

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2004 through 06 30 2004

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 Anna Lee -Assistant Treas

Signature of Treasurer Electronically Filed by Anna Lee -Assistant Treas Date 08 03 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

	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>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		298453.50
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning of Reporting Period .....	209543.26									
(c) Total Receipts (from Line 19) .....	28347.10	281213.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	237890.36	579666.75								
7. Total Disbursements (from Line 31) .....	72646.27	414422.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	165244.09	165244.09								
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
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

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	20803.10	248401.95
(i) Itemized (use Schedule A) .....	4541.66	29659.96
(ii) Unitemized .....	25344.76	278061.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	25344.76	278061.91
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 .....	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2.34	151.34
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)) .....	28347.10	281213.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28347.10	281213.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70500.00	408160.00
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.....	2146.27	6262.66
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))..	72646.27	414422.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	72646.27	414422.66

**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) .....	25344.76	278061.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25344.76	278061.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<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	

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)  
Ms. Barbara Miller

Mailing Address 3594 E US Highway 30

City Warsaw State IN Zip Code 46580-6720

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

Name of Employer MMM Invest Inc Occupation Assistant Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
06 / 01 / 2004

Transaction ID: 18497090

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Francis P. Kirley

Mailing Address 3315 Timbers Rd

City Flower Mound State TX Zip Code 75028-2064

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

Name of Employer Nexion Health, Inc. Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
06 / 04 / 2004

Transaction ID: 18499740

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Herbert Yim

Mailing Address 54-383 Hospital Rd.  
PO Box 10

City Kapaau State HI Zip Code 96755-0010

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

Name of Employer Kohola Hospital Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
06 / 04 / 2004

Transaction ID: 18499741

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael Bibo		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2004	
Mailing Address 239 S. Cherry St.		<b>Transaction ID:</b> 18499743	
City State Zip Code Galesburg IL 61401-4911	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RFMS Inc.	Occupation VP Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John Derr		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2004	
Mailing Address 2001 Piper Circle		<b>Transaction ID:</b> 18523743	
City State Zip Code Anacortes WA 98221-3125	Amount of Each Receipt this Period 84.25		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer JD 7 Associates Enterprises	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 782.30		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2004	
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		<b>Transaction ID:</b> 18523745	
City State Zip Code Arlington VA 22206-1143	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AHCA	Occupation Director, Assisted Living		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2609.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<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)  
Mr. Chip Roadman

Mailing Address 6656 Avigon Blvd.  
Payroll Deduction

City Falls Church State VA Zip Code 22043-1752

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

Name of Employer AHCA Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2004

**Transaction ID:** 18523769

Amount of Each Receipt this Period  
192.30

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

Mailing Address 1501 E. Greenville St.  
PO Box 1327

City Anderson State SC Zip Code 29621-2004

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

Name of Employer National Health Corp. Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2004

**Transaction ID:** 18576321

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr William Dunn

Mailing Address 195 Executive Dr

City Marion State OH Zip Code 43302-6391

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

Name of Employer Marion Manor Nursing Hm Inc Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2004

**Transaction ID:** 18591846

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1692.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Ms Adele Wilzack

Mailing Address 7060 Oakland Mills Road  
Suite M

City State Zip Code  
Columbia MD 21046-1694

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 ▼  
850.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2004

**Transaction ID:** 18591847

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Gerald Cox

Mailing Address PO Box 7728

City State Zip Code  
Rocky Mount NC 27804-0728

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

Name of Employer Autumn Corp  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2004

**Transaction ID:** 18603362

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nicolette Merino

Mailing Address 274 King George Rd.

City State Zip Code  
Warren NJ 07059-5157

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

Name of Employer Chelsea Senior Living  
Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2004

**Transaction ID:** 18624078

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Frances Foy

Mailing Address 4900 Telegraph Rd.

City State Zip Code  
Ventura CA 93003-4131

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

Name of Employer Occupation  
Ventura Townhouse President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
06 / 21 / 2004

**Transaction ID: 18624546**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Christian Mason

Mailing Address 9375 SW Commerce Circle, Ste. A1

City State Zip Code  
Wilsonville OR 97070-8602

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

Name of Employer Occupation  
Vigilan President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 21 / 2004

**Transaction ID: 18624552**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Solanges Vivens

Mailing Address 4201 Connecticut Ave. NW

City State Zip Code  
Washington DC 20008-1162

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

Name of Employer Occupation  
VMT Long Term Care Management Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
06 / 21 / 2004

**Transaction ID: 18624723**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 32
	<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) Mr. John Derr		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 4
Mailing Address 2001 Piper Circle		<b>Transaction ID:</b> 18624771
City State Zip Code Anacortes WA 98221-3125	Amount of Each Receipt this Period 84.25	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer JD 7 Associates Enterprises	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 866.55	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 4
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		<b>Transaction ID:</b> 18624790
City State Zip Code Arlington VA 22206-1143	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Chip Roadman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 4
Mailing Address 6656 Avigon Blvd. Payroll Deduction		<b>Transaction ID:</b> 18624834
City State Zip Code Falls Church VA 22043-1752	Amount of Each Receipt this Period 192.30	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AHCA	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	301.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2112 W Laburnum Ave Ste 206

City Richmond State VA Zip Code 23227-4358

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

Name of Employer Virginia Health Care Assn Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
06 / 16 / 2004

Transaction ID: 18625149

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Reddy

Mailing Address P.O. Box 5802

City Carmel State CA Zip Code 93921-5802

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

Name of Employer TR Development/Hallmark Rehabilitation Occupation Director Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3750.00

Date of Receipt  
06 / 22 / 2004

Transaction ID: 18634337

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Herbert Yim

Mailing Address 54-383 Hospital Rd.  
PO Box 10

City Kapaau State HI Zip Code 96755-0010

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

Name of Employer Kohola Hospital Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
06 / 23 / 2004

Transaction ID: 18637455

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Marjorie Shell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 625 East Water St.		<b>Transaction ID:</b> 18638293	
City State Zip Code Pendleton IN 46064-8730		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Fall Creek Retirement Village Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard Lyons		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 600 University Blvd Suite L		<b>Transaction ID:</b> 18638366	
City State Zip Code Harrisonburg VA 22801-8438		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Sunnyside Retirement Comm. President & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr William Levering		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 201 North Main St.		<b>Transaction ID:</b> 18638373	
City State Zip Code Mount Vernon OH 43050-2400		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Levering Management Inc. Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms Jan Thayer

Mailing Address 404 Woodland Dr

City State Zip Code  
Grand Island NE 68801-8857

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

Name of Employer Occupation  
Riverside Lodge Owner/Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2004

**Transaction ID: 18638379**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Floyd Schlossberg

Mailing Address 4200 W. Peterson #140

City State Zip Code  
Chicago IL 60646-6812

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 ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2004

**Transaction ID: 18654163**

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 108 Starr Ave.  
PO Box 1129

City State Zip Code  
Turlock CA 95381

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

Name of Employer Occupation  
Mark One Corp. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2004

**Transaction ID: 18676586**

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	20803.10

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 32
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Chris John for Cong Cmt, Inc.

Mailing Address PO Box 971

City State Zip Code  
Crowley LA 70527

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

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

**Transaction ID: 18624553**

Amount of Each Receipt this Period  
3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. Neil Abercrombie</b>		<b>Transaction ID: 18474603</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 4
Mailing Address Prince Kuhio Fed. Bldg. 300 Ala Moana Blvd., Rm. 4-104		Amount of Each Disbursement this Period 2000.00
City Honolulu State HI Zip Code 96850	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Neil Abercrombie	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. John D. Dingell for Congress Committee</b>		<b>Transaction ID: 18474605</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 4
Mailing Address 19855 W. Outer Drive #103 A-E		Amount of Each Disbursement this Period 1000.00
City Dearborn State MI Zip Code 48124	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. John Dingell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. AMERIPAC</b>		<b>Transaction ID: 18474601</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 4
Mailing Address 499 S. Capitol St. SW #108		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Moore for Congress</b>		Transaction ID: 18474606 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 4	
Mailing Address PO Box 14631		Amount of Each Disbursement this Period 1000.00	
City Shawnee Mission State KS Zip Code 66285	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Dennis Moore			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. McCotter Congressional Committee</b>		Transaction ID: 18474602 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 4	
Mailing Address 39202 Lyndon		Amount of Each Disbursement this Period 500.00	
City Livonia State MI Zip Code 48154	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Thad McCotter			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Erskine Bowles for US Senate</b>		Transaction ID: 18474598 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 4	
Mailing Address PO Box 28147		Amount of Each Disbursement this Period 1000.00	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Erskine Bowles			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Bunning</b>		Transaction ID: 18506821 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 4	
Mailing Address 1717 Dixie Highway, Ste 180		Amount of Each Disbursement this Period 4000.00	
City Fr. Wright	State KY		Zip Code 41011
Purpose of Disbursement			011 Category/ Type
Candidate Name Mr. Jim Bunning			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY District: 4			

Full Name (Last, First, Middle Initial) <b>B. Levin for Congress Cmte</b>		Transaction ID: 18592038 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 4	
Mailing Address 436 New Jersey Ave SE		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC		Zip Code 20003
Purpose of Disbursement			011 Category/ Type
Candidate Name Mr. Sander Levin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 12			

Full Name (Last, First, Middle Initial) <b>C. Walter Jones</b>		Transaction ID: 18591972 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 4	
Mailing Address 102 Gregg Street 214 Cannon House Office Bldg		Amount of Each Disbursement this Period 1000.00	
City Farmville	State NC		Zip Code 27828
Purpose of Disbursement			011 Category/ Type
Candidate Name Mr. Walter Jones			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 3			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. People for English</b>		<b>Transaction ID:</b> 18592034 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 4	
Mailing Address 1528 South Shore Dr.		Amount of Each Disbursement this Period 1000.00	
City Erie State PA Zip Code 16505	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Mr. Philip English			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 21	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends of Joe Pitts</b>		<b>Transaction ID:</b> 18593659 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 4	
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22302	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Mr. Joe Pitts			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Volunteers for Shimkus</b>		<b>Transaction ID:</b> 18592016 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 4	
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 1000.00	
City Arlington State VA Zip Code 22202	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Mr John Shimkus			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 20	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. Jim Cooper for Congress</b>		<b>Transaction ID:</b> 18591992 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 4
Mailing Address 601 Woodland St. PO Box 60750		Amount of Each Disbursement this Period 1000.00
City Nashville State TN Zip Code 37206		
Purpose of Disbursement Candidate Name Mr. Jim Cooper Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. LEE TERRY FOR CONGRESS</b>		<b>Transaction ID:</b> 18592003 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 4
Mailing Address 1107 So. 119th Street		Amount of Each Disbursement this Period 1000.00
City Omaha State NE Zip Code 68144		
Purpose of Disbursement Candidate Name Mr. Lee Terry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Friends of Lois Capps</b>		<b>Transaction ID:</b> 18591990 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 4
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement Candidate Name Ms. Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Craig Thomas</b>		<b>Transaction ID: 18591987</b> Date of Disbursement 06 / 16 / 2004
Mailing Address P.O. ?Box s1580 302 Hart SOB		Amount of Each Disbursement this Period 1000.00
City Casper State WY Zip Code 82602		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Craig Thomas Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District: 2		

Full Name (Last, First, Middle Initial) <b>B. LEGPAC</b>		<b>Transaction ID: 18592036</b> Date of Disbursement 06 / 16 / 2004
Mailing Address 38 Ivy St. SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mike Dewine For Us Senate</b>		<b>Transaction ID: 18591981</b> Date of Disbursement 06 / 16 / 2004
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43234		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Mike DeWine Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 1		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Arlene Wohlgemuth for US Congress</b>		<b>Transaction ID: 18592039</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 4	
Mailing Address PO Box 878		Amount of Each Disbursement this Period 1000.00	
City Burlleson State TX Zip Code 76097	Purpose of Disbursement 011 Category/ Type		
Candidate Name Ms. Arlene Wohlgemuth			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Tony Knowles for US Senate</b>		<b>Transaction ID: 18592037</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 4	
Mailing Address PO Box 201902		Amount of Each Disbursement this Period 2000.00	
City Anchorage State AK Zip Code 99520	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Tony Knowles			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Boxer for Senate Committee</b>		<b>Transaction ID: 18604869</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 4	
Mailing Address PO Box 4881 SH-112 Hart Senate Ofc Bldg		Amount of Each Disbursement this Period 1000.00	
City Greenbrae State CA Zip Code 94904	Purpose of Disbursement 011 Category/ Type		
Candidate Name Senator Barbara Boxer			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 2	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. John Spratt for Congress</b>		<b>Transaction ID: 18604856</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 4
Mailing Address PO Box 636		Amount of Each Disbursement this Period 1000.00
City Annandale State VA Zip Code 22003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr John Spratt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lewis for Congress Committee</b>		<b>Transaction ID: 18604863</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 4
Mailing Address 1150 Brookside Ave.		Amount of Each Disbursement this Period 1000.00
City Redlands State CA Zip Code 92373	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Jerry Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of John Boehner</b>		<b>Transaction ID: 18604870</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 4
Mailing Address 7908 Cincinnati-Dayton Rd. 1020 Longworth House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City West Chester State OH Zip Code 45069	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. John Boehner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. Norwood for Congress</b>		Transaction ID: 18604864 Date of Disbursement 06 / 17 / 2004
Mailing Address PO Box 499		Amount of Each Disbursement this Period 1000.00
City Evans	State GA	
Zip Code 30809-9906		
Purpose of Disbursement 011 Category/Type		
Candidate Name Dr. Charles Norwood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 10		

Full Name (Last, First, Middle Initial) <b>B. Ben Nelson for US Senate</b>		Transaction ID: 18604868 Date of Disbursement 06 / 17 / 2004
Mailing Address 2912 South 84th Street Suite B		Amount of Each Disbursement this Period 1500.00
City Omaha	State NE	
Zip Code 68124		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Ben Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District:		

Full Name (Last, First, Middle Initial) <b>C. Jim Davis for Congress Cmt</b>		Transaction ID: 18604857 Date of Disbursement 06 / 17 / 2004
Mailing Address PO Box 18143		Amount of Each Disbursement this Period 1000.00
City Tampa	State FL	
Zip Code 33679		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Jim Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 11		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. Vic Snyder for Congress Committee</b>		<b>Transaction ID: 18604865</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 4
Mailing Address 100 Morgan Kegan Drive Suite 410		Amount of Each Disbursement this Period 500.00
City Little Rock State AR Zip Code 72202	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr Vic Snyder		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 2		

Full Name (Last, First, Middle Initial) <b>B. Capito for Congress</b>		<b>Transaction ID: 18604871</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 4
Mailing Address PO Box 11519		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 28339	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Shelly Moore Capito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 2		

Full Name (Last, First, Middle Initial) <b>C. Issa for Congress</b>		<b>Transaction ID: 18604866</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 4
Mailing Address PO Box 760		Amount of Each Disbursement this Period 1000.00
City Vista State CA Zip Code 92085	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Darrell Issa		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 48		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Melissa Brown</b>		<b>Transaction ID:</b> 18604872 Date of Disbursement 06 / 17 / 2004
Mailing Address PO Box 498		Amount of Each Disbursement this Period 500.00
City Flourtown	State PA	
Zip Code 19031		
Purpose of Disbursement 011 Category/Type		
Candidate Name Ms. Melissa Brown		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 13		

Full Name (Last, First, Middle Initial) <b>B. Friends of Joe Lieberman</b>		<b>Transaction ID:</b> 18604867 Date of Disbursement 06 / 17 / 2004
Mailing Address 236 Massachusetts Ave. NE #306		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20002		
Purpose of Disbursement Other Primary(Convention) 011 Category/Type		
Candidate Name Senator Joseph Lieberman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Other	
State: CT District: 2		Other Primary(Convention)

Full Name (Last, First, Middle Initial) <b>C. Alaskans for Don Young</b>		<b>Transaction ID:</b> 18604909 Date of Disbursement 06 / 17 / 2004
Mailing Address 3000 K St. NW #125		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20007		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Don Young		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AK District: 1		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mike Bilirakis for Congress</b>		Transaction ID: 18618009 Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2004	
Mailing Address P O Box 1077		Amount of Each Disbursement this Period 2500.00	
City Tarpen Springs State FL Zip Code 34688-1077	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Michael Bilirakis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 9	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Norwood for Congress</b>		Transaction ID: 18618003 Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2004	
Mailing Address PO Box 499		Amount of Each Disbursement this Period 2500.00	
City Evans State GA Zip Code 30809-9906	Purpose of Disbursement 011 Category/ Type		
Candidate Name Dr. Charles Norwood			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Friends of Blanche Lincoln</b>		Transaction ID: 18618010 Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2004	
Mailing Address P.O. Box 3197		Amount of Each Disbursement this Period 1000.00	
City Little Rock State AR Zip Code 72203	Purpose of Disbursement 011 Category/ Type		
Candidate Name Ms Blanche Lincoln			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Calder Clay for Congress</b>		Transaction ID: 18618011 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 4	
Mailing Address 3882 Overlook Ave		Amount of Each Disbursement this Period 2000.00	
City Macon State GA Zip Code 31204	Purpose of Disbursement Candidate Name Mr. Calder Clay Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) <b>B. PAC to the Future</b>		Transaction ID: 18618002 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 4	
Mailing Address 430 S. Capitol St. SE 1st Flr.		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Cong. Nancy Pelosi's PAC 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) ▼	011 Category/Type  Cong. Nancy Pelosi's PAC

Full Name (Last, First, Middle Initial) <b>C. Hoyer for Congress Committee</b>		Transaction ID: 18623585 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 4	
Mailing Address 7905 Malcolm Road, Suite 102		Amount of Each Disbursement this Period 1000.00	
City Clinton State MD Zip Code 20735	Purpose of Disbursement Candidate Name Mr. Steny Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Blanche Lincoln</b>		<b>Transaction ID:</b> 18623578 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 4
Mailing Address P.O. Box 3197		Amount of Each Disbursement this Period 1500.00
City Little Rock State AR Zip Code 72203	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms Blanche Lincoln		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jeff Bingaman for US Senate</b>		<b>Transaction ID:</b> 18635048 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 4
Mailing Address PO 2048		Amount of Each Disbursement this Period 5000.00
City Albuquerque State NM Zip Code 87103	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Senator Jeff Bingaman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jeff Bingaman for US Senate</b>		<b>Transaction ID:</b> 18635059 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 4
Mailing Address PO 2048		Amount of Each Disbursement this Period 5000.00
City Albuquerque State NM Zip Code 87103	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Senator Jeff Bingaman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. Bob Goodlatte for Congress</b>		<b>Transaction ID: 18651721</b> Date of Disbursement 06 / 24 / 2004
Mailing Address P.O. Box 292 214 Cannon House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City Roanoke State VA Zip Code 24002	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Robert Goodlatte	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 6	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Vic Snyder for Congress Committee</b>		<b>Transaction ID: 18651766</b> Date of Disbursement 06 / 24 / 2004
Mailing Address 100 Morgan Kegan Drive Suite 410		Amount of Each Disbursement this Period 1000.00
City Little Rock State AR Zip Code 72202	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr Vic Snyder	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 2	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Victory2004</b>		<b>Transaction ID: 18651472</b> Date of Disbursement 06 / 24 / 2004
Mailing Address PO Box 1068 Capitol Avenue at Third		Amount of Each Disbursement this Period 5000.00
City Frankfort State KY Zip Code 40602	Purpose of Disbursement 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Other

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<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 31 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. Kuhl for Congress</b>		<b>Transaction ID: 18651762</b> Date of Disbursement MM / DD / YYYY 06 / 24 / 2004	
Mailing Address P.O. Box 329		Amount of Each Disbursement this Period 1000.00	
City Bath State NY Zip Code 14810	Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Randy Kuhl			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 29	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Parks for Congress</b>		<b>Transaction ID: 18651755</b> Date of Disbursement MM / DD / YYYY 06 / 24 / 2004	
Mailing Address P.O. 2917		Amount of Each Disbursement this Period 500.00	
City Little Rock State AR Zip Code 72203	Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Marvin Parks			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 2	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

1500.00

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

70500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 32

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. American Health Care Assoc PAC</b>		<b>Transaction ID:</b> 18762179 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 4
Mailing Address 1201 L Street NW		Amount of Each Disbursement this Period 44.76
City Washington State DC Zip Code 20005	Purpose of Disbursement Candidate Name Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Health Care Assoc PAC</b>		<b>Transaction ID:</b> 18762181 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 4
Mailing Address 1201 L Street NW		Amount of Each Disbursement this Period 358.96
City Washington State DC Zip Code 20005	Purpose of Disbursement Candidate Name Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Health Care Assoc PAC</b>		<b>Transaction ID:</b> 18762182 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 4
Mailing Address 1201 L Street NW		Amount of Each Disbursement this Period 1742.55
City Washington State DC Zip Code 20005	Purpose of Disbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2146.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2146.27