transaction ID: C1348992		
	City Takoma Park	State MD	Zip Code 20901-2240	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Health Care Association		Occupation Director, Education		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00			

C.	Full Name (Last, First, Middle Initial) Lee Field		Date of Receipt MM / DD / YYYY 08 / 16 / 2011		
	Mailing Address 1201 Pacific Avenue		Transaction ID: C1343902		
	City Tacoma	State WA	Zip Code 98402	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Crossings Corp		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	540.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Gavin Gadberry		Date of Receipt MM / DD / YYYY 08 / 18 / 2011
	Mailing Address PO Box 9158		Transaction ID: C1348529
	City Amarillo	State TX	Zip Code 79105
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Underwood Law Firm	Occupation Attorney	Aggregate Year-to-Date 250.00

B.	Full Name (Last, First, Middle Initial) Mike Gavin		Date of Receipt MM / DD / YYYY 08 / 12 / 2011
	Mailing Address 5420 W Plano Pkwy		Transaction ID: C1343154
	City Plano	State TX	Zip Code 75093-4823
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
	Name of Employer Preferred Care	Occupation Director of Operations	Aggregate Year-to-Date 1500.00

C.	Full Name (Last, First, Middle Initial) Vicki Groff		Date of Receipt MM / DD / YYYY 08 / 01 / 2011
	Mailing Address 11337 Louisiana Cir		Transaction ID: C1331682
	City Bloomington	State MN	Zip Code 55438-2827
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 787.00
	Name of Employer N/A	Occupation Homemaker	Aggregate Year-to-Date 987.00

SUBTOTAL of Receipts This Page (optional)	2537.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 33
(check only one)

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

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

A.

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

Mailing Address 11337 Louisiana Cir

City State Zip Code
Bloomington MN 55438-2827

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
987.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: C1341623

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Janet Harris

Mailing Address PO Box 427

City State Zip Code
Sharon Center OH 44274

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

Name of Employer Holland Management Inc Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: C1348947

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dave Helmsin

Mailing Address 1717 I St

City State Zip Code
Sacramento CA 95811-3001

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

Name of Employer Capitol Advocacy Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: C1349815

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **725.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 33
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Frederick Kessler

Mailing Address Strawbridge Road, PO Box 32

City Northumberland State PA Zip Code 17857-0032

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

Name of Employer Nottingham Village Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 02 / 2011
Transaction ID: C1332184
Amount of Each Receipt this Period 350.00

B.

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.52

Date of Receipt 08 / 05 / 2011
Transaction ID: C1341631
Amount of Each Receipt this Period 39.56

C.

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.52

Date of Receipt 08 / 19 / 2011
Transaction ID: C1348997
Amount of Each Receipt this Period 39.56

SUBTOTAL of Receipts This Page (optional) ► 429.12

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mapu Lemanua	Date of Receipt MM / DD / YYYY 08 / 04 / 2011
	Mailing Address 419 S. Cockrell Hill Road	Transaction ID: C1341526
	City State Zip Code Duncanville TX 75116	Amount of Each Receipt this Period 37.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nexion Health Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Robert Levin	Date of Receipt MM / DD / YYYY 08 / 05 / 2011
	Mailing Address 27071 Aliso Creek Rd Ste 100	Transaction ID: C1341513
	City State Zip Code Aliso Viejo CA 92656-5325	Amount of Each Receipt this Period 787.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Convenant Care CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 787.00	

C.	Full Name (Last, First, Middle Initial) Darlene Little	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 605 Gateway Central	Transaction ID: C1350515
	City State Zip Code Marble Falls TX 78654	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Gateway Gardens Administrator/ Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1324.54
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Theresa Maskrey

Mailing Address 630 Primrose Lane

City State Zip Code
Crystal Lake IL 60014

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

Name of Employer Occupation
Medline Industries Vice President Healthcare Inside Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2011

Transaction ID: C1344526

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Arlene Miles

Mailing Address 6061 South Brook Valley

City State Zip Code
Centennial CO 80121-3103

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

Name of Employer Occupation
Colorado Health Care Association State Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2011

Transaction ID: C1343146

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 303 Cleveland Ave SE

City State Zip Code
Tumwater WA 98501-3340

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

Name of Employer Occupation
Washington Health Care Association Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1537.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2011

Transaction ID: C1344528

Amount of Each Receipt this Period
787.00

SUBTOTAL of Receipts This Page (optional) ► **1012.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dennis Murray		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
Mailing Address 232 W Rockwell Ave		Transaction ID: C1349562
City Soldotna	State AK	Zip Code 99669-7411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Heritage Place	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Jeff Myers		Date of Receipt MM / DD / YYYY 08 / 17 / 2011
Mailing Address 7704 Georgetown Pike		Transaction ID: C1346860
City Mc Lean	State VA	Zip Code 22102-1431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer American Health Care Association	Occupation Senior Vice President Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.

Full Name (Last, First, Middle Initial) Jason Palculict		Date of Receipt MM / DD / YYYY 08 / 12 / 2011
Mailing Address 701 Fair Park Dr		Transaction ID: C1346856
City Henderson	State TX	Zip Code 75654-3207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nexion Health	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	5750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
William J. Pascocello

Mailing Address 29 Sunnyside Way

City State Zip Code
New Rochelle NY 10804-2108

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

Name of Employer Occupation
Niagara Nursing and Rehabilitation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2011

Transaction ID: C1343118

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Donald Pelligrino

Mailing Address 270 State Route 28

City State Zip Code
Bridgewater NJ 08807-1919

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

Name of Employer Occupation
Bridgewater Care Center VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: C1332190

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Douglas Pendergras

Mailing Address 11608 Scott Simpson Dr

City State Zip Code
El Paso TX 79936-6210

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

Name of Employer Occupation
Convalescent Enterprises, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2011

Transaction ID: C1332187

Amount of Each Receipt this Period
1350.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 33

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Vanessa Phipps Henderson	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1076 Highland Colony Parkway	Transaction ID: C1350517
	City State Zip Code Ridgeland MS 39157-6009	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mississippi Health Care Association	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.	Full Name (Last, First, Middle Initial) Buster Quirk	Date of Receipt MM / DD / YYYY 08 / 30 / 2011
	Mailing Address 301 Veterans Boulevard	Transaction ID: C1356683
	City State Zip Code Denham Springs LA 70726	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Plantation Management Corporation	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Robert Rector	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 4037 Overlook Trail Drive	Transaction ID: C1349323
	City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Richfield Retirement Community	Occupation President/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	6100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 22 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Emmett Riner

Mailing Address PO Box 391

City State Zip Code
Naples TX 75568

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

Name of Employer Occupation
New Boston Health Care Ce- Administrator
nter

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 04 / 2011

Transaction ID: C1341522

Amount of Each Receipt this Period
341.00

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

Mailing Address 529 Pear Orchard

City State Zip Code
Ridgeland MS 39157

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

Name of Employer Occupation
Harahan Guest House Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 24 / 2011

Transaction ID: C1350518

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Jesse Samples

Mailing Address 451 Truman Rd

City State Zip Code
Franklin TN 37064-8322

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

Name of Employer Occupation
Tennessee Health Care Ass- Executive Director
ociation

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2011

Transaction ID: C1344519

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3341.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Vincent Saturnino		Date of Receipt MM / DD / YYYY 08 / 04 / 2011
Mailing Address 14699 East Hampden		Transaction ID: C1341523
City Arvada	State CO	Zip Code 80004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 136.00
Name of Employer Nexion Health Corporation	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

B.

Full Name (Last, First, Middle Initial) Vincent Saturnino		Date of Receipt MM / DD / YYYY 08 / 12 / 2011
Mailing Address 14699 East Hampden		Transaction ID: C1346855
City Arvada	State CO	Zip Code 80004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.50
Name of Employer Nexion Health Corporation	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

C.

Full Name (Last, First, Middle Initial) Vincent Saturnino		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
Mailing Address 14699 East Hampden		Transaction ID: C1350511
City Arvada	State CO	Zip Code 80004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.50
Name of Employer Nexion Health Corporation	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

SUBTOTAL of Receipts This Page (optional)	▶	323.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 33

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Greg Smith

Mailing Address 13802 Fairway Lane

City State Zip Code
Goshen KY 40026

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

Name of Employer Occupation
Medline HealthCare Company LTC Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2011

Transaction ID: C1344527

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Matthew D. Smyth

Mailing Address 2405 I St NW

City State Zip Code
Washington DC 20037-2206

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

Name of Employer Occupation
American Health Care Association Director of Grassroots

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 327.08

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2011

Transaction ID: C1341637

Amount of Each Receipt this Period
19.24

C.

Full Name (Last, First, Middle Initial)
Matthew D. Smyth

Mailing Address 2405 I St NW

City State Zip Code
Washington DC 20037-2206

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

Name of Employer Occupation
American Health Care Association Director of Grassroots

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 327.08

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2011

Transaction ID: C1349003

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional) ▶

163.48

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 33
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Janet Snipes

Mailing Address 6000 E Iliff Avenue

City State Zip Code
Denver CO 80222-5721

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

Name of Employer Occupation
Holly Heights Nursing Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2011

Transaction ID: C1343147

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 600 East Whaley

City State Zip Code
Longview TX 75601-6525

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

Name of Employer Occupation
Stebbins Five Companies Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3125.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2011

Transaction ID: C1343119

Amount of Each Receipt this Period
1875.00

C.

Full Name (Last, First, Middle Initial)
Ruth Stelly

Mailing Address 325 Bacque Crescent Drive

City State Zip Code
Lafayette LA 70503

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

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2011

Transaction ID: C1341524

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2475.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 33
(check only one)

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

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

A.

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

Mailing Address 111 West Michigan Street

City State Zip Code
Milwaukee WI 53203

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

Name of Employer Extencicare Occupation Director, Regulatory Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2011

Transaction ID: C1342354

Amount of Each Receipt this Period
175.00

B.

Full Name (Last, First, Middle Initial)
Alice Toney

Mailing Address 4109 Allenbrook Drive

City State Zip Code
Baytown TX 77521

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

Name of Employer Allenbrook Nursing Home Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2011

Transaction ID: C1341527

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Molly B. Toulouse

Mailing Address 2072 Highwood Avenue

City State Zip Code
Saint Paul MN 55119

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

Name of Employer Tealwood Care Centers Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: C1341624

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1175.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 33
(check only one)

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

A.

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

Mailing Address PO Box 829

City State Zip Code
Brewster WA 98812-0829

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

Name of Employer
Harmony House Health Care Center

Occupation
Owner/ Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2011

Transaction ID: C1342848

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
John A. Vinson

Mailing Address 329 Townepark Circle # 100

City State Zip Code
Louisville KY 40243

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

Name of Employer
Health Systems of Kentucky

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2011

Transaction ID: C1343157

Amount of Each Receipt this Period
1100.00

C.

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

Mailing Address 5155 North High Street

City State Zip Code
Columbus OH 43214

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

Name of Employer
Wesley Glen

Occupation
Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
412.50

Date of Receipt
MM / DD / YYYY
08 / 31 / 2011

Transaction ID: C1357641

Amount of Each Receipt this Period
137.50

SUBTOTAL of Receipts This Page (optional) ► **1362.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 33

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Marilyn Wood

Mailing Address 4140 Lakeland Highlands Rd

City State Zip Code
Lakeland FL 33813

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

Name of Employer Occupation
Meridian Healthcare VP Operations

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2011

Transaction ID: C1334911

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Frank Wronski

Mailing Address 64500 Van Dyke Road

City State Zip Code
Washington MI 48095-2583

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

Name of Employer Occupation
Medilodge Group President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2011

Transaction ID: C1350520

Amount of Each Receipt this Period

800.00

C.

Full Name (Last, First, Middle Initial)
Scott Ziskin

Mailing Address 99 East River Drive

City State Zip Code
New Hartford CT 06018

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

Name of Employer Occupation
Paradigm Healthcare Development President/Owner

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2011

Transaction ID: C1346861

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

43006.30

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

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

FOR LINE NUMBER: PAGE 29 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Harden Healthcare LLC Federal PAC

Mailing Address 1703 W 5th St
Ste 700

City State Zip Code
Austin TX 78703-4893

FEC ID number of contributing federal political committee. **C** C00489740

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
787.00

Date of Receipt

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

Transaction ID: C1350519

Amount of Each Receipt this Period
787.00

SUBTOTAL of Receipts This Page (optional)	▶	787.00
TOTAL This Period (last page this line number only)	▶	787.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AMERICA'S LEADERSHIP PAC	Transaction ID: D119269 Date of Disbursement 08 / 24 / 2011	
	Mailing Address 607 14th Street NW Suite 800		
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement Contributions to Federal Committees		
	Candidate Name	Category/Type	
	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) ▼	
B.	Full Name (Last, First, Middle Initial) AMERICAN VICTORY FUND COMMITTEE	Transaction ID: D118384 Date of Disbursement 08 / 03 / 2011	
	Mailing Address 22780 INDIAN CREEK DRIVE STE. 100		
	City DULLES State VA Zip Code 20166	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement Contributions to Federal Committees		
	Candidate Name	Category/Type	
	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) ▼	
C.	Full Name (Last, First, Middle Initial) Cantwell Victory 2012	Transaction ID: D118487 Date of Disbursement 08 / 16 / 2011	
	Mailing Address 130 Nickerson St Ste 312		
	City Seattle State WA Zip Code 98109-1658	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement Contributions to Federal Committees		
	Candidate Name	Category/Type	
	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. CATHY MCMORRIS RODGERS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President

State: WA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: D118388

Date of Disbursement

08 / 04 / 2011

Amount of Each Disbursement this Period

1000.00

B. BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Kevin Brady

Office Sought: House
 Senate
 President

State: TX District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: D118385

Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

5000.00

C. DOGGETT FOR US CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Lloyd Doggett

Office Sought: House
 Senate
 President

State: TX District: 25

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: D118386

Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 33

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

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

<p>A. Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS</p> <p>Mailing Address 50 S. Providence Road</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Patrick Meehan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D119270 Date of Disbursement 08 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) SANFORD D. BISHOP, JR. FOR CONGRESS</p> <p>Mailing Address P. O. Box 909</p> <p>City Columbus State GA Zip Code 31902</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Sanford D. Bishop, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D118486 Date of Disbursement 08 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D118485 Date of Disbursement 08 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE	Transaction ID: D119273 Date of Disbursement
	Mailing Address P.O. BOX 4945	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City EAST LANSING State MI Zip Code 48826	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Sen. Debbie Stabenow	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NELSON 2012	Transaction ID: D119576 Date of Disbursement
	Mailing Address PO BOX 8666	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City OMAHA State NE Zip Code 68108	Amount of Each Disbursement this Period
	Purpose of Disbursement Resignation of Primary Funds	<input type="text" value="-1000.00"/>
	Candidate Name Sen. Ben Nelson	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) NELSON 2012	Transaction ID: D119577 Date of Disbursement
	Mailing Address PO BOX 8666	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City OMAHA State NE Zip Code 68108	Amount of Each Disbursement this Period
	Purpose of Disbursement Resignation of Primary Funds	<input type="text" value="1000.00"/>
	Candidate Name Sen. Ben Nelson	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="32000.00"/>