

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 01 2009 through 11 30 2009

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

Type or Print Name of Treasurer Mr. Leonard Russ

Signature of Treasurer Electronically Filed by Mr. Leonard Russ Date 12 18 2009

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

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

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

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

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		121831.57
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	201105.60									
(c) Total Receipts (from Line 19) .....	38666.15	829195.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	239771.75	951026.84								
7. Total Disbursements (from Line 31) .....	82645.66	793900.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	157126.09	157126.09								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	37296.72	741053.69
(ii) Unitemized .....	1369.43	78141.58
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	38666.15	819195.27
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	38666.15	829195.27
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	38666.15	829195.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	38666.15	829195.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1645.66	14430.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1645.66	14430.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	81000.00	779470.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	82645.66	793900.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82645.66	793900.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	38666.15	829195.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38666.15	829195.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1645.66	14430.75
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1645.66	14430.75

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 39  
(check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mark Ballif</p> <p>Mailing Address 100 E San Marcos Blvd Suite 200</p> <p>City State Zip Code San Marcos CA 92069</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Plum Healthcare Group Occupation Executive Assistant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 16 / 2009</p> <p><b>Transaction ID:</b> C805331</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) David Beck</p> <p>Mailing Address 1250 H Street, NW Suite 555</p> <p>City State Zip Code Washington DC 20005-3965</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Golden Living Occupation Government Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 10 / 2009</p> <p><b>Transaction ID:</b> C805332</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Brad Bedell</p> <p>Mailing Address PO Box 1210 731 North Main</p> <p>City State Zip Code Sikeston MO 63801-1210</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Health Facilities Management Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 05 / 2009</p> <p><b>Transaction ID:</b> C800868</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 39  
(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)  
Don C. Bedell

Mailing Address 731 North Main Street  
PO Box 1210

City State Zip Code  
Sikeston MO 63801

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

Name of Employer Occupation  
Castle Partners President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID: C800869**

Amount of Each Receipt this Period  
1250.00

**B.**

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 ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2009

**Transaction ID: C810415**

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 101 Grace Street

City State Zip Code  
Easley SC 29640

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

Name of Employer Occupation  
Health Management Resources Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID: C811668**

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2520.00**

**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 / 39  
(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)  
Orlando Jr Bisbano, Jr.

Mailing Address 135 Tripps Lane

City State Zip Code  
Riverside RI 02915

FEC ID number of contributing federal political committee. C

Name of Employer Orchard View Manor Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** C800870

Amount of Each Receipt this Period 87.50

**B.**

Full Name (Last, First, Middle Initial)  
Bretton J Bolt

Mailing Address 6937 Warfield Avenue

City State Zip Code  
Sykesville MD 21784

FEC ID number of contributing federal political committee. C

Name of Employer Nexion Health Care Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** C805333

Amount of Each Receipt this Period 1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Timothy J Boyle

Mailing Address 4412 Applewood Avenue

City State Zip Code  
Sioux City IA 51106-3602

FEC ID number of contributing federal political committee. C

Name of Employer Care Center Mgmt Co Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** C800871

Amount of Each Receipt this Period 1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2587.50

**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 9 / 39  
(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)  
Steve Boymel

Mailing Address 12100 Reed Hartman Highway

City State Zip Code  
Cincinnati OH 45241-6036

FEC ID number of contributing federal political committee. C

Name of Employer  
Brookwood Retirement Community

Occupation  
Owner/Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2009

**Transaction ID:** C808489

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Craig H. Brashier

Mailing Address 4308 Highmount Drive

City State Zip Code  
Plano TX 75093

FEC ID number of contributing federal political committee. C

Name of Employer  
Southwest LTC

Occupation  
Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2009

**Transaction ID:** C802013

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher R. Bryson

Mailing Address 1626 Jeurgens Court

City State Zip Code  
Norcross GA 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 ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** C800872

Amount of Each Receipt this Period  
125.00

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

1625.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 39  
(check only one)

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

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

**A.**

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

Mailing Address 1185 Wilde Run Court

City Roswell State GA Zip Code 30075

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

Name of Employer Cypress Administrative Services, LLC Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 05 / 2009

**Transaction ID: C800873**

Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 1950 Cliffside Drive

City State College State PA Zip Code 16801-7662

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

Name of Employer Brookline Occupation Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 11 / 05 / 2009

**Transaction ID: C800879**

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen Collins Pagels

Mailing Address 1440 East Missouri Street Suite C-102

City Phoenix State AZ Zip Code 85014

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

Name of Employer Arizona Health Care Association Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 05 / 2009

**Transaction ID: C801347**

Amount of Each Receipt this Period 125.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 39  
(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) Gregory J. Elliot		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address AMFM, Inc. 240 Capitol Street		<b>Transaction ID:</b> C810368
City Charleston	State WV	Zip Code 25301-2297
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.00
Name of Employer AMFM, Inc.	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 532.00	

**B.**

Full Name (Last, First, Middle Initial) Martha Everett Meng, Esq.		Date of Receipt MM / DD / YYYY 11 / 05 / 2009
Mailing Address Murtha Cullina LLP 2 Whitney Avenue		<b>Transaction ID:</b> C800867
City New Haven	State CT	Zip Code 06510-1220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Murtha Cullina LLP	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Teresa Eyt		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
Mailing Address 1201 L Street NW		<b>Transaction ID:</b> C810416
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	342.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 39

(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

Falls Church

State

VA

Zip Code

22043-2330

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Health Care Association

Occupation

Vice President, Public Affairs

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

MM / DD / YYYY  
11 / 23 / 2009

Transaction ID: C810417

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

James Gomez

Mailing Address 2201 K Street

City

Sacramento

State

CA

Zip Code

95816-4922

FEC ID number of contributing federal political committee.

C

Name of Employer  
CA Association of Health Facilities

Occupation

President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
11 / 05 / 2009

Transaction ID: C800875

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Guilbeaux

Mailing Address 11604 Northwood Drive

City

Abbeville

State

LA

Zip Code

70510

FEC ID number of contributing federal political committee.

C

Name of Employer  
Southwest LTC

Occupation

Information Requested

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
11 / 09 / 2009

Transaction ID: C802014

Amount of Each Receipt this Period

1000.00

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

1269.24

**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 / 39  
(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)  
Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW  
#407

City State Zip Code  
Washington DC 20005

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

Name of Employer American Health Care Association  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

**Transaction ID:** C810439

Amount of Each Receipt this Period  
10.00

**B.**

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code  
Alexandria VA 22308-1049

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

Name of Employer AHCA  
Occupation Senior Vice President of Advocacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1023.27

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

**Transaction ID:** C810443

Amount of Each Receipt this Period  
38.47

**C.**

Full Name (Last, First, Middle Initial)  
Jane Hibbard-Merrill

Mailing Address Gulford St PO Box 159

City State Zip Code  
Dover-Foxcroft ME 04426

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

Name of Employer Hibbard Nsg Hm  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

**Transaction ID:** C800876

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **123.47**

**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 / 39

(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)  
Eric Holland

Mailing Address 1677 Highway 9 North

City State Zip Code  
Pontotoc MS 38865

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

Name of Employer Occupation  
Sunshine Health Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

Transaction ID: C809626

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Cheryl Killian

Mailing Address 3801 Woodside Dr

City State Zip Code  
Arlington TX 76016-3030

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

Name of Employer Occupation  
Legacy Care Centers Inc. President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

Transaction ID: C810286

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 4621 28th Road South

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 ▼ 949.44

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: C810446

Amount of Each Receipt this Period  
39.56

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

1064.56

**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: (check only one)	PAGE 15 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol Lundsford		Date of Receipt MM / DD / YYYY 11 / 09 / 2009		
	Mailing Address 725 Mitchell Lane		<b>Transaction ID:</b> C802009		
	City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period 502.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pierremont Healthcare Center	Occupation Information Requested	Aggregate Year-to-Date 502.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Terry Mace		Date of Receipt MM / DD / YYYY 11 / 30 / 2009		
	Mailing Address 609 Highline Drive		<b>Transaction ID:</b> C810363		
	City East Wenatchee	State WA	Zip Code 98802-5603	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Triple C Healthcare Services	Occupation Administrator	Aggregate Year-to-Date 1250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd Mackenzie		Date of Receipt MM / DD / YYYY 11 / 05 / 2009		
	Mailing Address 555 Round Rock West #390		<b>Transaction ID:</b> C800886		
	City Round Rock	State TX	Zip Code 78681	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Remington Medical Resort of San Antoni	Occupation Chief Executive Officer	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1077.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 39  
(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) Rick Mendlen		Date of Receipt MM / DD / YYYY 11 / 05 / 2009
Mailing Address 1810 Gillespie Ways Suite 212		<b>Transaction ID:</b> C800889
City El Cajon	State CA	Zip Code 92020-0921
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Kennon S. Shea & Associates	Occupation Consultant	
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) Richard Miller		Date of Receipt MM / DD / YYYY 11 / 05 / 2009
Mailing Address 3611 Glenfield Ct		<b>Transaction ID:</b> C800887
City Louisville	State KY	Zip Code 40241-2513
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer American Health Care Association	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) V. Richard Miller		Date of Receipt MM / DD / YYYY 11 / 05 / 2009
Mailing Address 3594 East US Highway 30		<b>Transaction ID:</b> C800890
City Warsaw	State IN	Zip Code 46580-6720
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer MMM Invest Inc	Occupation CEO/CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 17 / 39  
(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 ▼ 861.18  
Date of Receipt 11 / 23 / 2009  
Transaction ID: C810447  
Amount of Each Receipt this Period 90.63

**B.** Full Name (Last, First, Middle Initial)  
Francesca Fierro O'Reilly  
Mailing Address 4005 Nellie Custis Dr  
City State Zip Code  
Arlington VA 22207-5107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AHCA Occupation Sr. Director of Congressional Affairs  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 580.00  
Date of Receipt 11 / 23 / 2009  
Transaction ID: C810449  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Tony E Oglesby  
Mailing Address PO Box 350  
City State Zip Code  
Benton TN 37307-0350  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SavaSenior Care Occupation President & CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 11 / 05 / 2009  
Transaction ID: C800891  
Amount of Each Receipt this Period 1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1360.63  
**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 / 39  
(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)  
Julie Painter

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 AHCA Occupation Senior Director of Constituency Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

**Transaction ID:** C810451

Amount of Each Receipt this Period  
11.54

**B.**

Full Name (Last, First, Middle Initial)  
Charles Perry

Mailing Address Nevada Health Care Association  
4550 West Oakey Boulevard

City Las Vegas State NV Zip Code 89102-1599

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

Name of Employer Nevada Health Care Assn. Occupation 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 Y  
1 1 / 0 5 / 2 0 0 9

**Transaction ID:** C801348

Amount of Each Receipt this Period  
1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Wade Peterson

Mailing Address MedCenter One Care Center  
201 14th Street NW

City Mandan State ND Zip Code 58554-2063

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

Name of Employer MedCenter One Care Center Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

**Transaction ID:** C801533

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1511.54**

**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 19 / 39  
(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)  
W. Scott Plumb

Mailing Address 2310 Washington St  
Ste 300

City State Zip Code  
Newton Lower Falls MA 02462-1449

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

Name of Employer MA Extended Care Federation  
Occupation Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** C803464

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Neil L. Pruitt, Jr.

Mailing Address UHS-Pruitt Corporation, Inc.  
1626 Jeurgens Court

City State Zip Code  
Norcross GA 30093

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

Name of Employer UHS-Pruitt Corporation, Inc.  
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	1	/	0	5	/	2	0	0	9

**Transaction ID:** C801349

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Frank Romano

Mailing Address 57 Summer Street

City State Zip Code  
Rowley MA 01969-1835

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

Name of Employer Essex Group  
Occupation 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	1	/	0	5	/	2	0	0	9

**Transaction ID:** C801350

Amount of Each Receipt this Period  
1250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 39  
(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)  
Leonard Russ

Mailing Address 40 Keogh Lane

City State Zip Code  
New Rochelle NY 10805-1308

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

Name of Employer Occupation  
Bayberry Nursing Home Owner/Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt  
MM / DD / YYYY  
11 / 12 / 2009

**Transaction ID:** C803450

Amount of Each Receipt this Period  
1250.00

**B.**

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 ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2009

**Transaction ID:** C810453

Amount of Each Receipt this Period  
10.00

**C.**

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

Mailing Address 110 Association Dr

City State Zip Code  
Charleston WV 25311-1217

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

Name of Employer Occupation  
West Virginia Health Care Association CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** C801352

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1510.00**

**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 / 39  
(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)  
Lee Samson

Mailing Address 9200 Sunset Boulevard  
Suite 1100

City State Zip Code  
West Hollywood CA 90069

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

Name of Employer SNF Management/ Windsor Occupation President/ CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

**Transaction ID:** C801351

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Shawn Scott

Mailing Address Medline Industries  
One Medline Place

City State Zip Code  
Mundelein IL 60060

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

Name of Employer Medline Industries Occupation VP, Healthcare Corporate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

**Transaction ID:** C801353

Amount of Each Receipt this Period  
75.00

**C.** 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 COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 276.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

**Transaction ID:** C810454

Amount of Each Receipt this Period  
11.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1336.54

**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 / 39

(check only one)

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

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

**A.**

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

Mailing Address 13185 W Great Mountain Drive

City State Zip Code  
Lakewood CO 80228-3512

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

Name of Employer Carriage Healthcare Companies, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: C801354

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 561.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: C810456

Amount of Each Receipt this Period  
19.24

**C.**

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

Mailing Address 1305 West Causeway Approach #212

City State Zip Code  
Mandeville LA 70471

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

Name of Employer Covington Suites Occupation CEO

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 1 / 0 5 / 2 0 0 9

Transaction ID: C801355

Amount of Each Receipt this Period  
1250.00

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

1769.24

**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 23 / 39  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Patrick J. Stapleton

Mailing Address Massachusetts Senior Care Associat  
2310 Washington Street

City State Zip Code  
Newton Lower Falls MA 02462

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

Name of Employer Occupation  
Sherill House CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 12 / 2009

**Transaction ID:** C803459

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 600 East Whaley

City State Zip Code  
Longview TX 75601-6525

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

Name of Employer Occupation  
Stebbins Five Companies Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** C810285

Amount of Each Receipt this Period  
1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dixie Taylor-Huff

Mailing Address 932 East Baddour Parkway

City State Zip Code  
Lebanon TN 37087-3707

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

Name of Employer Occupation  
Quality Care Health Center Administrator/Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** C801356

Amount of Each Receipt this Period  
1250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 39  
(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) Michael Torgan		Date of Receipt MM / DD / YYYY 11 / 05 / 2009
Mailing Address 5120 West Goldleaf Circle Suite 400		<b>Transaction ID:</b> C801357
City Los Angeles	State CA	Zip Code 90056-1297
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Country Villa Health Services	Occupation Vice President, Customer Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Jerry R. Tretwold		Date of Receipt MM / DD / YYYY 11 / 09 / 2009
Mailing Address PO Box 829		<b>Transaction ID:</b> C802011
City Brewster	State WA	Zip Code 98812-0829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Harmony House Health Care Center	Occupation Owner/ Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Peter Van Runkle		Date of Receipt MM / DD / YYYY 11 / 05 / 2009
Mailing Address 7460 Tottenham Pl		<b>Transaction ID:</b> C801530
City New Albany	State OH	Zip Code 43054-9443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Ohio 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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 39  
(check only one)

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

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

**A.**

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

Mailing Address 5155 North High Street

City Columbus State OH Zip Code 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 11 / 16 / 2009

Transaction ID: C808488

Amount of Each Receipt this Period 125.00

**B.**

Full Name (Last, First, Middle Initial)  
Dennis W. Wheeler

Mailing Address Laurel Baye Healthcare, LLC  
3409 Salterbeck Court

City Mount Pleasant State SC Zip Code 29466

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

Name of Employer Laurel Baye Healthcare Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 05 / 2009

Transaction ID: C801531

Amount of Each Receipt this Period 1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Douglas Wright, Jr.

Mailing Address 265 County Road 263

City Saltillo 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 11 / 28 / 2009

Transaction ID: C809715

Amount of Each Receipt this Period 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6375.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	37296.72

**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 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

<b>A.</b> 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D90730 Date of Disbursement 11 / 30 / 2009
	Amount of Each Disbursement this Period 1367.71
<b>B.</b> Full Name (Last, First, Middle Initial) BB & T Mailing Address PO Box 819 Operations Center City Wilson State NC Zip Code 27894-0819 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D90729 Date of Disbursement 11 / 30 / 2009
	Amount of Each Disbursement this Period 277.95

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

1645.66

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

1645.66

**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 / 39

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

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

A.	Full Name (Last, First, Middle Initial) <b>GREAT PLAINS LEADERSHIP FUND</b>	<b>Transaction ID:</b> D90265
	Mailing Address 818 Connecticut Ave. NW #1100 Suite 1100	Date of Disbursement MM / DD / YYYY 11 / 25 / 2009
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name GREAT PLAINS LEADERSHIP FUND	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>KENDRICK MEEK FOR FLORIDA</b>	<b>Transaction ID:</b> D90068
	Mailing Address 111 NW 183RD STREET SUITE 325	Date of Disbursement MM / DD / YYYY 11 / 12 / 2009
	City Miami State FL Zip Code 33169	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name KENDRICK MEEK FOR FLORIDA	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>ADRIAN SMITH FOR CONGRESS</b>	<b>Transaction ID:</b> D89847
	Mailing Address 3321 Avenue I	Date of Disbursement MM / DD / YYYY 11 / 05 / 2009
	City Scottsbluff State NE Zip Code 69361	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Adrian Smith	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 39

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>HOOSIERS FOR HILL</b></p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Baron Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90132 <b>Date of Disbursement</b> 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>STUPAK FOR CONGRESS</b></p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Voided March 12, 2009 contribution</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90239 <b>Date of Disbursement</b> 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>BILL CASSIDY FOR CONGRESS</b></p> <p>Mailing Address 3482 DRUSILLA LANE SUITE 1</p> <p>City BATON ROUGE State LA Zip Code 70809</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bill Cassidy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89850 <b>Date of Disbursement</b> 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 39

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS Mailing Address 10537 St. Paul Street City Kensington State MD Zip Code 20895 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Chris Van Hollen, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D90137 Date of Disbursement 11 / 17 / 2009
	Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) CIRO RODRIGUEZ FOR CONGRESS Mailing Address PO Box 14528 City San Antonio State TX Zip Code 78214 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ciro D. Rodriguez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D90131 Date of Disbursement 11 / 17 / 2009
	Amount of Each Disbursement this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) TITUS FOR CONGRESS Mailing Address 3711 East Sunset Road City Las Vegas State NV Zip Code 89120 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Dina Titus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D90140 Date of Disbursement 11 / 17 / 2009
	Amount of Each Disbursement this Period 4000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>BLUMENAUER FOR CONGRESS</b>	<b>Transaction ID:</b> D89845
	Mailing Address 830 NE Holladay Suite 105	Date of Disbursement MM / DD / YYYY 11 / 05 / 2009
	City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Earl Blumenauer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>BOYD FOR CONGRESS</b>	<b>Transaction ID:</b> D90139
	Mailing Address P.O. Box 15703	Date of Disbursement MM / DD / YYYY 11 / 17 / 2009
	City Tallahassee State FL Zip Code 32317	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. F. Allen Boyd, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>FRANK KRATOVIL FOR CONGRESS</b>	<b>Transaction ID:</b> D90271
	Mailing Address 222 Main Sail Drive	Date of Disbursement MM / DD / YYYY 11 / 25 / 2009
	City Stevensville State MD Zip Code 21666	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Frank Kratovil, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS	Transaction ID: D90141 Date of Disbursement 11 / 17 / 2009
	Mailing Address 3161 Dixie Highway	Amount of Each Disbursement this Period 1000.00
	City Erlanger State KY Zip Code 41018	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Geoff Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RADANOVICH FOR CONGRESS	Transaction ID: D90070 Date of Disbursement 11 / 12 / 2009
	Mailing Address 30151 TOMAS STREET	Amount of Each Disbursement this Period 3000.00
	City RANCHO STA MRGRITA State CA Zip Code 92688	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. George P. Radanovich	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE	Transaction ID: D90138 Date of Disbursement 11 / 17 / 2009
	Mailing Address PO BOX 68444	Amount of Each Disbursement this Period 1000.00
	City VIRGINIA BEACH State VA Zip Code 23471	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Glenn C. Nye	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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)  
HARRY TEAGUE FOR CONGRESS

Mailing Address PO BOX 5153

City HOBBS State NM Zip Code 88241

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Harry Teague

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NM District: 02

Transaction ID: D90269

Date of Disbursement

11 / 25 / 2009

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JACK KINGSTON

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Jack Kingston

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Transaction ID: D90142

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JACK KINGSTON

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Jack Kingston

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Transaction ID: D90069

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

**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

A.	Full Name (Last, First, Middle Initial) <b>INSLEE FOR CONGRESS</b>	<b>Transaction ID: D89846</b>
	Mailing Address <b>PO Box 686</b>	Date of Disbursement 11 / 05 / 2009
	City <b>Selah</b> State <b>WA</b> Zip Code <b>98942-0686</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Rep. Jay Inslee</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>WA</b> District: <b>01</b>	

B.	Full Name (Last, First, Middle Initial) <b>LEWIS FOR CONGRESS COMMITTEE</b>	<b>Transaction ID: D89848</b>
	Mailing Address <b>P.O. Box 247</b>	Date of Disbursement 11 / 05 / 2009
	City <b>Redlands</b> State <b>CA</b> Zip Code <b>92373</b>	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Rep. Jerry Lewis</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>CA</b> District: <b>41</b>	

C.	Full Name (Last, First, Middle Initial) <b>COOPER FOR CONGRESS</b>	<b>Transaction ID: D89844</b>
	Mailing Address <b>c/o Davidson, Golden &amp; Lundy</b>	Date of Disbursement 11 / 05 / 2009
	City <b>Brentwood</b> State <b>TN</b> Zip Code <b>37024</b>	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Rep. Jim Cooper</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>TN</b> District: <b>05</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>VOLUNTEERS FOR SHIMKUS</b>  Mailing Address PO Box 5458  City Springfield State IL Zip Code 62705  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. John M. Shimkus  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D90072 <b>Date of Disbursement</b> 11 / 12 / 2009	Amount of Each Disbursement this Period  2000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>KISSELL FOR CONGRESS</b>  Mailing Address P.O. Box 1530  City Biscoe State NC Zip Code 27209  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Larry Kissell  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D90067 <b>Date of Disbursement</b> 11 / 12 / 2009	Amount of Each Disbursement this Period  1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF LOIS CAPPs</b>  Mailing Address 38 Ivy St SE  City Washington State DC Zip Code 20003-4006  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Lois Capps  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D89843 <b>Date of Disbursement</b> 11 / 05 / 2009	Amount of Each Disbursement this Period  1000.00

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MARION BERRY FOR CONGRESS**

Mailing Address P.O. BOX 8084

City State Zip Code  
JONESBORO AR 72403

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Marion Berry

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AR District: 01

Transaction ID: D89842

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**ARCURI FOR CONGRESS**

Mailing Address P.O. Box 8508

City State Zip Code  
Utica NY 13505

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Michael Arcuri

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Transaction ID: D90267

Date of Disbursement

11 / 25 / 2009

Amount of Each Disbursement this Period

3000.00

**C.** Full Name (Last, First, Middle Initial)  
**MIKE ROSS FOR CONGRESS COMMITTEE**

Mailing Address PO Box 360

City State Zip Code  
Prescott AR 71857

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Mike Ross

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AR District: 04

Transaction ID: D90136

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS</b> Mailing Address 315 Inspiration Lane City Gaithersburg State MD Zip Code 20878 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Nydia M. Velazquez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D89851 Date of Disbursement 11 / 05 / 2009 Amount of Each Disbursement this Period 1000.00 Category/ Type
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<b>B.</b> Full Name (Last, First, Middle Initial) <b>KLEIN FOR CONGRESS</b> Mailing Address 21301 POWERLINE ROAD SUITE 204 City BOCA RATON State FL Zip Code 33433 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ron Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D90266 Date of Disbursement 11 / 25 / 2009 Amount of Each Disbursement this Period 3000.00 Category/ Type
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<b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF ROSA DELAURO</b> Mailing Address 49 HUNTINGTON STREET City NEW HAVEN State CT Zip Code 06511 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Rosa Delauro Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D90134 Date of Disbursement 11 / 17 / 2009 Amount of Each Disbursement this Period 3500.00 Category/ Type
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>KAGEN 4 CONGRESS</b></p> <p>Mailing Address 100 W. College Ave.</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Steve Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89841</p> <p>Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>DRIEHAUS FOR CONGRESS</b></p> <p>Mailing Address 650 FOX TRAILS WAY</p> <p>City CINCINNATI State OH Zip Code 45233</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Steve L. Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90270</p> <p>Date of Disbursement 11 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>SCALISE FOR CONGRESS</b></p> <p>Mailing Address P.O. BOX 23219</p> <p>City JEFFERSON State LA Zip Code 70183</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Steve Scalise</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90133</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

8000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF CONGRESSMAN TIM HOLDEN</b> <hr/> Mailing Address 18 N. SECOND ST., BOX 37 <hr/> City SAINT CLAIR State PA Zip Code 17970 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Tim Holden <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D89849 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) <b>TIM WALZ FOR US CONGRESS</b> <hr/> Mailing Address PO BOX 938 <hr/> City MANKATO State MN Zip Code 56002 <hr/> Purpose of Disbursement Contributions to Federal Candidate Candidate Name Rep. Tim Walz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D89765 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Murphy for Congress</b> <hr/> Mailing Address PO Box 11721 <hr/> City Pittsburgh State PA Zip Code 15228-0721 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Timothy F. Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D90135 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

