

# 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 06 01 2009 through 06 30 2009

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 07 20 2009

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		121831.57
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	137910.06									
(c) Total Receipts (from Line 19) .....	74360.90	483069.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	212270.96	604900.82								
7. Total Disbursements (from Line 31) .....	65945.14	458575.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	146325.82	146325.82								
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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	62222.25	436145.90
(ii) Unitemized .....	7138.65	37923.35
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	69360.90	474069.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	9000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	74360.90	483069.25
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)) .....	74360.90	483069.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	74360.90	483069.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	965.14	7205.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	965.14	7205.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64980.00	451370.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	65945.14	458575.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65945.14	458575.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	74360.90	483069.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	74360.90	483069.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	965.14	7205.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	965.14	7205.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 50  
(check only one)

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

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

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

**A.**

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

Mailing Address 6750 Westown Pkwy  
Ste 100

City State Zip Code  
West Des Moines IA 50266-7716

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

Name of Employer Iowa Health Care Assn. Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: 06 / 09 / 2009  
Transaction ID: C735675  
Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Alan Anderson

Mailing Address 5001 E Anaheim Street

City State Zip Code  
Long Beach CA 90804-3214

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

Name of Employer South Coast Healthcare Management Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2009  
Transaction ID: C744438  
Amount of Each Receipt this Period: 1000.00

**C.**

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

Mailing Address 713 E Park Ave

City State Zip Code  
Tallahassee FL 32301-2618

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

Name of Employer Buigas, Asztalos & Associates Occupation Lobbyist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 06 / 09 / 2009  
Transaction ID: C735673  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 / 50  
(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)  
Gerald Baker

Mailing Address Beecher Manor Inc  
11394 North Linden Road

City State Zip Code  
Clio MI 48420-8587

FEC ID number of contributing federal political committee. C

Name of Employer Beecher Manor Inc. Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** C735578

Amount of Each Receipt this Period 1000.00

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

Mailing Address PO Box 3347

City State Zip Code  
Spartanburg SC 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 ▼ 2500.00

Date of Receipt MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** C735463

Amount of Each Receipt this Period 1250.00

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

Mailing Address 2615 Falcon Knoll Ln

City State Zip Code  
Katy TX 77494-2419

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
06 / 01 / 2009

**Transaction ID:** C731285

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 8 / 50  
(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) Harold Beebe		Date of Receipt MM / DD / YYYY 06 / 09 / 2009
Mailing Address 14 Northtown Dr Ste 202		<b>Transaction ID:</b> C735680
City Jackson	State MS	Zip Code 39211-3018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Delco Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt MM / DD / YYYY 06 / 08 / 2009
Mailing Address 1201 L Street NW		<b>Transaction ID:</b> C735584
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

**C.**

Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt MM / DD / YYYY 06 / 22 / 2009
Mailing Address 1201 L Street NW		<b>Transaction ID:</b> C741525
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>290.00</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 9 / 50  
(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)  
Lyn Bentley

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. C

Name of Employer AHCA Occupation Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2009  
**Transaction ID: C745912**  
 Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City Dayton State OH Zip Code 45459-3911

FEC ID number of contributing federal political committee. C

Name of Employer LBK Healthcare, Inc. Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 30 / 2009  
**Transaction ID: C745911**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Virginia Burke

Mailing Address 17 Heritage Road

City Barrington State RI Zip Code 02806

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 08 / 2009  
**Transaction ID: C735600**  
 Amount of Each Receipt this Period 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... 745.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 50  
(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)  
Elizabeth Casey

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
Westlake Village CA 91362-3402

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

Name of Employer Occupation  
The Chase Group Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2009

**Transaction ID:** C731274

Amount of Each Receipt this Period  
1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Susan Chase

Mailing Address 5374 Long Shadow Ct

City State Zip Code  
Westlake Village CA 91362-5223

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

Name of Employer Occupation  
The Chase Group Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2009

**Transaction ID:** C731280

Amount of Each Receipt this Period  
1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Tom Coble

Mailing Address 1908 12th Avenue NW Suite E

City State Zip Code  
Ardmore OK 73401

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

Name of Employer Occupation  
Elmbrook Management Company President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** C735581

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

**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 11 / 50
	<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) Cliff Coldren		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1950 Cliffside Drive		<b>Transaction ID:</b> C744935
	City State College	State PA	Zip Code 16801-7662
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
	Name of Employer Brookline	Occupation Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Janet Daly		Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address MediLodge of Monroe 481 Village Green Lane		<b>Transaction ID:</b> C741522
	City Monroe	State MI	Zip Code 48162
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer MediLodge of Monroe	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tim Dundon		Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address Medline HealthCare One Medline Place		<b>Transaction ID:</b> C735455
	City Mundelein	State IL	Zip Code 60060
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
	Name of Employer Medline HealthCare	Occupation Information Requested	
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) .....	▶	3800.00
<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 12 / 50

(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)

Teresa Eyt

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
AHCA Education

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: C735585

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
AHCA Education

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741526

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
AHCA Education

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745915

Amount of Each Receipt this Period

20.00

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

60.00

**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 / 50

(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)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City State Zip Code  
Falls Church VA 22043-2330

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

Name of Employer Occupation  
American Health Care Association Vice President, Public Affairs

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 269.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: C735586

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City State Zip Code  
Falls Church VA 22043-2330

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

Name of Employer Occupation  
American Health Care Association Vice President, Public Affairs

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 269.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741527

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City State Zip Code  
Falls Church VA 22043-2330

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

Name of Employer Occupation  
American Health Care Association Vice President, Public Affairs

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 269.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745916

Amount of Each Receipt this Period

19.24

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

57.72

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

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

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

FOR LINE NUMBER: PAGE 14 / 50  
(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)  
Donald Franco

Mailing Address 5 O'Kill Drive

City East Haven State CT Zip Code 06513

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

Name of Employer Paragon Group Inc. Occupation SNF Administrator/Owner/President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2009  
**Transaction ID: C735674**  
 Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Donald Franco

Mailing Address 5 O'Kill Drive

City East Haven State CT Zip Code 06513

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

Name of Employer Paragon Group Inc. Occupation SNF Administrator/Owner/President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2009  
**Transaction ID: C744688**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Kit E. Gamble

Mailing Address PO Box 52389

City Shreveport State LA Zip Code 71135-2389

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

Name of Employer Gamble Guest Care Corporation Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 16 / 2009  
**Transaction ID: C739749**  
 Amount of Each Receipt this Period 4000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4600.00

**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 15 / 50
	<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) Ronald Goux	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 2045 Highway 59 PO Box 1429	<b>Transaction ID:</b> C731235
	City Mandeville State LA Zip Code 70448-1909	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Gulf South Medical Enterprises Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tim Graves	Date of Receipt MM / DD / YYYY 06 / 09 / 2009
	Mailing Address 4214 Medical Parkway Suite 300	<b>Transaction ID:</b> C735677
	City Austin State TX Zip Code 78756	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Texas Health Care Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Hebert	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 7605 Ridgecrest Drive	<b>Transaction ID:</b> C735589
	City Alexandria State VA Zip Code 22308-1049	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AHCA Occupation Senior Vice President of Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 538.57	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2338.47</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 16 / 50

(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 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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 538.57

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741530

Amount of Each Receipt this Period

38.47

**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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 538.57

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745923

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

Blaine Hendrickson

Mailing Address PO Box 7

City State Zip Code  
Rancho Mirage CA 92270-0007

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

Name of Employer Occupation  
Legacy Healthcare CEO

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: C735629

Amount of Each Receipt this Period

2500.00

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

2576.94

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 50

(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 Heppenheimer

Mailing Address 109 Soundview Terrace

City State Zip Code  
Northport NY 11768

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

Name of Employer  
Nesconset Center for Nursing & Rehabil

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  
06 / 16 / 2009

Transaction ID: C739747

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Eric Holland

Mailing Address 1677 Highway 9 North

City State Zip Code  
Pontotoc MS 38865

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

Name of Employer  
Sunshine Health Care, Inc.

Occupation  
Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 08 / 2009

Transaction ID: C735580

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Rick L. Holloway

Mailing Address 1475 N Cole Rd

City State Zip Code  
Boise ID 83704-8537

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

Name of Employer  
Western Health Care Corp

Occupation  
VP, Systems Design

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 08 / 2009

Transaction ID: C735573

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 18 / 50  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial) Douglas Johnson		Date of Receipt MM / DD / YYYY 06 / 09 / 2009
Mailing Address 1501 42nd Street Suite 230		<b>Transaction ID:</b> C735676
City West Des Moines	State IA	Zip Code 50266-1005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Hawkeye Care Centers, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

**B.**

Full Name (Last, First, Middle Initial) Debra Kriner		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address D. Kriner & Associates 7608 Shadywood Lane		<b>Transaction ID:</b> C745910
City Sylvania	State OH	Zip Code 43560-1841
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer D. Kriner & Associates	Occupation RN Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

**C.**

Full Name (Last, First, Middle Initial) David Kylo		Date of Receipt MM / DD / YYYY 06 / 08 / 2009
Mailing Address 4621 28th Road South		<b>Transaction ID:</b> C735590
City Arlington	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 553.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>339.56</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: (check only one)	PAGE 19 / 50
	<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) David Kylo	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address 4621 28th Road South	<b>Transaction ID:</b> C741532
	City State Zip Code Arlington VA 22206	Amount of Each Receipt this Period 39.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer AHCA      Occupation Director, Assisted Living Receipt For:      Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      553.84	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Kylo	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4621 28th Road South	<b>Transaction ID:</b> C745925
	City State Zip Code Arlington VA 22206	Amount of Each Receipt this Period 39.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer AHCA      Occupation Director, Assisted Living Receipt For:      Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      553.84	

<b>C.</b>	Full Name (Last, First, Middle Initial) David LaLumia	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 12761 South Wacousta Road	<b>Transaction ID:</b> C735532
	City State Zip Code Eagle MI 48822	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer HCAM      Occupation President Receipt For:      Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	279.12
<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 20 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 12761 South Wacousta Road

City State Zip Code  
Eagle MI 48822

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

Name of Employer HCAM Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 09 / 2009  
Transaction ID: C735663  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Theodore Lee

Mailing Address 700 Hanover St

City State Zip Code  
Manchester NH 03104-5309

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

Name of Employer Hanover Hill Health Care Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 06 / 22 / 2009  
Transaction ID: C741337  
Amount of Each Receipt this Period: 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Greg Lentz

Mailing Address Waterway Plaza One  
10003 Woodloch Forest Drive

City State Zip Code  
The Woodlands TX 77380

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

Name of Employer Healthmark Group Occupation Vice President Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 22 / 2009  
Transaction ID: C743572  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7100.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 50  
(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)  
Ruby Jo Lubarsky

Mailing Address 9403 Mill Brook Road

City State Zip Code  
Louisville KY 40223

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

Name of Employer: Kentucky Association of Health Care Fa  
Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 06 / 08 / 2009  
**Transaction ID: C735574**  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Donald A. Lynch

Mailing Address 207 Carnoustie Drive

City State Zip Code  
Trophy Club TX 76262

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

Name of Employer: Cross Timbers Rehabilitation & Health  
Occupation: Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt: 06 / 22 / 2009  
**Transaction ID: C741513**  
 Amount of Each Receipt this Period: 235.00

**C.** Full Name (Last, First, Middle Initial)  
Terry Mace

Mailing Address 609 Highline Drive

City State Zip Code  
East Wenatchee WA 98802-5603

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

Name of Employer: Triple C Healthcare Services  
Occupation: Administrator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 06 / 01 / 2009  
**Transaction ID: C731267**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1485.00**

**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 / 50  
(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)  
Chris Mallett

Mailing Address 3905 Obelen Ave.

City Logan State OH Zip Code 44053

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

Name of Employer Sprenger Enterprises Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 17 / 2009  
Transaction ID: C739748  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Justin M. Moreau

Mailing Address 19280 Edgewater Drive

City Hillman State MI Zip Code 49746

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt 06 / 22 / 2009  
Transaction ID: C741521  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen Morrisette

Mailing Address 2112 W Laburnum Avenue Suite 206

City Richmond State VA Zip Code 23227-4358

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

Name of Employer Virginia Health Care Association Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 22 / 2009  
Transaction ID: C743574  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

**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 / 50

(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)  
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
American Health Care Association Government Affairs

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 283.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: C735591

Amount of Each Receipt this Period  
19.24

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
American Health Care Association Government Affairs

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 283.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741533

Amount of Each Receipt this Period  
19.24

**C.**

Full Name (Last, First, Middle Initial)  
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
American Health Care Association Government Affairs

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 283.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745927

Amount of Each Receipt this Period  
19.24

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

57.72

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 50  
(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)  
Roberts Nelson

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
Westlake Village CA 91362-3402

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

Name of Employer Occupation  
The Chase Group Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2009

**Transaction ID:** C731282

Amount of Each Receipt this Period  
1250.00

**B.**

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

Mailing Address 1430 Progress Way Ste 108

City State Zip Code  
Eldersburg MD 21784-6484

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

Name of Employer Occupation  
Nexion Health Director of Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2009

**Transaction ID:** C735684

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code  
Arlington VA 22207-5107

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

Name of Employer Occupation  
Sr. Director of Congressional Affairs American Health Care Association

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** C735592

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1370.00**

**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 / 50  
(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)  
Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code  
Arlington VA 22207-5107

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

Name of Employer: Sr. Director of Congressional Affairs  
Occupation: American Health Care Association

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 22 / 2009  
**Transaction ID: C741534**  
 Amount of Each Receipt this Period: 20.00

**B.** Full Name (Last, First, Middle Initial)  
Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code  
Arlington VA 22207-5107

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

Name of Employer: Sr. Director of Congressional Affairs  
Occupation: American Health Care Association

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009  
**Transaction ID: C745929**  
 Amount of Each Receipt this Period: 20.00

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

Mailing Address 101 Bittersweet Drive

City State Zip Code  
Richmond KY 40475-8639

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

Name of Employer Information Requested  
Occupation: Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 12 / 2009  
**Transaction ID: C741369**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1040.00

**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 26 / 50
	<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) June Peach	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3844 Independence Drive	<b>Transaction ID:</b> C745898
	City State Zip Code Alexandria LA 71303-3533	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer The Management Company Inc	Occupation President/Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Wade Peterson	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address MedCenter One Care Center 201 14th Street NW	<b>Transaction ID:</b> C735462
	City State Zip Code Mandan ND 58554-2063	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MedCenter One Care Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Liz Plott-Tyler	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address Plott Management Corporation 5455 Wilshire Boulevard	<b>Transaction ID:</b> C745893
	City State Zip Code Los Angeles CA 90036	Amount of Each Receipt this Period 4900.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5275.00</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 27 / 50  
(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)  
Kelley Rice-Schild

Mailing Address 47 NW 32nd Place

City Miami State FL Zip Code 33125-4914

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

Name of Employer Floridean Nursing Home Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 08 / 2009  
**Transaction ID: C735579**  
 Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Angelo S. Rotella

Mailing Address Friendly Home  
303 Rhodes Avenue

City Woonsocket State RI Zip Code 02895-2821

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

Name of Employer Friendly Home Inc Occupation President/Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 08 / 2009  
**Transaction ID: C735449**  
 Amount of Each Receipt this Period: 2500.00

**C.**

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

Mailing Address 529 Pear Orchard  
Suite C

City Ridgeland State MS Zip Code 39157

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: 06 / 01 / 2009  
**Transaction ID: C731234**  
 Amount of Each Receipt this Period: 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**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 / 50

(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)

Priscilla Shoemaker

Mailing Address 1201 L St NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
AHCA Assoc Director

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743758

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
American Health Care Association Director of Grassroots

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: C735597

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
American Health Care Association Director of Grassroots

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741559

Amount of Each Receipt this Period

19.24

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

288.48

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 50

(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)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
American Health Care Association Director of Grassroots

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 269.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745939

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

Kim Stack

Mailing Address Barnwell Nursing & Rehabilitation  
3230 Church Street

City State Zip Code  
Valatie NY 12184

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

Name of Employer Occupation  
Barnwell Nursing & Rehabilitation Administrator

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 9

Transaction ID: C739746

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Brad Stebbins

Mailing Address 600 East Whaley

City State Zip Code  
Longview TX 75601-6525

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

Name of Employer Occupation  
Stebbins Five Companies Owner

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 9

Transaction ID: C745537

Amount of Each Receipt this Period

1250.00

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

2269.24

**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 / 50

(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)

Martin Stott

Mailing Address PO Box 945

City

Clinton

State

LA

Zip Code

70722-0945

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Diversified Health Care

Occupation

Information Requested

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 09 / 2009

Transaction ID: C735682

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

A. Ray Talebi

Mailing Address 1438 S Euclid St

City

Anaheim

State

CA

Zip Code

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 ▼

1250.00

Date of Receipt

MM / DD / YYYY  
06 / 22 / 2009

Transaction ID: C741204

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jack Vetter

Mailing Address 5020 South 118th Street

City

Omaha

State

NE

Zip Code

68137-2209

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Vetter Health Services

Occupation

President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
06 / 04 / 2009

Transaction ID: C735631

Amount of Each Receipt this Period

1250.00

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

3250.00

**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 / 50  
(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) Jack Vetter		Date of Receipt MM / DD / YYYY 06 / 08 / 2009
Mailing Address 5020 South 118th Street		<b>Transaction ID:</b> C741367
City Omaha	State NE	Zip Code 68137-2209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Vetter Health Services	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**B.**

Full Name (Last, First, Middle Initial) John F. Walz		Date of Receipt MM / DD / YYYY 06 / 22 / 2009
Mailing Address 8430 Carpathian Drive		<b>Transaction ID:</b> C741524
City White Lake	State MI	Zip Code 48386
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00	

**C.**

Full Name (Last, First, Middle Initial) Kathy Weiner		Date of Receipt MM / DD / YYYY 06 / 01 / 2009
Mailing Address 1217 Nonchalant Dr		<b>Transaction ID:</b> C731260
City Simi Valley	State CA	Zip Code 93065-5717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Total Rehab Care	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3850.00
<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 32 / 50  
(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) Ted Weiner		Date of Receipt MM / DD / YYYY 06 / 01 / 2009
Mailing Address 1217 Nonchalant Dr		<b>Transaction ID:</b> C731286
City Simi Valley	State CA	Zip Code 93065-5717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Total Rehab Care	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Sharon Wing		Date of Receipt MM / DD / YYYY 06 / 22 / 2009
Mailing Address 9309 West Vienna Road		<b>Transaction ID:</b> C741523
City Montrose	State MI	Zip Code 48457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Medilodge of Montrose	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	62222.25

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 / 50	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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) Golden Horizons Care PAC		Date of Receipt																				
	Mailing Address 1250 H Street NW Suite 555		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	6		3	0		2	0	0	9													
	City	State	Zip Code																				
Washington	DC	20005																					
FEC ID number of contributing federal political committee.		<b>C</b> C00346346	<b>Transaction ID:</b> C745907																				
Name of Employer		Occupation	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	5000.00																				
		5000.00																					

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 50

<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: D87803

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

760.66

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: D87802

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

204.48

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

965.14

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

965.14

# 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) Stephens for Congress	Transaction ID: D87290 Date of Disbursement 06 / 26 / 2009
	Mailing Address 2300 Bethelview Road Suite 110-450	Amount of Each Disbursement this Period 2500.00
	City Cumming State GA Zip Code 30040	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Stephens for Congress	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Stephens for Congress	Transaction ID: D87297 Date of Disbursement 06 / 29 / 2009
	Mailing Address 2300 Bethelview Road Suite 110-450	Amount of Each Disbursement this Period 2500.00
	City Cumming State GA Zip Code 30040	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Stephens for Congress	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Stephens for Congress	Transaction ID: D87538 Date of Disbursement 06 / 30 / 2009
	Mailing Address 2300 Bethelview Road Suite 110-450	Amount of Each Disbursement this Period -2500.00
	City Cumming State GA Zip Code 30040	
	Purpose of Disbursement Voided Contribution	Category/ Type
	Candidate Name Stephens for Congress	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<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

A.	Full Name (Last, First, Middle Initial) Garamendi CD 10 Exploratory Fund	Transaction ID: D86788 Date of Disbursement 06 / 10 / 2009
	Mailing Address 1010 Vermont Avenue, NW Suite 814	Amount of Each Disbursement this Period -2000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Voided Contribution	Category/ Type
	Candidate Name Garamendi CD 10 Exploratory Fund	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) PALMETTO FREEDOM PAC	Transaction ID: D87194 Date of Disbursement 06 / 24 / 2009
	Mailing Address PO BOX 1995	Amount of Each Disbursement this Period 1000.00
	City LEXINGTON State SC Zip Code 29071	
	Purpose of Disbursement Contributions to PACs/ Committees	Category/ Type
	Candidate Name PALMETTO FREEDOM PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) PRESERVING AMERICA'S TRADITIONS (PATPAC)	Transaction ID: D86932 Date of Disbursement 06 / 15 / 2009
	Mailing Address 228 SOUTH WASHINGTON STREET SUITE B-20	Amount of Each Disbursement this Period 2000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement Contributions to Federal PACs/ Committees	011 Category/ Type
	Candidate Name PRESERVING AMERICA'S TRADITIONS (PATPAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<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

**A.** CONGRESSMAN BART GORDON COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Bart Gordon

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Transaction ID: D87199

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** STUPAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 817 Ninth Avenue  
P.O. Box 156

City Menominee State MI Zip Code 49858

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Bart Stupak

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Transaction ID: D87104

Date of Disbursement

06 / 22 / 2009

Amount of Each Disbursement this Period

2500.00

**C.** STUPAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 817 Ninth Avenue  
P.O. Box 156

City Menominee State MI Zip Code 49858

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Bart Stupak

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Transaction ID: D86926

Date of Disbursement

06 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87205 <b>Date of Disbursement</b> 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CHARLIE MELANCON CAMPAIGN COMMITTEE INC</p> <p>Mailing Address PO Box 549</p> <p>City Napoleonville State LA Zip Code 70390</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Charlie Melancon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87196 <b>Date of Disbursement</b> 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CHARLIE MELANCON CAMPAIGN COMMITTEE INC</p> <p>Mailing Address PO Box 549</p> <p>City Napoleonville State LA Zip Code 70390</p> <p>Purpose of Disbursement Voided Contribution</p> <p>Candidate Name Rep. Charlie Melancon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87110 <b>Date of Disbursement</b> 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p>

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

500.00

**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 39 / 50

<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) <b>CHARLIE MELANCON CAMPAIGN COMMITTEE INC</b>	<b>Transaction ID:</b> D87111
	Mailing Address PO Box 549	Date of Disbursement 06 / 22 / 2009
	City Napoleonville State LA Zip Code 70390	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Charlie Melancon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>LUNGREN FOR CONGRESS</b>	<b>Transaction ID:</b> D87202
	Mailing Address 9321 Silverbend Lane	Date of Disbursement 06 / 24 / 2009
	City Elk Grove State CA Zip Code 95624	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Dan Lungren	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>LOEBSACK FOR CONGRESS</b>	<b>Transaction ID:</b> D86937
	Mailing Address P.O.Box 1457	Date of Disbursement 06 / 15 / 2009
	City Iowa City State IA Zip Code 52244-1457	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Dave Loebsack	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**4000.00**

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ERIK PAULSEN</b>  Mailing Address P.O. Box 44369  City Eden Prairie State MN Zip Code 55344  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Erik Paulsen  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D87211 Date of Disbursement 06 / 24 / 2009  Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF GINNY BROWN-WAITE</b>  Mailing Address P.O. Box 865  City Brooksville State FL Zip Code 34605  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Ginny Brown-Waite  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D86625 Date of Disbursement 06 / 01 / 2009  Amount of Each Disbursement this Period 3000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF GLENN THOMPSON</b>  Mailing Address 198 PARK ROAD  City HOWARD State PA Zip Code 16841  Purpose of Disbursement Contribution to Federal Candidate  Candidate Name Rep. Glenn W. Thompson, Jr.  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D86844 Date of Disbursement 06 / 11 / 2009  Amount of Each Disbursement this Period 1000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</b></p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87113 <b>Date of Disbursement</b> 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</b></p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87114 <b>Date of Disbursement</b> 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>BARRETT FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 869</p> <p>City Westminster State SC Zip Code 29693</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. J. Gresham Barrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D86933 <b>Date of Disbursement</b> 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN</p> <p>Mailing Address Post Office Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. James Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87233</p> <p>Date of Disbursement 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JESSE JACKSON JR. FOR CONGRESS</p> <p>Mailing Address P.O. Box 490286</p> <p>City Chicago State IL Zip Code 60649</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jesse Jackson, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D86931</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS</p> <p>Mailing Address 857 Post Road, #312</p> <p>City Fairfield State CT Zip Code 06824</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jim Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D86938</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

3500.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>TEAM EMERSON FOR JO ANN EMERSON</b> <hr/> Mailing Address PO BOX 822 <hr/> City CAPE GIRARDEAU State MO Zip Code 63702 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Jo Ann H. Emerson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D86927 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOE DONNELLY FOR CONGRESS</b> <hr/> Mailing Address P.O. Box 1961 <hr/> City South Bend State IN Zip Code 46634 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Joe Donnelly <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D87109 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) <b>SESTAK FOR CONGRESS</b> <hr/> Mailing Address P.O. Box 16 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Joe Sestak <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D86627 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2000.00
	Category/ Type

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

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

Use separate schedule(s)  
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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) <b>FRIENDS OF JOHN BARROW</b>	<b>Transaction ID: D86936</b>
	Mailing Address 2141 W Broad St	Date of Disbursement 06 / 15 / 2009
	City Athens State GA Zip Code 30606-3545	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. John Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>VOLUNTEERS FOR SHIMKUS</b>	<b>Transaction ID: D87107</b>
	Mailing Address PO Box 5458	Date of Disbursement 06 / 22 / 2009
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. John M. Shimkus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>BRADY FOR CONGRESS</b>	<b>Transaction ID: D86935</b>
	Mailing Address P.O. Box 8277	Date of Disbursement 06 / 15 / 2009
	City The Woodlands State TX Zip Code 77387	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Kevin Brady	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) LOUIE GOHMERT FOR CONGRESS COMMITTEE Mailing Address PO BOX 8060 City TYLER State TX Zip Code 75711 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Louie Gohmert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D87108 Date of Disbursement 06 / 22 / 2009
	Amount of Each Disbursement this Period 1000.00

<b>B.</b> Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS Mailing Address P.O. Box 1441 City Topeka State KS Zip Code 66601 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Lynn Jenkins Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D87108 Date of Disbursement 06 / 22 / 2009
	Amount of Each Disbursement this Period 1000.00

<b>C.</b> Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS Mailing Address 213 Lisbon Street City Lewiston State ME Zip Code 04240 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Michael H. Michaud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D86939 Date of Disbursement 06 / 15 / 2009
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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

A.	Full Name (Last, First, Middle Initial) <b>COFFMAN FOR CONGRESS</b>	<b>Transaction ID:</b> D86682
	Mailing Address 9249 South Broadway	Date of Disbursement MM / DD / YYYY 06 / 04 / 2009
	City Highlands Ranch State CO Zip Code 80129	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Debt retirement contributions to Federal Candidates	Debt retirement contribut
	Candidate Name Rep. Mike Coffman	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF FARR</b>	<b>Transaction ID:</b> D87206
	Mailing Address 555 Capitol Mall Suite 1425	Date of Disbursement MM / DD / YYYY 06 / 24 / 2009
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	
	Candidate Name Rep. Sam Farr	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) <b>LEVIN FOR CONGRESS</b>	<b>Transaction ID:</b> D87203
	Mailing Address 230 North Avenue	Date of Disbursement MM / DD / YYYY 06 / 24 / 2009
	City Mt. Clemens State MI Zip Code 48043	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	
	Candidate Name Rep. Sander M. Levin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Shelley Moore Capito

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Transaction ID: D87210

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
KAGEN 4 CONGRESS

Mailing Address 100 W. College Ave.

City Appleton State WI Zip Code 54911

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Steve Kagen

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Transaction ID: D86934

Date of Disbursement

06 / 15 / 2009

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
Murphy for Congress

Mailing Address PO Box 11721

City Pittsburgh State PA Zip Code 15228-0721

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Timothy F. Murphy

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Transaction ID: D86930

Date of Disbursement

06 / 15 / 2009

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CHILDERS FOR CONGRESS</b></p> <p>Mailing Address <b>PO BOX 177</b></p> <p>City <b>BOONEVILLE</b> State <b>MS</b> Zip Code <b>38829</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Travis W Childers</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>MS</b> District: <b>01</b></p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87197</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2750.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	9	2750.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	4		2	0	0	9													
2750.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>ZACK SPACE FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address <b>714 N WOOSTER AVENUE</b></p> <p>City <b>DOVER</b> State <b>OH</b> Zip Code <b>44622</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Zack Space</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>OH</b> District: <b>18</b></p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D86626</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	1		2	0	0	9													
2000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF BYRON DORGAN</b></p> <p>Mailing Address <b>PO BOX 871</b></p> <p>City <b>BISMARCK</b> State <b>ND</b> Zip Code <b>58502</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Sen. Byron L. Dorgan</b></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>ND</b> District: <b>00</b></p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D86928</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	5		2	0	0	9													
1500.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF BYRON DORGAN</b>  Mailing Address <b>PO BOX 871</b>  City <b>BISMARCK</b> State <b>ND</b> Zip Code <b>58502</b>  Purpose of Disbursement Contributions to Federal Candidates Candidate Name <b>Sen. Byron L. Dorgan</b>  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>ND</b> District: <b>00</b>  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D86929 Date of Disbursement 06 / 15 / 2009  Amount of Each Disbursement this Period 3500.00  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>GRASSLEY COMMITTEE INC</b>  Mailing Address <b>PO BOX 1000</b>  City <b>DES MOINES</b> State <b>IA</b> Zip Code <b>50304</b>  Purpose of Disbursement Contributions to Federal Candidates Candidate Name <b>Sen. Charles E. Grassley</b>  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IA</b> District: <b>00</b>  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D87200 Date of Disbursement 06 / 24 / 2009  Amount of Each Disbursement this Period 1000.00  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>GRASSLEY COMMITTEE INC</b>  Mailing Address <b>PO BOX 1000</b>  City <b>DES MOINES</b> State <b>IA</b> Zip Code <b>50304</b>  Purpose of Disbursement Contributions to Federal Candidates Candidate Name <b>Sen. Charles E. Grassley</b>  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IA</b> District: <b>00</b>  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D87112 Date of Disbursement 06 / 22 / 2009  Amount of Each Disbursement this Period 1000.00  Category/ Type

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF CHRIS DODD</b>	<b>Transaction ID: D87201</b>
	Mailing Address <b>PO BOX 270701</b>	Date of Disbursement MM / DD / YYYY <b>06 / 24 / 2009</b>
	City <b>WEST HARTFORD</b> State <b>CT</b> Zip Code <b>06127</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Sen. Christopher J. Dodd</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CT</b> District: <b>00</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>MIKE CRAPO FOR US SENATE</b>	<b>Transaction ID: D87106</b>
	Mailing Address <b>PO BOX 1948</b>	Date of Disbursement MM / DD / YYYY <b>06 / 22 / 2009</b>
	City <b>BOISE</b> State <b>ID</b> Zip Code <b>83701</b>	Amount of Each Disbursement this Period <b>3000.00</b>
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Sen. Mike Crapo</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>ID</b> District: <b>00</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>Solidarity PAC</b>	<b>Transaction ID: D86789</b>
	Mailing Address <b>607 14th Street NW Suite 800 Suite 800</b>	Date of Disbursement MM / DD / YYYY <b>06 / 10 / 2009</b>
	City <b>Washington</b> State <b>DC</b> Zip Code <b>20005</b>	Amount of Each Disbursement this Period <b>-270.00</b>
	Purpose of Disbursement Voided Contribution	Category/ Type
	Candidate Name <b>Solidarity PAC</b>	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3730.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>64980.00</b>