

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 11 04 2008 in the State of DC
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Gail Clarkson

Signature of Treasurer Electronically Filed by Ms. Gail Clarkson Date 10 22 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		112871.46
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	67894.72									
(c) Total Receipts (from Line 19)	56579.24	635766.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	124473.96	748637.73								
7. Total Disbursements (from Line 31)	20010.18	644173.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	104463.78	104463.78								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	54859.46	595358.60
(i) Itemized (use Schedule A)	1719.78	35907.67
(ii) Unitemized	56579.24	631266.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	2500.00
(c) Other Political Committees (such as PACs)	56579.24	633766.27
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	56579.24	635766.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56579.24	635766.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	760.18	10230.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	760.18	10230.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	19250.00	630150.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3793.64
(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	3793.64
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20010.18	644173.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20010.18	644173.95

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	56579.24	633766.27
34. Total Contribution Refunds (from Line 28(d))	0.00	3793.64
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56579.24	629972.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	760.18	10230.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	760.18	10230.31

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gary D Anderson

Mailing Address 6618 McMakin Court

City State Zip Code
Colleyville TX 76034-5752

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

Name of Employer Occupation
Preferred Care Management President/Management Company

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: C517382

Amount of Each Receipt this Period

1050.00

B.

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

Mailing Address 1250 H Street, NW
Suite 555

City State Zip Code
Washington DC 20005-3965

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

Name of Employer Occupation
Golden Living Government Relations

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

Date of Receipt

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

Transaction ID: C517713

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)
Lyn Bentley

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
AHCA Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: C517681

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Roger Bernier		Date of Receipt MM / DD / YYYY 10 / 14 / 2008
Mailing Address 316 South Avenue		Transaction ID: C518827
City Fanwood	State NJ	Zip Code 07023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Chelsea Senior Living	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.

Full Name (Last, First, Middle Initial) Al Braswell		Date of Receipt MM / DD / YYYY 10 / 03 / 2008
Mailing Address 3674 Pacific Avenue		Transaction ID: C504574
City Riverside	State CA	Zip Code 92509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3750.00
Name of Employer Vista Pacifica Enterprises	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.

Full Name (Last, First, Middle Initial) Golden Horizons Care PAC		Date of Receipt MM / DD / YYYY 10 / 02 / 2008
Mailing Address 1250 H Street, NW Suite 555		Transaction ID: C517673
City Washington	State DC	Zip Code 20005-3965
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	8875.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elizabeth Casey

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
Westlake Village CA 91362-3402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Chase Group Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
10 / 02 / 2008

Transaction ID: C517671

Amount of Each Receipt this Period 2500.00

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

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
Thousand Oaks CA 91362-3402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Chase Group Nursing Home Consult

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
10 / 02 / 2008

Transaction ID: C517676

Amount of Each Receipt this Period 2500.00

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

Mailing Address 5374 Long Shadow Ct

City State Zip Code
Westlake Village CA 91362-5223

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Chase Group Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
10 / 02 / 2008

Transaction ID: C517670

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) 7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Julie Cheeka

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing federal political committee. C

Name of Employer AHCA Occupation Senior Director of Constituency Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.30

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

Transaction ID: C517682

Amount of Each Receipt this Period
11.54

B.

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

Mailing Address 1908 12th Avenue NW
Suite E

City State Zip Code
Ardmore OK 73401

FEC ID number of contributing federal political committee. C

Name of Employer Elmbrook Management Company Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: C520677

Amount of Each Receipt this Period
5000.00

C.

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

Mailing Address 3155 River Road South
Suite 100

City State Zip Code
Salem OR 97302

FEC ID number of contributing federal political committee. C

Name of Employer Westcare Management Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: C520674

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	10011.54
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

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

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

A.

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

Mailing Address 18215 Hillside Avenue

City State Zip Code
Jamaica NY 11432

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

Name of Employer Occupation
Hillside Manor Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: C504573

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)
Stanley Dicker

Mailing Address 18215 Hillside Ave

City State Zip Code
Jamaica NY 11432

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

Name of Employer Occupation
Hillside Manor Rehab Ctr Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: C504572

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)
Ron Dodgen

Mailing Address PO Box 626

City State Zip Code
Pismo Beach CA 93448-0626

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

Name of Employer Occupation
Genesis Developmental Ser- CEO/President
vices

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: C517377

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 29
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Anthony Durante

Mailing Address 26 North Broadway

City State Zip Code
Schenectady NY 12305

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

Name of Employer DMN Management Services Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

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

Transaction ID: C504887

Amount of Each Receipt this Period
625.00

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

Mailing Address 931 Fairfax Park

City State Zip Code
Tuscaloosa AL 35406-2805

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

Name of Employer Northport Health Services Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: C517380

Amount of Each Receipt this Period
300.00

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

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20001

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

Name of Employer AHCA Occupation Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: C517684

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **945.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City State Zip Code
Falls Church VA 22043-2330

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 406.21

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: C517685

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

Dorothy Foster

Mailing Address 2560 Flintridge Road

City State Zip Code
Valdosta GA 31602

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

Name of Employer Occupation
UHS-Pruitt Information Requested

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: C520661

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Frances Foy

Mailing Address 4900 Telegraph Road

City State Zip Code
Ventura CA 93003

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

Name of Employer Occupation
DSI Corporation - The Venturian President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: C518831

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

619.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Patricia Giorgio		Date of Receipt MM / DD / YYYY 10 / 06 / 2008
Mailing Address Patricia Giorgio/ Evergreen Estate 3410 12th Avenue SW		Transaction ID: C517679
City Cedar Rapids	State IA	Zip Code 52404-1307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Evergreen Estates	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Tim Graves		Date of Receipt MM / DD / YYYY 10 / 14 / 2008
Mailing Address 4214 Medical Parkway Suite 300		Transaction ID: C520678
City Austin	State TX	Zip Code 78756
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Texas Health Care Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.

Full Name (Last, First, Middle Initial) Richard Hebbel		Date of Receipt MM / DD / YYYY 10 / 09 / 2008
Mailing Address 7675 Family Circle Drive		Transaction ID: C517381
City San Diego	State CA	Zip Code 92111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Kearny Mesa	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

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 14 / 29
(check only one)

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

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

A.

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

Mailing Address 7675 Family Circle Drive

City San Diego State CA Zip Code 92111

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

Name of Employer Kearny Mesa Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 14 / 2008

Transaction ID: C518766

Amount of Each Receipt this Period 150.00

B.

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

Mailing Address 7605 Ridgecrest Drive

City Alexandria State VA Zip Code 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.56

Date of Receipt 10 / 07 / 2008

Transaction ID: C517688

Amount of Each Receipt this Period 38.46

C.

Full Name (Last, First, Middle Initial)
Robin L. Hillier

Mailing Address RLH Consulting
1161 Green Knoll

City Westerville State OH Zip Code 43081-7043

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

Name of Employer RLH Consulting Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 14 / 2008

Transaction ID: C518820

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1188.46

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

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

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

FOR LINE NUMBER: PAGE 15 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jeffrey N Hyatt

Mailing Address 5102 Scenic Dr

City State Zip Code
Yakima WA 98908-2229

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

Name of Employer Hyatt Family Facilities Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: C517379

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Sandy Klein

Mailing Address 1602 Hawks Ridge

City State Zip Code
San Antonio TX 78248

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

Name of Employer Mariner Health Care Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: C517386

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Edward L. Kuntz

Mailing Address 680 S 4th St

City State Zip Code
Louisville KY 40202-2407

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

Name of Employer Kindred Healthcare Occupation Chairman, CEO & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C517663

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
AHCA Director, Assisted Living

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 830.76

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: C517692

Amount of Each Receipt this Period

39.56

B.

Full Name (Last, First, Middle Initial)

Paul Langevin, Jr.

Mailing Address 4 Aaa Drive
Suite 203

City State Zip Code
Hamilton NJ 08691-1813

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

Name of Employer Occupation
Health Care Association of New Jersey President

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

Date of Receipt

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

Transaction ID: C518836

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James Lee

Mailing Address 19th Avenue

City State Zip Code
San Francisco CA 94116

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

Name of Employer Occupation
Kindred Executive Director

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

Date of Receipt

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

Transaction ID: C518835

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1539.56

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 29
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Peter J. Licari

Mailing Address 200 Dryden Road
Suite 2000

City Dresher State PA Zip Code 19025

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 01 / 2008
Transaction ID: C517385

Amount of Each Receipt this Period 1250.00

B.

Full Name (Last, First, Middle Initial)
Patrick Martone

Mailing Address 26 North Broadway

City Schenectady State NY Zip Code 12305-1932

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

Name of Employer Hallmark Nursing Centre Inc. Occupation Administrator and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 03 / 2008
Transaction ID: C504875

Amount of Each Receipt this Period 625.00

C.

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

Mailing Address 27 Brand Ave

City Faribault State MN Zip Code 55021-6411

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

Name of Employer Pleasant Manor Inc Occupation Social Services Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 03 / 2008
Transaction ID: C517678

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ► 1950.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer American Health Care Association Occupation Government Affairs

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.15

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

Transaction ID: C517689

Amount of Each Receipt this Period 33.35

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

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
Westlake Village CA 91362-3402

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

Name of Employer The Chase Group Occupation Partner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C517672

Amount of Each Receipt this Period 2500.00

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

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

Transaction ID: C517690

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 2553.35

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 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City State Zip Code
Scotts Hill TN 38374

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

Name of Employer Tennessee Health Management
Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C517680

Amount of Each Receipt this Period
125.00

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

Mailing Address 822 Cedar Avenue

City State Zip Code
Niagara Falls NY 14301

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

Name of Employer Niagara Nursing and Rehabilitation
Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
755.00

Date of Receipt

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

Transaction ID: C520669

Amount of Each Receipt this Period
755.00

C. Full Name (Last, First, Middle Initial)
Russell V Peterson

Mailing Address 5281 Ventura Dr

City State Zip Code
Fremont NE 68025-9779

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

Name of Employer Nye Senior Living
Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

Transaction ID: C520299

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **1005.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 29

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gail Rader

Mailing Address 1503 South Main Street

City State Zip Code
Phillipsburg NJ 08865

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

Name of Employer Occupation
Care Perspectives Inc. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

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

Transaction ID: C520676

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Sally Rapp

Mailing Address 3308 Ocean Blvd Suite 280

City State Zip Code
Corona Del Mar CA 92625

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

Name of Employer Occupation
SR Management Svcs. Inc. CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: C517378

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)
Jon Reardon

Mailing Address 1202 Weiss Street

City State Zip Code
Saginaw MI 48602-5471

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

Name of Employer Occupation
Hoyt Nursing & Rehab Center Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt

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

Transaction ID: C521196

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 29

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Shelley Sabo

Mailing Address 6360 Tisbury Dr
PAYROLL DEDUCTION

City State Zip Code
Burke VA 22015-4061

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

Name of Employer Occupation
NCAL Director Assisted Living

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: C517693

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City State Zip Code
Arlington VA 22204

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

Name of Employer Occupation
AHCA Director, Government Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 246.58

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: C517694

Amount of Each Receipt this Period

11.54

C.

Full Name (Last, First, Middle Initial)
Floyd Schlossberg

Mailing Address 4200 W Peterson Ave
Ste 140

City State Zip Code
Chicago IL 60646-6819

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

Name of Employer Occupation
Alden Management Inc President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: C520300

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1271.54

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ina Schlossberg

Mailing Address 4200 W Peterson Ave
Ste 140

City State Zip Code
Chicago IL 60646-6819

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

Name of Employer Alden Enterprises Occupation Special Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: C520302

Amount of Each Receipt this Period
1250.00

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

Mailing Address 8 Inwood Lane

City State Zip Code
Farmington CT 06032

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

Name of Employer Avon Health Center Occupation Director of Operations

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

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

Transaction ID: C520664

Amount of Each Receipt this Period
500.00

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

Mailing Address 1301 NE 104th Street

City State Zip Code
Miami Shores FL 33138-2661

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

Name of Employer Mandarin Health Group, LLC Occupation Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1750.00

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

Transaction ID: C504871

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Barbara Shepard
 Mailing Address 6810 South Hazel Street
 City State Zip Code
 Pine Bluff AR 71603
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 0 8
Transaction ID: C518767
 Amount of Each Receipt this Period
 300.00
 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

B. Full Name (Last, First, Middle Initial)
Michael Shepard
 Mailing Address 6810 South Hazel Street
 City State Zip Code
 Pine Bluff AR 71603-7828
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 0 8
Transaction ID: C521197
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Garden Point - Davis Life Care Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

C. Full Name (Last, First, Middle Initial)
Michael Shepard
 Mailing Address 6810 South Hazel Street
 City State Zip Code
 Pine Bluff AR 71603-7828
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 0 8
Transaction ID: C521224
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Garden Point - Davis Life Care Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 24 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jennifer Shimer
Mailing Address 9507 Shelly Krasnow Ln
City State Zip Code
Fairfax VA 22031-4720
FEC ID number of contributing federal political committee. **C**
Name of Employer AHCA Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 242.30
Date of Receipt 10 / 07 / 2008
Transaction ID: C517691
Amount of Each Receipt this Period 11.54

B. Full Name (Last, First, Middle Initial)
Matthew D. Smyth
Mailing Address 1201 L Street NW
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation Director of Grassroots
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 415.85
Date of Receipt 10 / 07 / 2008
Transaction ID: C517695
Amount of Each Receipt this Period 19.23

C. Full Name (Last, First, Middle Initial)
Brad Stebbins
Mailing Address 600 E Whaley St
City State Zip Code
Longview TX 75601-6525
FEC ID number of contributing federal political committee. **C**
Name of Employer Stebbins Five Companies Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 10 / 02 / 2008
Transaction ID: C517669
Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 1280.77
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 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jeffrey Steggerda

Mailing Address 6750 Westown Pkwy

City State Zip Code
West Des Moines IA 50266-7726

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

Name of Employer
Iowa Health Care Association

Occupation
Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: C520658

Amount of Each Receipt this Period
750.00

B.

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

Mailing Address 5155 North High Street

City State Zip Code
Columbus OH 43214

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

Name of Employer
Wesley Glen

Occupation
Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: C517712

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address 826 W Desmond St

City State Zip Code
Winslow AZ 86047-2321

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

Name of Employer
Winslow Campus of Care

Occupation
COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: C518819

Amount of Each Receipt this Period
300.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Betty Brown Williamson

Mailing Address 1125 Whit Davis Rd

City Athens State GA Zip Code 30605-4041

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

Name of Employer We Care Enterprises, Inc. Occupation owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2008
Transaction ID: C520670
Amount of Each Receipt this Period 300.00

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

Mailing Address 7135 Minstreal Way Suite 104

City Columbia State MD Zip Code 21045

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

Name of Employer Health Facilities Assn of MD Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 10 / 14 / 2008
Transaction ID: C518818
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

TOTAL This Period (last page this line number only) ► 54859.46

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 29

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement
CC Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D73571

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

760.18

SUBTOTAL of Disbursements This Page (optional) ▶

760.18

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

760.18

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Chris Lee for Congress	Transaction ID: D73189 Date of Disbursement 10 / 13 / 2008
	Mailing Address PO Box 15395	Amount of Each Disbursement this Period 2000.00
	City Rochester State NY Zip Code 14615	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Mr. Christopher J. Lee	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DARREN WHITE FOR CONGRESS	Transaction ID: D73274 Date of Disbursement 10 / 15 / 2008
	Mailing Address P.O. Box 16601	Amount of Each Disbursement this Period 2500.00
	City Albuquerque State NM Zip Code 87191	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Mr. Darren P. White	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC	Transaction ID: D73192 Date of Disbursement 10 / 13 / 2008
	Mailing Address PO Box 80126	Amount of Each Disbursement this Period 2000.00
	City Lafayette State LA Zip Code 70598	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Charles W. Boustany, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS</p> <p>Mailing Address P.O. Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73187</p> <p>Date of Disbursement 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B. Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS</p> <p>Mailing Address 200 North Main St. P.O. Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Steve Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73191</p> <p>Date of Disbursement 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 3750.00</p>
<p>C. Full Name (Last, First, Middle Initial) TEAM SUNUNU</p> <p>Mailing Address PO BOX 500</p> <p>City RYE State NH Zip Code 03870</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. John E. Sununu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73188</p> <p>Date of Disbursement 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)	12750.00
TOTAL This Period (last page this line number only)	19250.00