

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2008 through 04 30 2008

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 Ms. Gail Clarkson

Signature of Treasurer Electronically Filed by Ms. Gail Clarkson Date 05 15 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		112871.46
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	74409.63									
(c) Total Receipts (from Line 19) .....	78252.29	267287.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	152661.92	380158.53								
7. Total Disbursements (from Line 31) .....	69289.36	296785.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	83372.56	83372.56								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	69834.06	245327.74
(i) Itemized (use Schedule A) .....	8418.23	19459.33
(ii) Unitemized .....	78252.29	264787.07
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	2500.00
(c) Other Political Committees (such as PACs) .....	78252.29	267287.07
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	78252.29	267287.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	78252.29	267287.07

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	789.36	3485.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	789.36	3485.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68500.00	289550.00
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	3750.00
(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	3750.00
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))..	69289.36	296785.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69289.36	296785.97

**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 .....	78252.29	267287.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	3750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	78252.29	263537.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	789.36	3485.97
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	789.36	3485.97

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

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

FOR LINE NUMBER: PAGE 6 / 44  
(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)  
Alan Anderson  
 Mailing Address 5001 E Anaheim Street  
 City State Zip Code  
 Long Beach CA 90804-3214  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 8  
**Transaction ID:** C408210  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bel Vista Convalescent Hospital  
 Occupation Administrator  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Gary D Anderson  
 Mailing Address 6618 McMakin Court  
 City State Zip Code  
 Colleyville TX 76034-5752  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 8  
**Transaction ID:** C413935  
 Amount of Each Receipt this Period  
 600.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Care Management  
 Occupation President/Management Company  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

**C.** Full Name (Last, First, Middle Initial)  
Dirk Anjewierden  
 Mailing Address 2180 So. 1300 E Suite 445  
 City State Zip Code  
 Salt Lake City UT 84106  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 6 / 2 0 0 8  
**Transaction ID:** C411092  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Utah Health Care Assn.  
 Occupation Executive Director  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**  
**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 / 44  
(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)  
Gary Attman

Mailing Address 8028 Ritchie Highway  
Suite 118

City Pasadena State MD Zip Code 21122-1069

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

Name of Employer FutureCare Health & Mgmt. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 22 / 2008  
Transaction ID: C416535  
Amount of Each Receipt this Period: 1250.00

**B.** Full Name (Last, First, Middle Initial)  
Terry Bane

Mailing Address 1469 Humboldt Rd  
# 175

City Chico State CA Zip Code 95928-9116

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

Name of Employer President Occupation Riverside Health Care Corp.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 29 / 2008  
Transaction ID: C416552  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
John Barber

Mailing Address PO Box 3347

City Spartanburg State SC Zip Code 29304-3347

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

Name of Employer White Oak Manor Occupation Executive VP/CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 16 / 2008  
Transaction ID: C411093  
Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 44  
(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)  
Cecil Barcelo

Mailing Address 411 Alabama Ave

City State Zip Code  
League City TX 77573-2615

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

Name of Employer Occupation  
Baywind Village Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** C416700

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Brent Barraclough

Mailing Address PO Box 3849

City State Zip Code  
Salem OR 97302-0849

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

Name of Employer Occupation  
IDL Services, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

**Transaction ID:** C411089

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1250 H Street, NW Suite 555

City State Zip Code  
Washington DC 20005-3965

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

Name of Employer Occupation  
Golden Living Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** C416704

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 44  
(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)  
Mike Berger

Mailing Address PO Box 41

City Mancos State CO Zip Code 81328-0041

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

Name of Employer Information Requested Occupation Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 01 / 2008  
**Transaction ID: C409478**  
Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
William Biggs

Mailing Address 101 Grace Street

City Easley State SC Zip Code 29640

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

Name of Employer Health Managemnet Resources Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 21 / 2008  
**Transaction ID: C416698**  
Amount of Each Receipt this Period 1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jim Birchem

Mailing Address 211 1 st Street SE

City Little Falls State MN Zip Code 56345

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

Name of Employer Eldercare of Minnesota Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 10 / 2008  
**Transaction ID: C411142**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lane Bowen	Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address 680 South Fourth Street	<b>Transaction ID:</b> C414822
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Kindred Healthcare Occupation EVP & President, Health Services Division Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Boymel	Date of Receipt MM / DD / YYYY 04 / 23 / 2008
	Mailing Address 12100 Reed Hartman Highway	<b>Transaction ID:</b> C416707
	City State Zip Code Cincinnati OH 45241-6036	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Brookwood Retirement Community Occupation Owner/Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Brockman	Date of Receipt MM / DD / YYYY 04 / 14 / 2008
	Mailing Address 815 Euclid Ave	<b>Transaction ID:</b> C414200
	City State Zip Code Birmingham AL 35213-2501	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Johnston, Barton, Proctor & Powell Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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 / 44  
(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) Christopher R. Bryson		Date of Receipt MM / DD / YYYY 04 / 01 / 2008
Mailing Address 1626 Jeurgens Court		<b>Transaction ID:</b> C407627
City Norcross	State GA	Zip Code 30096
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer UHS-Pruitt Corporation, Inc.	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

**B.**

Full Name (Last, First, Middle Initial) Christopher R. Bryson		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Mailing Address 1626 Jeurgens Court		<b>Transaction ID:</b> C411091
City Norcross	State GA	Zip Code 30096
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UHS-Pruitt Corporation, Inc.	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

**C.**

Full Name (Last, First, Middle Initial) Scott Carlson		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
Mailing Address 994 Sharon Lane		<b>Transaction ID:</b> C416614
City Ventura	State CA	Zip Code 93001-3847
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Sun Health Care	Occupation Director Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> 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 / 44

(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)

Gary Catlett

Mailing Address 4 Wisteria Ct

City State Zip Code  
Spartanburg SC 29307-3513

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

Name of Employer Occupation  
White Oak Manor Administrator

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

Date of Receipt

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

Transaction ID: C414176

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert M. Chur

Mailing Address Elderwood Senior Care  
7 Limestone Drive

City State Zip Code  
Williamsville NY 14221-7051

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

Name of Employer Occupation  
Elderwood Affiliates Inc President

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

Date of Receipt

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

Transaction ID: C416534

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen Collins Pagels

Mailing Address 1440 East Missouri Street  
Suite C-102

City State Zip Code  
Phoenix AZ 85014

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

Name of Employer Occupation  
Arizona Health Care Association Executive Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: C411095

Amount of Each Receipt this Period

250.00

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

2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 44

(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)

Kathleen Collins Pagels

Mailing Address 1440 East Missouri Street  
Suite C-102

City State Zip Code  
Phoenix AZ 85014

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

Name of Employer  
Arizona Health Care Assoc-  
iation

Occupation  
Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

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

Transaction ID: C414551

Amount of Each Receipt this Period

100.00

**B.**

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  
Cooper Management Corpora-  
tion

Occupation  
Adminstrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: C416692

Amount of Each Receipt this Period

300.00

**C.**

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  
Alabama Nursing Home Asso-  
ciation

Occupation  
Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: C416549

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

900.00

**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 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 200 Dryden Road  
Suite 2000

City Dresher State PA Zip Code 19025

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

Name of Employer Complete Healthcare Resources Occupation Senior Executive Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 14 / 2008  
**Transaction ID: C414198**  
 Amount of Each Receipt this Period: 1250.00

**B.** Full Name (Last, First, Middle Initial)  
Andrew DeBoer

Mailing Address DeBoer Nursing Home, Inc.  
1750 Vulcan Street

City Muskegon State MI Zip Code 49442

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

Name of Employer DeBoer Nursing Home Occupation Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 01 / 2008  
**Transaction ID: C409444**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Judith Dicker

Mailing Address 18215 Hillside Avenue

City Jamaica State NY Zip Code 11432

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

Name of Employer Hillside Manor Occupation Executive Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 23 / 2008  
**Transaction ID: C414863**  
 Amount of Each Receipt this Period: 1250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 44  
(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)  
Stanley Dicker

Mailing Address 18215 Hillside Ave

City State Zip Code  
Jamaica NY 11432

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

Name of Employer Hillside Manor Rehab Ctr Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

Transaction ID: C413939

Amount of Each Receipt this Period  
1250.00

**B.**

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

Mailing Address 10067 East Windrose Drive

City State Zip Code  
Scottsdale AZ 85260-4655

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

Name of Employer Management Southwest Corp Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2008

Transaction ID: C416553

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Tim Graves

Mailing Address 4214 Medical Parkway Suite 300

City State Zip Code  
Austin TX 78756

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

Name of Employer Texas Health Care Association Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

Transaction ID: C409473

Amount of Each Receipt this Period  
500.00

**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 16 / 44

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Howard Groff

Mailing Address 9031 Penn Avenue S

City State Zip Code  
Bloomington MN 55431-2225

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

Name of Employer Occupation  
Tealwood Care Centers Inc President

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: C416550

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City State Zip Code  
Alexandria VA 22308-1049

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

Name of Employer Occupation  
AHCA Senior Vice President of Advocacy

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68

Date of Receipt

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

Transaction ID: C409491

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City State Zip Code  
Alexandria VA 22308-1049

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

Name of Employer Occupation  
AHCA Senior Vice President of Advocacy

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68

Date of Receipt

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

Transaction ID: C414239

Amount of Each Receipt this Period

38.46

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

1326.92

**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 / 44
	<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) David Hebert		Date of Receipt MM / DD / YYYY 04 / 29 / 2008
Mailing Address 7605 Ridgecrest Drive		<b>Transaction ID:</b> C416682
City Alexandria	State VA	Zip Code 22308-1049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
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 ▼ 307.68	

**B.**

Full Name (Last, First, Middle Initial) Thomas E. Hill		Date of Receipt MM / DD / YYYY 04 / 01 / 2008
Mailing Address 2901 Highway 82E		<b>Transaction ID:</b> C409466
City Greenwood	State MS	Zip Code 38930
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Golden Age Nursing Home	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Brian Holloway		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
Mailing Address 1001 Center Street		<b>Transaction ID:</b> C413933
City Little Egg Harbor	State NJ	Zip Code 08087-1364
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Seacrest Village	Occupation Owner/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>788.46</b>
<b>TOTAL</b> 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 / 44

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Samuel Kaplan		Date of Receipt MM / DD / YYYY 04 / 22 / 2008		
	Mailing Address 5500 Wells Fargo Center 90 South Seventh St		<b>Transaction ID:</b> C416531		
	City Minneapolis	State MN	Zip Code 55402	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Tealwood Care Centers		Occupation Attorney		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Jody Knox		Date of Receipt MM / DD / YYYY 04 / 01 / 2008		
	Mailing Address 1905 West Pierce Street		<b>Transaction ID:</b> C409446		
	City Carlsbad	State NM	Zip Code 88220-4025	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lakeview Christian Home of the Southwe		Occupation Administrator		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward L. Kuntz		Date of Receipt MM / DD / YYYY 04 / 21 / 2008		
	Mailing Address 680 S 4th St		<b>Transaction ID:</b> C416702		
	City Louisville	State KY	Zip Code 40202-2407	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kindred Healthcare		Occupation Chairman, CEO & President		
	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) .....

1050.00

**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 / 44  
(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)  
David Kylo

Mailing Address 4621 28th Road South  
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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 ▼ 356.04

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID: C409494**

Amount of Each Receipt this Period  
39.56

**B.**

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

Mailing Address 4621 28th Road South  
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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 ▼ 356.04

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID: C414243**

Amount of Each Receipt this Period  
39.56

**C.**

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

Mailing Address 4621 28th Road South  
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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 ▼ 356.04

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2008

**Transaction ID: C416685**

Amount of Each Receipt this Period  
39.56

**SUBTOTAL** of Receipts This Page (optional) ..... ► **118.68**

**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 20 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Greg Lentz		Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 10003 Woodlands Forest Drive Suite 250		<b>Transaction ID:</b> C408211
	City State Zip Code The Woodlands TX 77380	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		
	Name of Employer Healthmark Group	Occupation Vice President Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William Levering		Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 201 North Main Street		<b>Transaction ID:</b> C409479
	City State Zip Code Mount Vernon OH 43050	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		
	Name of Employer Levering Management Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Levering		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address 201 North Main Street		<b>Transaction ID:</b> C411151
	City State Zip Code Mount Vernon OH 43050	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		
	Name of Employer Levering Management Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8500.00
<b>TOTAL</b> 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 / 44  
(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)  
Peter J. Licari

Mailing Address 200 Dryden Road  
Suite 2000

City Dresher State PA Zip Code 19025

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

Name of Employer Complete Healthcare Resources Occupation President/ Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: C411143

Amount of Each Receipt this Period  
1250.00

**B.**

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

Mailing Address 1304 Laurel Oak Rd

City Voorhees State NJ Zip Code 08043-4310

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

Name of Employer Burnt Tavern Rehabilitation HealthCare Occupation 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 Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: C410077

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Lew Little, Jr.

Mailing Address Harden Healthcare  
8701 North MoPac Expressway

City Austin State TX Zip Code 78759

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

Name of Employer Harden Healthcare Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: C416670

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1875.00**

**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 / 44  
(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)  
Barbara K. Lombardi

Mailing Address 1008 Pineview Court

City Alma State MI Zip Code 48801-0341

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

Name of Employer Laurel Health Care Company Occupation Director of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 01 / 2008  
Transaction ID: C407623  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Cindy Luxem

Mailing Address 117 SW 6th Street Suite 200

City Topeka State KS Zip Code 66606

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

Name of Employer Kansas Health Care Association Occupation State Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 01 / 2008  
Transaction ID: C407629  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Todd Mackenzie

Mailing Address 555 Round Rock West #390

City Round Rock State TX Zip Code 78681

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

Name of Employer Remington Medical Resort of San Antoni Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 01 / 2008  
Transaction ID: C407625  
Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **825.00**

**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 / 44  
(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)  
Todd Mackenzie

Mailing Address 555 Round Rock West #390

City Round Rock State TX Zip Code 78681

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

Name of Employer Remington Medical Resort of San Antonio Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 18 / 2008  
Transaction ID: C411947  
Amount of Each Receipt this Period: 150.00

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

Mailing Address 1810 Gillespie Ways Suite 212

City El Cajon State CA Zip Code 92020-0921

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

Name of Employer Kennon S. Shea & Associates Occupation Consultant

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

Date of Receipt: 04 / 28 / 2008  
Transaction ID: C416436  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Brad Moorhouse

Mailing Address 344 Green Hill Dr

City Anderson State SC Zip Code 29621-2433

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

Name of Employer National Health Corp. Occupation Administrator

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

Date of Receipt: 04 / 01 / 2008  
Transaction ID: C409481  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2150.00

**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 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 415 Rogers Avenue

City State Zip Code  
Fort Smith AR 72901-1903

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

Name of Employer Occupation  
Central Arkansas Nursing Centers Owner

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

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

**Transaction ID:** C411147

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Steve Mulder

Mailing Address 7300 Del Pardo Street

City State Zip Code  
Boca Raton FL 33433

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

Name of Employer Occupation  
Whitehall Boca Owner

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

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

**Transaction ID:** C416699

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Delbert Ousley

Mailing Address 300 Provider Court

City State Zip Code  
Richmond KY 40475-8488

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

Name of Employer Occupation  
PMD Corporation President

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

**Transaction ID:** C414737

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 25 / 44  
(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)  
Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City State Zip Code  
Scotts Hill TN 38374

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

Name of Employer Tennessee Health Management  
Occupation General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2008

**Transaction ID:** C414203

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Patterson

Mailing Address 4000 Hollywood Blvd #540N

City State Zip Code  
Hollywood FL 33021-6747

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

Name of Employer Avante Group Inc  
Occupation VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2008

**Transaction ID:** C416603

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Rich Pell

Mailing Address 21 Greystone Drive

City State Zip Code  
Shepherdstown WV 25443-4075

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

Name of Employer Genesis  
Occupation SR VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID:** C409467

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1625.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 44  
(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)  
Simon 'Shimi' Pelman

Mailing Address 140 Saint Edwards Street

City State Zip Code  
Brooklyn NY 11201-3904

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

Name of Employer Occupation  
Greenpark Care Center Inc Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2008

**Transaction ID:** C413944

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Wade Peterson

Mailing Address 201 14th Street NW

City State Zip Code  
Mandan ND 58554-2063

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

Name of Employer Occupation  
MedCenter One Care Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID:** C407630

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mohammad Qazi

Mailing Address 4000 Town Ctr Ste 380

City State Zip Code  
Southfield MI 48075-1425

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

Name of Employer Occupation  
Cienna Healthcare Management, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2008

**Transaction ID:** C411088

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5800.00**

**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 / 44  
(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)  
Gail Rader

Mailing Address 1503 South Main Street

City State Zip Code  
Phillipsburg NJ 08865

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

Name of Employer Occupation  
Care Perspectives Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2008

**Transaction ID:** C411152

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 3939 S 92nd Street

City State Zip Code  
Greenfield WI 53228-2140

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

Name of Employer Occupation  
Clement Manor Inc. CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2008

**Transaction ID:** C414862

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Jon Reardon

Mailing Address 1202 Weiss Street

City State Zip Code  
Saginaw MI 48602-5471

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

Name of Employer Occupation  
Hoyt Nursing & Rehab Center Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2008

**Transaction ID:** C416532

Amount of Each Receipt this Period  
125.00

**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 28 / 44  
(check only one)

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

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

**A.**

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

Mailing Address 17441 W Muirfield Dr

City State Zip Code  
Baton Rouge LA 70810-5962

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

Name of Employer Harahan Guest House Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: C409429

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel Salmon

Mailing Address 85 Beaumont Dr

City State Zip Code  
Northbridge MA 01534-1093

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

Name of Employer Beaumont Nursing Home Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C413950

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Lee Samson

Mailing Address 9200 Sunset Boulevard Suite 1100

City State Zip Code  
West Hollywood CA 90069

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

Name of Employer SNF Management/ Windsor Occupation President/ CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

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

Transaction ID: C407628

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3375.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 44  
(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)  
Alfred Santos

Mailing Address 57 Kilvert Street  
Suite 200

City State Zip Code  
Warwick RI 02886-1054

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

Name of Employer Occupation  
Rhode Island Healthcare Executive Director  
Assn

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** C416530

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7265 Kenwood Road  
Suite 300

City State Zip Code  
Cincinnati OH 45236-4414

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

Name of Employer Occupation  
Nursing Care Management Exec Vice President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** C416696

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Gerald Schroer, Jr.

Mailing Address 7235 Whipple Ave NW

City State Zip Code  
North Canton OH 44720-7137

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

Name of Employer Occupation  
Altercare Administrator

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** C409462

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 44  
(check only one)

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

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

**A.**

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

Mailing Address 2525 Pennsylvania Ave

City Weirton State WV Zip Code 26062-3634

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

Name of Employer Weirton Geriatric Center Occupation Owner/Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 04 / 11 / 2008

Transaction ID: C411150

Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 13185 W Great Mountain Drive

City Lakewood State CO Zip Code 80228-3512

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

Name of Employer Carriage Healthcare Companies, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY 04 / 16 / 2008

Transaction ID: C411090

Amount of Each Receipt this Period 1000.00

**C.**

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

Mailing Address One N Capitol Ste 1115

City Indianapolis State IN Zip Code 46204-2276

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

Name of Employer Indiana Health Care Association Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY 04 / 01 / 2008

Transaction ID: C409472

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 44  
(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) Janet Snipes		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Mailing Address 6000 E Iliff Avenue		<b>Transaction ID:</b> C411155
City Denver	State CO	Zip Code 80222-5721
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Holly Heights Nursing Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) J. Craig Souza		Date of Receipt MM / DD / YYYY 04 / 11 / 2008
Mailing Address 5109 Bur Oak Cir		<b>Transaction ID:</b> C411149
City Raleigh	State NC	Zip Code 27612-3101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer North Carolina Health Care Facilities	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) William Spalding		Date of Receipt MM / DD / YYYY 04 / 01 / 2008
Mailing Address Pillsbury Manor 20 Harbor View Road		<b>Transaction ID:</b> C407632
City South Burlington	State VT	Zip Code 05403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Pillsbury Manor	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 44  
(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)  
David Sylvester

Mailing Address 411 North Dillard Street

City State Zip Code  
Winter Garden FL 34787-2816

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

Name of Employer Health Central Park Occupation Senior VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

**Transaction ID:** C411085

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
A. Ray Talebi

Mailing Address 1438 S Euclid St

City State Zip Code  
Anaheim CA 92802-2103

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

Name of Employer TSW Management Group, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** C416434

Amount of Each Receipt this Period  
375.00

**C.**

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

Mailing Address 404 Woodland Drive

City State Zip Code  
Grand Island NE 68801

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

Name of Employer Excel Development Group Occupation Chair/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

**Transaction ID:** C416695

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1875.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 44  
(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)  
Nicholas Thisse

Mailing Address 80 Access Rd

City State Zip Code  
Norwood MA 02062

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

Name of Employer Occupation  
Rehab Associates Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2008

**Transaction ID:** C414878

Amount of Each Receipt this Period  
625.00

**B.**

Full Name (Last, First, Middle Initial)  
William H. Thompson

Mailing Address 2744 West Gerald Ford Drive

City State Zip Code  
Cordova TN 38016

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

Name of Employer Occupation  
Covenant Dove Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2008

**Transaction ID:** C416533

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Travis Tomlinson

Mailing Address 513 East Whitaker Mill Road

City State Zip Code  
Raleigh NC 27608-2633

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

Name of Employer Occupation  
Mayview Conv Home Inc Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2008

**Transaction ID:** C414179

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1625.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) James Unverferth	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 1100 Shawnee Road	<b>Transaction ID:</b> C407620
	City State Zip Code Lima OH 45805-3583	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HCF, Inc. President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marilyn K. Weber	Date of Receipt MM / DD / YYYY 04 / 09 / 2008
	Mailing Address PO Box 386	<b>Transaction ID:</b> C411138
	City State Zip Code Wellington OH 44090-0386	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Weber Health Care Center, Inc. Superintendent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew S Weisman	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 5310 NW 33rd Ave Ste 211	<b>Transaction ID:</b> C409480
	City State Zip Code Fort Lauderdale FL 33309-6319	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NuVision Management Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 44  
(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 W. Wheeler

Mailing Address PO Box 1545

City State Zip Code  
Mount Pleasant SC 29465-1545

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

Name of Employer Occupation  
Laurel Baye Healthcare President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID:** C407626

Amount of Each Receipt this Period  
1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Bill Williamson

Mailing Address 405 Sugar Mill Rd

City State Zip Code  
Greer SC 29650-3609

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

Name of Employer Occupation  
HMR Advantage Health Systems VP and COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2008

**Transaction ID:** C418429

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Adele Wilzack

Mailing Address 7135 Minstreal Way Suite 104

City State Zip Code  
Columbia MD 21045

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

Name of Employer Occupation  
Health Facilities Assn of MD Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID:** C409449

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 44  
(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) Chris Wright		Date of Receipt MM / DD / YYYY 04 / 01 / 2008
Mailing Address iCare Management 341 Bidwell Street		Transaction ID: C409463
City Manchester	State CT	
Zip Code 06040-6470		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer iCare Management, LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Bruce Yarwood		Date of Receipt MM / DD / YYYY 04 / 09 / 2008
Mailing Address 200 P Street Apt F31		Transaction ID: C409646
City Sacramento	State CA	
Zip Code 95814-6259		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA	Occupation CEO & President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**C.**

Full Name (Last, First, Middle Initial) Alan Zuccari		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Mailing Address 7712 Carlton Place		Transaction ID: C411094
City McLean	State VA	
Zip Code 22102-2149		Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hamilton Insurance Agency	Occupation Insurance Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3750.00
<b>TOTAL</b> This Period (last page this line number only) .....	69834.06

**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 37 / 44

<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

**A.**

Full Name (Last, First, Middle Initial)

BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd  
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement  
CC FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D61413

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

639.36

**B.**

Full Name (Last, First, Middle Initial)

BB & T

Mailing Address PO Box 819  
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D61412

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

150.00

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

789.36

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

789.36

# 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) Bob Schaffer for U.S. Senate	Transaction ID: D61008 Date of Disbursement 04 / 17 / 2008
	Mailing Address PO Box 102135	Amount of Each Disbursement this Period 3000.00
	City Denver State CO Zip Code 80250-2135	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Bob Schaffer	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bob Schaffer for U.S. Senate	Transaction ID: D61009 Date of Disbursement 04 / 17 / 2008
	Mailing Address PO Box 102135	Amount of Each Disbursement this Period 2000.00
	City Denver State CO Zip Code 80250-2135	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Bob Schaffer	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DIRIGO PAC	Transaction ID: D61005 Date of Disbursement 04 / 17 / 2008
	Mailing Address PO Box 1355	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22313	
	Purpose of Disbursement Contributions to Federal Committees	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) ▼

<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

<b>A.</b> Full Name (Last, First, Middle Initial) HAGAN SENATE COMMITTEE INC Mailing Address PO Box 29103 City Greensboro State NC Zip Code 27429 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Kay R Hagan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Transaction ID: D61011 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) National Republican Senatorial Committee Mailing Address 425 2nd St NE City Washington State DC Zip Code 20002-4914 Purpose of Disbursement Contributions to Federal PACS/Committees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D61010 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 15000.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) NORTHERN LIGHTS POLITICAL ACTION COMMITTEE Mailing Address PO Box 2566 -- City Washington State DC Zip Code 20013 Purpose of Disbursement Contributions to Federal Committees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D61007 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25000.00
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>PRESERVING AMERICA'S TRADITIONS (PATPAC)</b></p> <p>Mailing Address <b>228 SOUTH WASHINGTON STREET SUITE B-20</b></p> <p>City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b></p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D60886</b> Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>HIGGINS FOR CONGRESS</b></p> <p>Mailing Address <b>PO BOX 28</b></p> <p>City <b>BUFFALO</b> State <b>NY</b> Zip Code <b>14220</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Brian M. Higgins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D60883</b> Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>PALLONE FOR CONGRESS</b></p> <p>Mailing Address <b>PO BOX 3176</b></p> <p>City <b>LONG BRANCH</b> State <b>NJ</b> Zip Code <b>07740</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D60882</b> Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

8000.00

**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 41 / 44

<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) RADANOVICH FOR CONGRESS	Transaction ID: D60880 Date of Disbursement
	Mailing Address 30151 TOMAS STREET	<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City RANCHO STA MRGRITA State CA Zip Code 92688	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. George P. Radanovich	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CA District: 19	

B.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS	Transaction ID: D60881 Date of Disbursement
	Mailing Address 2015 Wallace Rd.	<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Atlanta State GA Zip Code 30331	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. John Lewis	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: GA District: 05	

C.	Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS	Transaction ID: D60990 Date of Disbursement
	Mailing Address PO Box 5743	<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City Austin State TX Zip Code 78763-5743	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. Lloyd Doggett	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TX District: 25	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<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)

<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><b>A.</b> Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS</p> <p>Mailing Address 80 F St NW Suite 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Tim Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D60884</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Murphy for Congress</p> <p>Mailing Address PO Box 11721</p> <p>City Pittsburgh State PA Zip Code 15228-0721</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Timothy F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D61022</p> <p>Date of Disbursement 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08</p> <p>Mailing Address 1930 Bishop Ln</p> <p>City Louisville State KY Zip Code 40218-1929</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D60877</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</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)  
MCCONNELL SENATE COMMITTEE '08

Mailing Address 1930 Bishop Ln

City Louisville State KY Zip Code 40218-1929

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Sen. Mitch McConnell

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KY District: 00

Transaction ID: D60878

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
PAT ROBERTS FOR SENATE

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530-0433

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Sen. Pat Roberts

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Transaction ID: D60885

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

**C.** Full Name (Last, First, Middle Initial)  
COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Sen. Susan M. Collins

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: ME District: 00

Transaction ID: D61004

Date of Disbursement

/   /

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)

<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)  
**STEVENS FOR SENATE COMMITTEE**

Mailing Address PO BOX 100879

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Sen. Ted Stevens

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Transaction ID: D61006

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**TIM JOHNSON FOR SOUTH DAKOTA INC**

Mailing Address PO BOX 1859

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Sen. Tim Johnson

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: SD District: 00

Transaction ID: D60879

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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