

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="110057.22"/>	<input type="text" value="110057.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="225716.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="76554.35"/>	<input type="text" value="775213.25"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="302270.47"/>	<input type="text" value="885270.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="57000.00"/>	<input type="text" value="640000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="245270.47"/>	<input type="text" value="245270.47"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	66111.67	685151.81
(ii) Unitemized	7942.68	65774.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	74054.35	750926.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	24287.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	76554.35	775213.25
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 Transfers (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))..... ▶	76554.35	775213.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	76554.35	775213.25

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57000.00	640000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	57000.00	640000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57000.00	640000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	76554.35	775213.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76554.35	775213.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 48
<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. Hollie Adams
Full Name (Last, First, Middle Initial)

Mailing Address 2759 County Road 1490

City Center State TX Zip Code 75935

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

Name of Employer Green Acres of Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : C1357559

Amount of Each Receipt this Period
 500.00

B. Ron Arrison
Full Name (Last, First, Middle Initial)

Mailing Address 4088 N Lake Forest Dr

City Memphis State TN Zip Code 38128-2412

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

Name of Employer King's Daughters & Sons Home Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011

Transaction ID : C1359351

Amount of Each Receipt this Period
 100.00

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

Mailing Address 5013 Centennial Oak Circle

City Tallahassee State FL Zip Code 32308

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

Name of Employer Asztalos & Associates Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : C1415098

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 7 OF 48
<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. Mary Baker
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1129

City Turlock State CA Zip Code 95381

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

Name of Employer Mark One Corp. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt **09 / 15 / 2011**

Transaction ID : C1362138

Amount of Each Receipt this Period **1250.00**

B. Cecil Barcelo
Full Name (Last, First, Middle Initial)

Mailing Address 411 Alabama Ave

City League City State TX Zip Code 77573-2615

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

Name of Employer Baywind Village Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt **09 / 22 / 2011**

Transaction ID : C1392464

Amount of Each Receipt this Period **275.00**

C. Jeffreys B Barrett
Full Name (Last, First, Middle Initial)

Mailing Address 8825 S 7th St

City Phoenix State AZ Zip Code 85042-7626

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

Name of Employer Maravilla Care Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **201.00**

Date of Receipt **09 / 19 / 2011**

Transaction ID : C1365764

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....▶	1625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Jeffreys B Barrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 8825 S 7th St
 City Phoenix State AZ Zip Code 85042-7626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maravilla Care Center Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.00

Date of Receipt 09 / 28 / 2011
Transaction ID : C1392462
 Amount of Each Receipt this Period 101.00

B. Lyn Bentley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2212 Hidden Valley Ln
 City Silver Spring State MD Zip Code 20904-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Director, Regulatory
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 02 / 2011
Transaction ID : C1357759
 Amount of Each Receipt this Period 20.00

C. Lyn Bentley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2212 Hidden Valley Ln
 City Silver Spring State MD Zip Code 20904-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Director, Regulatory
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 20 / 2011
Transaction ID : C1366964
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶	141.00
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 9 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 920 4th Street, SE

City Little Falls	State MN	Zip Code 56345
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FEC ID number of contributing federal political committee. **C**

Name of Employer Eldercare of Minnesota	Occupation President/CEO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : C1406751

Amount of Each Receipt this Period
100.00

B. Orlando Bisbano Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 14 Donna Court

City Bristol	State RI	Zip Code 02809
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FEC ID number of contributing federal political committee. **C**

Name of Employer Orchard View Manor and Rehab	Occupation Administrator
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1037.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : C1415107

Amount of Each Receipt this Period
100.00

C. Greg H. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 155 West Point Court

City Tonka Bay	State MN	Zip Code 55331
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FEC ID number of contributing federal political committee. **C**

Name of Employer Covenire Care, LLC	Occupation President & CFO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2011

Transaction ID : C1362086

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Christopher R. Bryson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1626 Jeurgens Court
 City Norcross State GA Zip Code 30096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation, Inc. Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2011
Transaction ID : C1361384
 Amount of Each Receipt this Period
 100.00

B. Elizabeth Casey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3075 E Thousand Oaks Blvd
 City Westlake Village State CA Zip Code 91362-3402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Chase Group Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2011
Transaction ID : C1362144
 Amount of Each Receipt this Period
 1250.00

C. Karen H. Chadderton
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Wagon Road
 City Enfield State CT Zip Code 06082-5639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverside Health Rehabilitation Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : C1406752
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 OF 48
<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. Susan Chase
Full Name (Last, First, Middle Initial)

Mailing Address 5374 Long Shadow Ct

City Westlake Village State CA Zip Code 91362-5223

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

Name of Employer The Chase Group Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2011
Transaction ID : C1362146

Amount of Each Receipt this Period
 1250.00

B. Donna Childress
Full Name (Last, First, Middle Initial)

Mailing Address 1401 West Capitol Avenue

City Little Rock State AR Zip Code 72201

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

Name of Employer Arkansas Health Care Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2011
Transaction ID : C1404840

Amount of Each Receipt this Period
 500.00

C. Donna Childress
Full Name (Last, First, Middle Initial)

Mailing Address 1401 West Capitol Avenue

City Little Rock State AR Zip Code 72201

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

Name of Employer Arkansas Health Care Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : C1406764

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 48
<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. Tom Coble
Full Name (Last, First, Middle Initial)

Mailing Address 1908 12th Avenue NW
Suite E

City Ardmore State OK Zip Code 73401

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

Name of Employer Elmbrook Management Company Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 28 / 2011
Transaction ID : C1403853

Amount of Each Receipt this Period
5000.00

B. Vickie Cox RN
Full Name (Last, First, Middle Initial)

Mailing Address 1203 Walker Road

City Dover State DE Zip Code 19904

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

Name of Employer Heritage at Dover Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
09 / 29 / 2011
Transaction ID : C1406744

Amount of Each Receipt this Period
100.00

C. Patti Cullen
Full Name (Last, First, Middle Initial)

Mailing Address 2104 Palace Ave

City St. Paul State MN Zip Code 55105

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

Name of Employer Care Providers of Minnesota Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1275.00

Date of Receipt
09 / 30 / 2011
Transaction ID : C1415102

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	5200.00
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 13 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Veronica Damesyn-Sharpe			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2011 Transaction ID : C1362130
Mailing Address 102 Oakford Avenue			Amount of Each Receipt this Period 550.00
City Edgewater	State MD	Zip Code 21037-4913	
FEC ID number of contributing federal political committee. C			
Name of Employer DCHCA Association	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. Veronica Damesyn-Sharpe			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : C1415100
Mailing Address 102 Oakford Avenue			Amount of Each Receipt this Period 100.00
City Edgewater	State MD	Zip Code 21037-4913	
FEC ID number of contributing federal political committee. C			
Name of Employer DCHCA Association	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. Tim Daniel			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2011 Transaction ID : C1357593
Mailing Address 910 Lia St			Amount of Each Receipt this Period 1000.00
City Patterson	State LA	Zip Code 70392-4220	
FEC ID number of contributing federal political committee. C			
Name of Employer Patterson Healthcare Center	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 48
(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

Full Name (Last, First, Middle Initial)
A. Steven Delaney

Mailing Address 13 Northtown Dr
 Ste 220

City Jackson State MS Zip Code 39211-3047

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

Name of Employer Occupation
 Glen Oaks Nursing Center Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 02 / 2011
Transaction ID : C1359403

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Joseph DeMattos

Mailing Address 7135 Minstrel Way
 Suite 104

City Columbia State MD Zip Code 21046

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

Name of Employer Occupation
 Health Facilities Association of Maryl Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 09 / 12 / 2011
Transaction ID : C1360165

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Jonathan P Dolan

Mailing Address 9206 State Route 6

City Lohman State MO Zip Code 65053

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

Name of Employer Occupation
 Missouri Health Care Association Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 09 / 28 / 2011
Transaction ID : C1405705

Amount of Each Receipt this Period
 2400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Chris Downing
Full Name (Last, First, Middle Initial)

Mailing Address UHS-Pruitt Corporation
1626 Jeurgens Court

City Norcross State GA Zip Code 30093

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

Name of Employer UHS-Pruitt Corporation Occupation Govt Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
09 / 14 / 2011
Transaction ID : C1362082

Amount of Each Receipt this Period
100.00

B. William Dunn
Full Name (Last, First, Middle Initial)

Mailing Address 870 Bexley Ave

City Marion State OH Zip Code 43302-5463

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

Name of Employer Marion Manor Nursing Hm Inc Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 30 / 2011
Transaction ID : C1422546

Amount of Each Receipt this Period
200.00

C. Weston Edwards
Full Name (Last, First, Middle Initial)

Mailing Address 231 North Airport Road

City Ft Myers State FL Zip Code 03397

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

Name of Employer Page Healthcare Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 28 / 2011
Transaction ID : C1392459

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 16 OF 48
<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. Gregory J. Elliot
Full Name (Last, First, Middle Initial)

Mailing Address 240 Capitol Street

City Charleston State WV Zip Code 25301-2297

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

Name of Employer AMFM, Inc. Occupation IT Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.02**

Date of Receipt **09 / 16 / 2011**

Transaction ID : C1365142

Amount of Each Receipt this Period **416.66**

B. Teresa Eyet
Full Name (Last, First, Middle Initial)

Mailing Address 10009 Dallas Ave

City Takoma Park State MD Zip Code 20901-2240

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

Name of Employer American Health Care Association Occupation Director, Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 02 / 2011**

Transaction ID : C1358253

Amount of Each Receipt this Period **20.00**

C. Teresa Eyet
Full Name (Last, First, Middle Initial)

Mailing Address 10009 Dallas Ave

City Takoma Park State MD Zip Code 20901-2240

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

Name of Employer American Health Care Association Occupation Director, Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 20 / 2011**

Transaction ID : C1366969

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional).....▶	456.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Don Farmer
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 726-1

City Vian State OK Zip Code 74962

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

Name of Employer K&C Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2011
Transaction ID : C1405734

Amount of Each Receipt this Period
 205.00

B. Patrick Foret
Full Name (Last, First, Middle Initial)

Mailing Address 112 Cameron Ct

City Slidell State LA Zip Code 70461-5704

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

Name of Employer Trinity Neurologic Rehabilitation Cent Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2011
Transaction ID : C1358368

Amount of Each Receipt this Period
 500.00

C. Karen Foy
Full Name (Last, First, Middle Initial)

Mailing Address 1215 S 9th St

City Minneapolis State MN Zip Code 55404-1710

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

Name of Employer Andrew Residence Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2011
Transaction ID : C1359979

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1055.00

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 18 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. J Wayne Franklin
Full Name (Last, First, Middle Initial)

Mailing Address 125 Springfield Ct #1

City O Fallon State IL Zip Code 62269

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

Name of Employer Franklin Healthcare Occupation Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011

Transaction ID : C1359348

Amount of Each Receipt this Period
100.00

B. Patricia Giorgio
Full Name (Last, First, Middle Initial)

Mailing Address 4702 Chestnut Ridge NE

City Cedar Rapids State IA Zip Code 52411

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

Name of Employer Evergreen Estates Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : C1418376

Amount of Each Receipt this Period
100.00

C. Lury Goodall
Full Name (Last, First, Middle Initial)

Mailing Address 2853 Fairway Forest Circle

City Salem State VA Zip Code 24153

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

Name of Employer AJS American Janitorial Service Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : C1365139

Amount of Each Receipt this Period
1000.00

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 19 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 11337 Louisiana Cir

City State Zip Code
Bloomington MN 55438-2827

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

Name of Employer Occupation
N/A Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1187.00

Date of Receipt
09 / 30 / 2011
Transaction ID : C1422549

Amount of Each Receipt this Period
200.00

B. Joanne Grubbs
Full Name (Last, First, Middle Initial)

Mailing Address 216 Magnolia Street

City State Zip Code
Senoia GA 30276

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

Name of Employer Occupation
Georgia Health Care Association Director, Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
09 / 14 / 2011
Transaction ID : C1362141

Amount of Each Receipt this Period
200.00

C. Laura Hamann
Full Name (Last, First, Middle Initial)

Mailing Address Bronson Nursing and Rehabilitation
99 Walker Street

City State Zip Code
Lawton MI 49065-9703

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

Name of Employer Occupation
Bronson Nursing and Rehabilitation Cen Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 30 / 2011
Transaction ID : C1422558

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 20 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gerald Hamilton
Full Name (Last, First, Middle Initial)

Mailing Address 7612 Rio Penasco Court NW

City	State	Zip Code
Albuquerque	NM	87120-5315

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

Name of Employer	Occupation
R&G Healthcare Management	Owner/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : C1415096

Amount of Each Receipt this Period
100.00

B. Nathan Handy
Full Name (Last, First, Middle Initial)

Mailing Address 104 Daffodil Court

City	State	Zip Code
White House	TN	37188

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

Name of Employer	Occupation
Medline	Sales Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : C1359344

Amount of Each Receipt this Period
100.00

C. Gil Harrington
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 699

City	State	Zip Code
Eastman	GA	31023-0699

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

Name of Employer	Occupation
Pine Care Services	President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2011

Transaction ID : C1362153

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 OF 48
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Brian Hensgens

Mailing Address 830 South Broadway

City Church Point State LA Zip Code 70525

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

Name of Employer Acadia St. Landry Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : C1390631

Amount of Each Receipt this Period
111.00

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

Mailing Address 33 Elk Street
300

City Albany State NY Zip Code 12207

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

Name of Employer NYS Health Facilities Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : C1415091

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. Randall Hyatt

Mailing Address 5102 Scenic Dr

City Yakima State WA Zip Code 98908-2229

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

Name of Employer Hyatt Family Facilities Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2011

Transaction ID : C1362085

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1311.00**

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 22 OF 48
<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. Robin Jensen
Full Name (Last, First, Middle Initial)
Mailing Address 1810 Gillespie Way, Suite 212

City El Cajon	State CA	Zip Code 92020
------------------	-------------	-------------------

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

Name of Employer Kennon S. Shea and Associates	Occupation Chief Financial Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : C1405783

Amount of Each Receipt this Period
5000.00

B. Cheryl Killian
Full Name (Last, First, Middle Initial)
Mailing Address 3801 Woodside Dr

City Arlington	State TX	Zip Code 76016-3030
-------------------	-------------	------------------------

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

Name of Employer Legacy Care Centers Inc.	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2011

Transaction ID : C1392465

Amount of Each Receipt this Period
25.00

C. Jody Knox
Full Name (Last, First, Middle Initial)
Mailing Address 1905 West Pierce Street

City Carlsbad	State NM	Zip Code 88220-4025
------------------	-------------	------------------------

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

Name of Employer Lakeview Christian Home of the Southwe	Occupation Administrator
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2011

Transaction ID : C1390620

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	5525.00
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 23 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **851.64**

Date of Receipt **09 / 02 / 2011**

Transaction ID : C1358266

Amount of Each Receipt this Period **39.56**

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **851.64**

Date of Receipt **09 / 20 / 2011**

Transaction ID : C1367007

Amount of Each Receipt this Period **39.56**

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **851.64**

Date of Receipt **09 / 30 / 2011**

Transaction ID : C1415103

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **179.12**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paul Langevin Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 4 AAA Drive
Suite 203

City Hamilton State NJ Zip Code 08691

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

Name of Employer Health Care Association of New Jersey Occupation State Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 28 / 2011
Transaction ID : C1392461

Amount of Each Receipt this Period
1000.00

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

Mailing Address 176 Laurelhurst Ave

City Columbia State SC Zip Code 29210-3824

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

Name of Employer South Carolina Hlth Care Assn Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 08 / 2011
Transaction ID : C1359338

Amount of Each Receipt this Period
1000.00

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

Mailing Address Waterway Plaza One
10003 Woodloch Forest Drive

City The Woodlands State TX Zip Code 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 ▼
2500.00

Date of Receipt
09 / 02 / 2011
Transaction ID : C1357203

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
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 OF 48 (check only one)
<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"/>	<input type="checkbox"/> 17

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

A. Paul Liistro
Full Name (Last, First, Middle Initial)

Mailing Address 1 Meadow Brook Lane

City Westport	State CT	Zip Code 06880-3929
------------------	-------------	------------------------

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

Name of Employer Arbors of Hop Brook, LTD	Occupation CEO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : C1406771

Amount of Each Receipt this Period
300.00

B. Tim Lukenda
Full Name (Last, First, Middle Initial)

Mailing Address 111 West Michigan Street

City Milwaukee	State WI	Zip Code 53203
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FEC ID number of contributing federal political committee. **C**

Name of Employer Extencicare Health Services	Occupation President & CEO
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2011

Transaction ID : C1360162

Amount of Each Receipt this Period
5000.00

C. Kenneth Lund
Full Name (Last, First, Middle Initial)

Mailing Address 2204 State Game Access NW

City Gig Harbor	State WA	Zip Code 98332
--------------------	-------------	-------------------

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

Name of Employer Kennon S. Shea and Associates	Occupation CEO and President
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2011

Transaction ID : C1360170

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	10300.00
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 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark S. McKenzie			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2011 Transaction ID : C1392463		
Mailing Address 916 Kings Ct			Amount of Each Receipt this Period 500.00		
City Cross Timber	State TX	Zip Code 76028-3341			
FEC ID number of contributing federal political committee. C					
Name of Employer Senior Care Center		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. Deborah Meade			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 14 / 2011 Transaction ID : C1361387		
Mailing Address 112 Fieldfare Dr.			Amount of Each Receipt this Period 100.00		
City Kathleen	State GA	Zip Code 31047			
FEC ID number of contributing federal political committee. C					
Name of Employer Health Management		Occupation Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.00			

Full Name (Last, First, Middle Initial) C. Richard Miller			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : C1416970		
Mailing Address 3201 Vista Verde Ln SW			Amount of Each Receipt this Period 100.00		
City Tumwater	State WA	Zip Code 98512-1444			
FEC ID number of contributing federal political committee. C					
Name of Employer Washington Health Care Association		Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1637.00			

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 27 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Norma Morgan

Mailing Address PO Box 386

City Springfield State GA Zip Code 31329

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

Name of Employer Effingham County Extended Care Facilit Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **201.00**

Date of Receipt **09 / 14 / 2011**

Transaction ID : **C1362140**

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)
B. Roberts Nelson

Mailing Address 3075 E Thousand Oaks Blvd

City Westlake Village State CA Zip Code 91362-3402

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

Name of Employer The Chase Group Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 14 / 2011**

Transaction ID : **C1362145**

Amount of Each Receipt this Period **1250.00**

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

Mailing Address 6937 Warfield Avenue

City Sykesville State MD Zip Code 21784

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

Name of Employer Nexion Health Occupation Director of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : **C1416721**

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **1450.00**

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 28 OF 48
<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. Julie Painter
Full Name (Last, First, Middle Initial)

Mailing Address 3614 Connecticut Ave NW
Apt 22

City Washington State DC Zip Code 20008-2436

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

Name of Employer American Health Care Association Occupation Senior Director of Constituency Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.26**

Date of Receipt
09 / 02 / 2011

Transaction ID : C1358267

Amount of Each Receipt this Period
11.54

B. Julie Painter
Full Name (Last, First, Middle Initial)

Mailing Address 3614 Connecticut Ave NW
Apt 22

City Washington State DC Zip Code 20008-2436

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

Name of Employer American Health Care Association Occupation Senior Director of Constituency Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.26**

Date of Receipt
09 / 20 / 2011

Transaction ID : C1367489

Amount of Each Receipt this Period
11.54

C. Brett A Passon
Full Name (Last, First, Middle Initial)

Mailing Address 8039 Scyene Circle

City Dallas State TX Zip Code 75227-5500

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

Name of Employer Nexion Health Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 12 / 2011

Transaction ID : C1360171

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **523.08**

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 29 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joe Perkin
Full Name (Last, First, Middle Initial)
Mailing Address 13862 Goodman St.
City Overland Park State KS Zip Code 55223
FEC ID number of contributing federal political committee. **C**
Name of Employer Midwest Health Management Occupation Vice President of Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : C1415104
Amount of Each Receipt this Period **100.00**

B. Deborah Petrine
Full Name (Last, First, Middle Initial)
Mailing Address 992 Vista Pkwy
City Hardy State VA Zip Code 24101-3326
FEC ID number of contributing federal political committee. **C**
Name of Employer Commonwealth Care of Roanoke Occupation CEO/President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 16 / 2011**
Transaction ID : C1363757
Amount of Each Receipt this Period **1000.00**

C. John Poirier
Full Name (Last, First, Middle Initial)
Mailing Address 21 Rasanen Drive
City Chichester State NH Zip Code 03258
FEC ID number of contributing federal political committee. **C**
Name of Employer New Hampshire Health Care Association Occupation Exec Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : C1417218
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 30 OF 48
(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

Full Name (Last, First, Middle Initial)
A. Gary Porter

Mailing Address PO Box 128

City State Zip Code
 Ardmore OK 73402

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

Name of Employer Occupation
 Premier Health Care LLC Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 29 / 2011
Transaction ID : C1403518

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 9211 North Union Road

City State Zip Code
 Saint Louis MI 48880

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

Name of Employer Occupation
 Schnepf Health Care Center Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 19 / 2011
Transaction ID : C1390628

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Derek Prince

Mailing Address 1009 Lausanne Aven

City State Zip Code
 Dallas TX 75208

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

Name of Employer Occupation
 Mason Health President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 28 / 2011
Transaction ID : C1405518

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 48
(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

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

Mailing Address 3876 S. Oakbrook Dr.

City Greenfield State WI Zip Code 53228-2140

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

Name of Employer Clement Manor Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
09 / 29 / 2011
Transaction ID : C1406749

Amount of Each Receipt this Period
100.00

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

Mailing Address 3876 S. Oakbrook Dr.

City Greenfield State WI Zip Code 53228-2140

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

Name of Employer Clement Manor Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
09 / 30 / 2011
Transaction ID : C1418995

Amount of Each Receipt this Period
137.50

Full Name (Last, First, Middle Initial)
C. Emmett Reed

Mailing Address Florida Health Care Association
 PO Box 1459

City Tallahassee State FL Zip Code 32301

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

Name of Employer Florida Health Care Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
09 / 29 / 2011
Transaction ID : C1403206

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1237.50**

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

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

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

FOR LINE NUMBER: PAGE 32 OF 48
(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

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

Mailing Address 303 Rhodes Avenue

City State Zip Code
 Woonsocket RI 02895-2821

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

Name of Employer Occupation
 Friendly Home Inc President/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : C1406767

Amount of Each Receipt this Period
 100.00

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

Mailing Address 451 Truman Rd

City State Zip Code
 Franklin TN 37064-8322

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

Name of Employer Occupation
 Tennessee Health Care Association Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : C1415188

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Vincent Saturnino

Mailing Address 14699 East Hampden

City State Zip Code
 Arvada CO 80004

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

Name of Employer Occupation
 Nexion Health Corporation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 494.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2011
Transaction ID : C1360167

Amount of Each Receipt this Period
 77.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 277.25

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 33 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Vincent Saturnino

Mailing Address 14699 East Hampden

City Arvada State CO Zip Code 80004

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

Name of Employer Nexion Health Corporation Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : C1405763

Amount of Each Receipt this Period
94.50

Full Name (Last, First, Middle Initial)
B. Russell Schwartz

Mailing Address 8 Inwood Lane

City Farmington State CT Zip Code 06032

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

Name of Employer Avon Health Center Occupation Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : C1420998

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Brady Sheffer

Mailing Address 110 Charleston Place

City Daleville State VA Zip Code 24083

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

Name of Employer Commonwealth Care of Roanoke Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : C1365140

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1194.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barbara Shepard
Full Name (Last, First, Middle Initial)
Mailing Address 210 Jolie Way

City Mena	State AR	Zip Code 71953
--------------	-------------	-------------------

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

Name of Employer N/A	Occupation Homemaker
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1187.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : C1420876

Amount of Each Receipt this Period
200.00

B. Barbara Shepard
Full Name (Last, First, Middle Initial)
Mailing Address 210 Jolie Way

City Mena	State AR	Zip Code 71953
--------------	-------------	-------------------

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

Name of Employer N/A	Occupation Homemaker
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1187.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : C1422547

Amount of Each Receipt this Period
200.00

C. Laurie Shepard
Full Name (Last, First, Middle Initial)
Mailing Address 6429 Earlington Lane

City Lansing	State MI	Zip Code 48917
-----------------	-------------	-------------------

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

Name of Employer Ingham Regional Assisted Living	Occupation Managing Partner
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : C1415093

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 35 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gail Sheridan
Full Name (Last, First, Middle Initial)

Mailing Address 9031 Penn Ave S

City Bloomington State MN Zip Code 55431-2225

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

Name of Employer Tealwood Care Centers Occupation Healthcare Mangement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : C1415097

Amount of Each Receipt this Period
100.00

B. Jennifer Shimer
Full Name (Last, First, Middle Initial)

Mailing Address 9507 Shelly Krasnow Ln

City Fairfax State VA Zip Code 22031-4720

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

Name of Employer American Health Care Association Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.26**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2011
Transaction ID : C1358271

Amount of Each Receipt this Period
11.54

C. Jennifer Shimer
Full Name (Last, First, Middle Initial)

Mailing Address 9507 Shelly Krasnow Ln

City Fairfax State VA Zip Code 22031-4720

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

Name of Employer American Health Care Association Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.26**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : C1367614

Amount of Each Receipt this Period
11.54

SUBTOTAL of Receipts This Page (optional).....▶	123.08
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 36 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2405 I St NW

City Washington State DC Zip Code 20037-2206

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt **09 / 02 / 2011**

Transaction ID : C1358272

Amount of Each Receipt this Period **19.24**

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

Mailing Address 2405 I St NW

City Washington State DC Zip Code 20037-2206

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt **09 / 20 / 2011**

Transaction ID : C1367621

Amount of Each Receipt this Period **19.24**

C. Pat Stallard
Full Name (Last, First, Middle Initial)

Mailing Address 4008 Port Royal Dr

City Richmond State KY Zip Code 40475-8225

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

Name of Employer Stites and Harbison Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 16 / 2011**

Transaction ID : C1365138

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1038.48**

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 37 OF 48
(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

Full Name (Last, First, Middle Initial)
A. Dee Thieme

Mailing Address 1718-2 Mallard Avenue

City State Zip Code
 Sheboygan Falls WI 53085

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

Name of Employer Occupation
 Harmony Living Centers, LLC VP-Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2011
Transaction ID : C1359980

Amount of Each Receipt this Period
 175.00

Full Name (Last, First, Middle Initial)
B. Brian Thompson

Mailing Address 2532 W Cadillac Dr

City State Zip Code
 Farwell MI 48622-9757

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

Name of Employer Occupation
 The Peplinksi Group Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2011
Transaction ID : C1356947

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Gary Troth

Mailing Address Northern Hills Assisted Living
 4002 Teton Trace

City State Zip Code
 Sioux City IA 51104

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

Name of Employer Occupation
 Northern Hills Assisted Living Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : C1415101

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1275.00

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 38 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1743 Blair Road

City Roanoke State VA Zip Code 24015

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

Name of Employer Commonwealth Care of Roanoke Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2011
Transaction ID : C1365137

Amount of Each Receipt this Period
 1000.00

B. Maureen Wern
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Boardsman- Canfield Road Suite 94C

City Warren State OH Zip Code 44483

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

Name of Employer Wern and Associates Occupation LTC Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2011
Transaction ID : C1358367

Amount of Each Receipt this Period
 250.00

C. Kristin West Kemper
Full Name (Last, First, Middle Initial)

Mailing Address 10890 Prospect Road

City Strongsville State OH Zip Code 44149

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

Name of Employer Kemper Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : C1422560

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 39 OF 48
(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. Judy White
 Full Name (Last, First, Middle Initial)
 Mailing Address 932 E Baddour Parkway
 City Lebanon State TN Zip Code 37087-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Quality of Care Executive Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2011
Transaction ID : C1359978
 Amount of Each Receipt this Period
 350.00

B. Judy White
 Full Name (Last, First, Middle Initial)
 Mailing Address 932 E Baddour Parkway
 City Lebanon State TN Zip Code 37087-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Quality of Care Executive Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : C1406768
 Amount of Each Receipt this Period
 100.00

C. Cathy Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 W Desmond Street
 City Winslow State AZ Zip Code 86047-2321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Winslow Campus of Care COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2011
Transaction ID : C1359981
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
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 40 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 826 W Desmond Street

City Winslow State AZ Zip Code 86047-2321

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

Name of Employer Winslow Campus of Care Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : C1418287

Amount of Each Receipt this Period
100.00

B. Horace Winchester
Full Name (Last, First, Middle Initial)

Mailing Address 10 Kachina Ln

City Placitas State NM Zip Code 87043-9392

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : C1415099

Amount of Each Receipt this Period
100.00

C. Roderick Wolfe
Full Name (Last, First, Middle Initial)

Mailing Address Richland Place Senior Living
201 Richland Lake Drive

City Clarksville State TN Zip Code 37043

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

Name of Employer Richland Place Senior Living Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : C1359347

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 41 OF 48
(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. Roderick Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address Richland Place Senior Living
 201 Richland Lake Drive
 City Clarksville State TN Zip Code 37043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Richland Place Senior Living Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : C1406746
 Amount of Each Receipt this Period
 100.00

B. Mark Woolpert
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S 13th St
 Ste 205
 City Grover Beach State CA Zip Code 93433-2263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Compass Health Care Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : C1419088
 Amount of Each Receipt this Period
 5000.00

C. Douglas Wright Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 265 County Road 263
 City Slatillo State MS Zip Code 38866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Eldercare Services, LLC Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2011
Transaction ID : C1405803
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	10100.00
TOTAL This Period (last page this line number only).....▶	66111.67

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

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

FOR LINE NUMBER: PAGE 42 OF 48
(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

Full Name (Last, First, Middle Initial)
A. GHC Ancillary Corporation Political Action Committee

Mailing Address 101 E State St

City State Zip Code
 Kennett Square PA 19348-3109

FEC ID number of contributing federal political committee. **C** C00292094

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011
Transaction ID : C1406741

Amount of Each Receipt this Period
 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Berkley for Senate

Mailing Address 3069 Conquista Ct

City Las Vegas State NV Zip Code 89121-3866

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Shelley Berkley

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2011

Transaction ID : D119382

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR PROSPERITY IN AMERICA TODAY PAC

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Patrick Toomey

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2011

Transaction ID : D119467

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. ISSA FOR CONGRESS

Mailing Address P O BOX 760

City VISTA State CA Zip Code 92085

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Darrell Issa

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 49

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2011

Transaction ID : D119380

Amount of Each Disbursement this Period

5,000.00

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CICILLINE COMMITTEE

Mailing Address 102 Waterman St, Suite 2

City Providence State RI Zip Code 02906

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. David Cicilline

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2011

Transaction ID : D119775

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. CICILLINE COMMITTEE

Mailing Address 102 Waterman St, Suite 2

City Providence State RI Zip Code 02906

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. David Cicilline

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2011

Transaction ID : D119777

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Frank Pallone Jr.

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2011

Transaction ID : D119778

Amount of Each Disbursement this Period

1500.00

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Frank Pallone Jr.

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	1

Transaction ID : D119779

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 Wilshire Blvd. #1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Henry A. Waxman

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: CA District: 30

Date of Disbursement

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

Transaction ID : D119379

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City State Zip Code
COLUMBIA SC 29211

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. James E. Clyburn

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	1

Transaction ID : D119780

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Barrow

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: GA District: 12

Date of Disbursement

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

Transaction ID : D119381

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JOHN CARNEY FOR CONGRESS

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Carney

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: DE District: 00

Date of Disbursement

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

Transaction ID : D119811

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. YARMUTH FOR CONGRESS

Mailing Address 1819 BROWNSBORO ROAD

City LOUISVILLE State KY Zip Code 40202

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Yarmuth

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: KY District: 03

Date of Disbursement

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

Transaction ID : D119378

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

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

4	5	0	0
---	---	---	---

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

4	5	0	0
---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Kevin McCarthy

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2011

Transaction ID : D119383

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Kevin McCarthy

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2011

Transaction ID : D119384

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. NIKI TSONGAS COMMITTEE, THE

Mailing Address PO Box 1454

City Lowell State MA Zip Code 01853

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Niki Tsongas

Office Sought: House
 Senate
 President
State: MA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2011

Transaction ID : D119377

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. NELSON 2012

Mailing Address PO BOX 8666

City OMAHA State NE Zip Code 68108

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Ben Nelson

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2011

Transaction ID : D119774

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. CARPER FOR SENATE

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Thomas R. Carper

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : D119812

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

6000.00

57000.00
