

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 Year-End 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 (12S)
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 / / through / /

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 Mr. Leonard Russ [Electronically Filed] Date / /

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)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="355025.32"/>	<input type="text" value="355025.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="615955.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="67422.91"/>	<input type="text" value="628286.66"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="683378.46"/>	<input type="text" value="983311.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="250851.79"/>	<input type="text" value="550785.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="432526.67"/>	<input type="text" value="432526.67"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Health Care Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	61667.91	559937.74
(ii) Unitemized	3986.37	26558.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	65654.28	586496.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	65654.28	601496.46
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).....	1668.63	9790.20
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	15000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	100.00	2000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	67422.91	628286.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	67422.91	628286.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1298.65	11097.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1298.65	11097.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	237000.00	526295.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	7553.14	8393.14
(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)).....	7553.14	8393.14
29. Other Disbursements	5000.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	250851.79	550785.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	250851.79	550785.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	65654.28	601496.46
34. Total Contribution Refunds (from Line 28(d))	7553.14	8393.14
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58101.14	593103.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1298.65	11097.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1668.63	9790.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-369.98	1306.97

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 76
<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

Full Name (Last, First, Middle Initial) A. Stacie Aman		Date of Receipt MM / DD / YYYY 05 / 23 / 2012 Transaction ID : C1668444
Mailing Address 5124 27th Rd N		Amount of Each Receipt this Period 153.88
City Arlington	State VA	Zip Code 22207-1723
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Senior Director, Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17	* Payroll Deduction: \$76.94 Bi-weekly

Full Name (Last, First, Middle Initial) B. Jeremy Anderson		Date of Receipt MM / DD / YYYY 05 / 21 / 2012 Transaction ID : C1666740
Mailing Address 915 Summerfield Court		Amount of Each Receipt this Period 1000.00
City Lawrence	State KS	Zip Code 66049
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Regional Multi Facility Liasion	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mark Ballif		Date of Receipt MM / DD / YYYY 05 / 21 / 2012 Transaction ID : C1666074
Mailing Address 100 E San Marcos Blvd Suite 200		Amount of Each Receipt this Period 1250.00
City San Marcos	State CA	Zip Code 92069
FEC ID number of contributing federal political committee. C		
Name of Employer Plum Healthcare	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2403.88
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Melanie Belfry

Mailing Address 53751 Luann Drive

City Shelby Township State MI Zip Code 48316

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

Name of Employer Medilodge of Rochester Hills Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1672790

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Lyn C. Bentley

Mailing Address 2212 Hidden Valley Ln

City Silver Spring State MD Zip Code 20904-5240

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

Name of Employer American Health Care Association Occupation Senior Director, Regulatory Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668445

Amount of Each Receipt this Period
80.00

* Payroll Deduction: \$40.00 bi-weekly

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

Mailing Address 3674 Pacific Ave

City Riverside State CA Zip Code 92509

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

Name of Employer Vista Pacifica Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1874.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : C1650815

Amount of Each Receipt this Period
208.50

SUBTOTAL of Receipts This Page (optional).....▶	538.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 76
<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. Douglas Cecil
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3347

City Spartanburg State SC Zip Code 29304-3347

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

Name of Employer White Oak Manor Occupation Director, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2012
Transaction ID : C1672801

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 9635 Bloomsbury Circle

City Northville State MI Zip Code 48167

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

Name of Employer Medilodge Group Occupation Life Enhancement Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2012
Transaction ID : C1672780

Amount of Each Receipt this Period
 250.00

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

Mailing Address PO Box 7728

City Rocky Mount State NC Zip Code 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : C1667391

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Patti Cullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 Palace Ave
 City Saint Paul State MN Zip Code 55105-1329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Care Providers of Minnesota Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012
Transaction ID : C1656926
 Amount of Each Receipt this Period
100.00

B. Deborah Ann Culp
 Full Name (Last, First, Middle Initial)
 Mailing Address 64500 Van Dyke
 City Washington State MI Zip Code 48095-2583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medilodge Group Occupation Director of Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012
Transaction ID : C1672778
 Amount of Each Receipt this Period
250.00

C. Kathleen A. Denean
 Full Name (Last, First, Middle Initial)
 Mailing Address 1553 Meisner Road
 City East China State MI Zip Code 48054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medilodge Group Occupation Business Finance Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012
Transaction ID : C1672782
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2405 Cardinal Way

City Tucker State GA Zip Code 30084

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

Name of Employer UHS-Pruitt Occupation Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : C1648712

Amount of Each Receipt this Period
 250.00

B. Gregory J. Elliot
Full Name (Last, First, Middle Initial)

Mailing Address 1101 Johnson Road

City Charleston State WV Zip Code 25314

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

Name of Employer AMFM, Inc. Occupation IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : C1656930

Amount of Each Receipt this Period
 4583.34

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

Mailing Address PO Box 180972

City Utica State MI Zip Code 48318

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

Name of Employer MediLodge Occupation Nursing Facility Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : C1672791

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5083.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 76
	<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. Sanford Elsass
Full Name (Last, First, Middle Initial)
Mailing Address 3655 Brookside Parkway, Suite 200

City Alpharetta	State GA	Zip Code 30022
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FEC ID number of contributing federal political committee. **C**

Name of Employer Uni-Ter Group	Occupation President
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2012

Transaction ID : C1656948

Amount of Each Receipt this Period
1250.00

B. Joanne Erickson
Full Name (Last, First, Middle Initial)
Mailing Address 911 S Randolph St

City Arlington	State VA	Zip Code 22204-1564
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association	Occupation Editor in Chief Provider Magazine
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : C1668447

Amount of Each Receipt this Period
153.88

* Payroll Deduction: \$76.94 Bi-weekly

C. Jeri Falk
Full Name (Last, First, Middle Initial)
Mailing Address 4690 Buckingham Drive

City Port Huron	State MI	Zip Code 48060
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FEC ID number of contributing federal political committee. **C**

Name of Employer Medilodge of Yale	Occupation Administrator
---------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

Transaction ID : C1672789

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1653.88
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 76
	<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. Barney Foland
Full Name (Last, First, Middle Initial)

Mailing Address 4948 Sycamore Road

City Newport State MI Zip Code 48166

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

Name of Employer Medilodge of Taylor Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : C1672786

Amount of Each Receipt this Period
 250.00

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

Mailing Address 81 Kenyon Ave

City East Greenwich State RI Zip Code 02818

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

Name of Employer American Health Care Association Occupation Senior VP, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : C1667675

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1120 Walnut St.

City North Bend State NE Zip Code 68649-5012

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

Name of Employer Birchwood Manor Occupation Owner/President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2012

Transaction ID : C1649915

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 76
	<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. Sue Hazel
Full Name (Last, First, Middle Initial)

Mailing Address 1775 N. Gates Road

City Sandusky State MI Zip Code 48471

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

Name of Employer Medilodge of Yale Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : C1672796

Amount of Each Receipt this Period
 250.00

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

Mailing Address 14219 Oxford Drive

City Laurel State MD Zip Code 20707

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

Name of Employer Washington Nursing Facility Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2012

Transaction ID : C1663794

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5124 Pine Rocklands Ave

City Litha State FL Zip Code 33547

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

Name of Employer Cypress Health Care Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 812.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : C1671307

Amount of Each Receipt this Period
 562.50

SUBTOTAL of Receipts This Page (optional).....▶	1062.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 76
	<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. Pat Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 110 Association Dr

City Charleston State WV Zip Code 25311-1217

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

Name of Employer West Virginia Health Care Association Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2012

Transaction ID : C1668432

Amount of Each Receipt this Period
 250.00

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

Mailing Address 900 N Randolph St Apt 1927

City Arlington State VA Zip Code 22203-4082

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

Name of Employer American Health Care Association Occupation Manager, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : C1668449

Amount of Each Receipt this Period
 107.32

* Payroll Deduction: \$53.66 Bi-weekly

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

Mailing Address 2746 Mills Road

City Prescott State MI Zip Code 48756

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

Name of Employer Medilodge of Sterling Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : C1672787

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	607.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 76
<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. Donna Kohlhurst-Burbary
 Full Name (Last, First, Middle Initial)
 Mailing Address 6027 Pointe Tremble
 City Algonac State MI Zip Code 48001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medilodge of Sterling Heights Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 24 / 2012**
Transaction ID : C1672785
 Amount of Each Receipt this Period **250.00**

B. David Kylo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4621 28th Road South
 City Arlington State VA Zip Code 22206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Center for Assisted Living Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **961.60**

Date of Receipt **05 / 23 / 2012**
Transaction ID : C1668450
 Amount of Each Receipt this Period **576.96**
 * Payroll Deduction: \$96.16 Bi-weekly

C. Cheryl Loflin
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Blue Jay Terrace
 City Aliso Viejo State CA Zip Code 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harbor Health Care, Inc. Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 17 / 2012**
Transaction ID : C1664265
 Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional)..... **951.96**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 76
	<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. Todd MacKenzie
Full Name (Last, First, Middle Initial)

Mailing Address 24 Canyon Creek Drive

City Wimberley	State TX	Zip Code 78676
-------------------	-------------	-------------------

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

Name of Employer Remington Medical Resort	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2012

Transaction ID : C1657572

Amount of Each Receipt this Period
125.00

B. R. Peter Madel Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 108 8th St NW

City Waseca	State MN	Zip Code 56093-1912
----------------	-------------	------------------------

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

Name of Employer Lake Shore Inn Nursing Home	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2012

Transaction ID : C1664281

Amount of Each Receipt this Period
275.00

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

Mailing Address 1019 Brook Arbor Dr

City Mansfield	State TX	Zip Code 76063-5445
-------------------	-------------	------------------------

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

Name of Employer Nexion Health, Inc.	Occupation Administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Transaction ID : C1666742

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 76
	<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. Beth Martino
Full Name (Last, First, Middle Initial)

Mailing Address 8559 Window Latch Way

City Columbia State MD Zip Code 21045

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

Name of Employer American Health Care Association Occupation Director Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 23 / 2012**

Transaction ID : C1668451

Amount of Each Receipt this Period **80.00**

* Payroll Deduction: \$40.00 Bi-weekly

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

Mailing Address 3201 Vista Verde Ln SW

City Tumwater State WA Zip Code 98512-1444

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

Name of Employer Washington Health Care Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 04 / 2012**

Transaction ID : C1770186

Amount of Each Receipt this Period **250.00**

See Refund 5/7/2012

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

Mailing Address 3201 Vista Verde Ln SW

City Tumwater State WA Zip Code 98512-1444

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

Name of Employer Washington Health Care Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 10 / 2012**

Transaction ID : C1657570

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **580.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Karen Monday
 Full Name (Last, First, Middle Initial)
 Mailing Address 46767 Franks Lane
 City Shelby Township State MI Zip Code 48315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medilodge Occupation Nursing Home Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2012
Transaction ID : C1672779
 Amount of Each Receipt this Period
 250.00

B. Justin M. Moreau
 Full Name (Last, First, Middle Initial)
 Mailing Address 19280 Edgewater Drive
 City Hillman State MI Zip Code 49746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MediLodge of Hillman Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2012
Transaction ID : C1672794
 Amount of Each Receipt this Period
 250.00

C. Timothy F Nicholson
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Ocean Harbour Cir
 City Ocean Ridge State FL Zip Code 33435-6207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lyric Health Care Occupation President/ CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : C1770184
 Amount of Each Receipt this Period
 1250.00
 See Refund 5/7/2012

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Timothy F Nicholson
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Ocean Harbour Cir
 City Ocean Ridge State FL Zip Code 33435-6207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lyric Health Care Occupation President/ CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2012
Transaction ID : C1656950
 Amount of Each Receipt this Period
 1250.00

B. Mark Parkinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8930 Harvest Square Ct
 City Potomac State MD Zip Code 20854-4475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2012
Transaction ID : C1668454
 Amount of Each Receipt this Period
 1200.00
 * Payroll Deduction: \$600.00 Bi-weekly

C. Michelle M. Peeper
 Full Name (Last, First, Middle Initial)
 Mailing Address 14359 Irene Street
 City Southgate State MI Zip Code 48195-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medilodge of Southfield Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2012
Transaction ID : C1672788
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 76
	<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. Lynne Peters
Full Name (Last, First, Middle Initial)

Mailing Address 470 Timberlea Drive

City Rochester Hills State MI Zip Code 48309

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

Name of Employer MediLodge of Rochester Hills Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2012
Transaction ID : C1672784

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5281 Ventura Dr

City Fremont State NE Zip Code 68025-9779

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

Name of Employer Nye Senior Living Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : C1656931

Amount of Each Receipt this Period
 550.00

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

Mailing Address 4190 Highland Road

City Highland State MI Zip Code 48357

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

Name of Employer Medilodge of Howell Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2012
Transaction ID : C1672793

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 76
(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. Barbara L. Post
 Full Name (Last, First, Middle Initial)
 Mailing Address 21112 Fleetwood Avenue
 City Harper Woods State MI Zip Code 48225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medilodge of Plymouth Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012
Transaction ID : C1672795
 Amount of Each Receipt this Period
 250.00

B. Gail Rader
 Full Name (Last, First, Middle Initial)
 Mailing Address 1503 South Main Street
 City Phillipsburg State NJ Zip Code 08865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Care Perspectives Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012
Transaction ID : C1668437
 Amount of Each Receipt this Period
 2500.00

C. Sally Rapp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3308 Ocean Bld # 280
 City Corona Del Mar State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SR Management Svcs. Inc. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012
Transaction ID : C1657561
 Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 76
<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. Amber Richards
Full Name (Last, First, Middle Initial)
Mailing Address 11844 Francesca Court
City Romeo State MI Zip Code 48065
FEC ID number of contributing federal political committee. **C**
Name of Employer Medlilodge of Southfield Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2012
Transaction ID : C1672783
Amount of Each Receipt this Period 250.00

B. Clinton Robertson
Full Name (Last, First, Middle Initial)
Mailing Address 450 S 400 E Ste 200
City Bountiful State UT Zip Code 84010-5094
FEC ID number of contributing federal political committee. **C**
Name of Employer 24-7 Care and Rehab, Inc. Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 04 / 2012
Transaction ID : C1768901
Amount of Each Receipt this Period 3860.00
See Refund 5/16/2012

C. Gwynn Rucker
Full Name (Last, First, Middle Initial)
Mailing Address 15106 59th Place NE
City Kenmore State WA Zip Code 98028
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Occupation Director of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2012
Transaction ID : C1668441
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4610.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 76
	<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. Leonard Russ
Full Name (Last, First, Middle Initial)

Mailing Address 8 Windrush Ln

City Westport State CT Zip Code 06880-2301

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

Name of Employer Bayberry Nursing Home Occupation Owner/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663818

Amount of Each Receipt this Period
1250.00

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

Mailing Address 1718 Santa Fe Trail

City Hartland State MI Zip Code 48353

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

Name of Employer Medilodge of Howell Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1672781

Amount of Each Receipt this Period
250.00

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

Mailing Address 1324 South Kenmore Circle

City Arlington State VA Zip Code 22204

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

Name of Employer American Health Care Association Occupation Senior Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668459

Amount of Each Receipt this Period
153.88

* Payroll Deduction: \$76.94 Biweekly

SUBTOTAL of Receipts This Page (optional)..... **1653.88**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 20 St. Mark's Bay

City State Zip Code
Faribault MN 55021

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

Name of Employer Occupation
Tealwood Care Centers Healthcare Mangement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1656928

Amount of Each Receipt this Period
2500.00

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

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 Occupation
American Health Care Association COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.23

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668461

Amount of Each Receipt this Period
76.94

* Payroll Deduction: \$38.47 Biweekly

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

Mailing Address 2405 I St NW

City State Zip Code
Washington DC 20037-2206

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

Name of Employer Occupation
American Health Care Association Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668462

Amount of Each Receipt this Period
76.96

* Payroll Deduction: \$38.48 Biweekly

SUBTOTAL of Receipts This Page (optional).....▶	2653.90
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 25 OF 76
	<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. Janet Snipes
Full Name (Last, First, Middle Initial)

Mailing Address 6000 E Iliff Avenue

City Denver State CO Zip Code 80222-5721

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

Name of Employer Holly Heights Nursing Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2012

Transaction ID : C1664277

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 600 East Whaley

City Longview State TX Zip Code 75601-6525

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

Name of Employer Stebbins Five Companies Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : C1667390

Amount of Each Receipt this Period
 1666.00

c. Philip Sweeney
Full Name (Last, First, Middle Initial)

Mailing Address 20 David Blvd

City New Orleans State LA Zip Code 70121

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

Name of Employer Nexion Health, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2012

Transaction ID : C1666741

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3166.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 76
<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. Harvey Tettlebaum
 Full Name (Last, First, Middle Initial)
 Mailing Address 56295 Little Moniteau Road
 City State Zip Code
 California MO 65018-3069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Husch & Eppenberger, LLC Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : C1657214
 Amount of Each Receipt this Period
 165.75

B. Nicholas Thisse
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Access Rd
 City State Zip Code
 Norwood MA 02062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rehab Associates Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : C1670016
 Amount of Each Receipt this Period
 1200.00

C. Nicholas Thisse
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Access Rd
 City State Zip Code
 Norwood MA 02062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rehab Associates Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : C1770183
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	3365.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 76
	<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. Lisa Toti
Full Name (Last, First, Middle Initial)

Mailing Address 2140 River Oaks Drive

City Salem State VA Zip Code 24153

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

Name of Employer American HealthCare, LLC Occupation Chief Administrative Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : C1664450

Amount of Each Receipt this Period
200.00

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

Mailing Address 817 W Center St

City Sherman State TX Zip Code 75092-7205

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

Name of Employer Nexion Health, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1669389

Amount of Each Receipt this Period
500.00

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

Mailing Address 413 Browning Dr

City Howell State MI Zip Code 48843-2000

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

Name of Employer Medilodge of Monroe Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1672792

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Peter Van Runkle

Mailing Address 55 Green Meadows Drive South

City	State	Zip Code
Lewis Center	OH	43035

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

Name of Employer	Occupation
Ohio Health Care Association	Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	15	/	2012

Transaction ID : C1663598

Amount of Each Receipt this Period

250.00

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

Mailing Address 5155 North High Street

City	State	Zip Code
Columbus	OH	43214

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

Name of Employer	Occupation
Wesley Glen	Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.50**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	16	/	2012

Transaction ID : C1666051

Amount of Each Receipt this Period

137.00

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

Mailing Address 1975 Drummond Pond Road

City	State	Zip Code
Alpharetta	GA	30004

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

Name of Employer	Occupation
Formation Capital	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	25	/	2012

Transaction ID : C1672116

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional).....▶	5387.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. QL Allison Care Center LLC		Date of Receipt MM / DD / YYYY 05 / 03 / 2012 Transaction ID : C1655038
Mailing Address 1660 Allison Street		Amount of Each Receipt this Period 500.00
City Lakewood	State CO	Zip Code 80214
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial) B. Jay Moskowitz		Date of Receipt MM / DD / YYYY 05 / 03 / 2012 Transaction ID : C1768865
Mailing Address 3885 Upham St Ste 55		Amount of Each Receipt this Period 250.00
City Wheat Ridge	State CO	Zip Code 80033-4654
FEC ID number of contributing federal political committee. C	Name of Employer Quality Life Management	Occupation CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2166.67	
		[MEMO ITEM] *

Full Name (Last, First, Middle Initial) C. Steve Silva		Date of Receipt MM / DD / YYYY 05 / 03 / 2012 Transaction ID : C1768866
Mailing Address 2932 Fenton St		Amount of Each Receipt this Period 250.00
City Wheat Ridge	State CO	Zip Code 80214-8116
FEC ID number of contributing federal political committee. C	Name of Employer Quality Health Care	Occupation CFO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2166.66	
		[MEMO ITEM] *

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 76
(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. QL Rocky Mountain LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 Downing Street
 City State Zip Code
 Denver CO 80205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : C1655039
 Amount of Each Receipt this Period
 500.00
 PARTNERSHIP--partners below if itemized

B. Jay Moskowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3885 Upham St
 Ste 55
 City State Zip Code
 Wheat Ridge CO 80033-4654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Quality Life Management CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2166.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : C1768867
 Amount of Each Receipt this Period
 250.00
 [MEMO ITEM]
 *

C. Steve Silva
 Full Name (Last, First, Middle Initial)
 Mailing Address 2932 Fenton St
 City State Zip Code
 Wheat Ridge CO 80214-8116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Quality Health Care CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2166.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : C1768868
 Amount of Each Receipt this Period
 250.00
 [MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 76
	<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. QL Uptown Health Care Center LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 745 East 18th Avenue
 City Denver State CO Zip Code 80203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 03 / 2012
Transaction ID : C1655040
 Amount of Each Receipt this Period 500.00
 PARTNERSHIP--partners below if itemized

B. Jay Moskowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3885 Upham St Ste 55
 City Wheat Ridge State CO Zip Code 80033-4654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Quality Life Management CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2166.67

Date of Receipt 05 / 03 / 2012
Transaction ID : C1768863
 Amount of Each Receipt this Period 250.00
[MEMO ITEM]
 *

C. Steve Silva
 Full Name (Last, First, Middle Initial)
 Mailing Address 2932 Fenton St
 City Wheat Ridge State CO Zip Code 80214-8116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Quality Health Care CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2166.66

Date of Receipt 05 / 03 / 2012
Transaction ID : C1768864
 Amount of Each Receipt this Period 250.00
[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 76
<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. QP Health Services, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 12136 West Bayaud Ave
 Suite 200
 City Lakewood State CO Zip Code 80228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : C1655041
 Amount of Each Receipt this Period
 3500.00
 PARTNERSHIP--partners below if itemized

B. John Bremmies
 Full Name (Last, First, Middle Initial)
 Mailing Address 12136 West Bayaud Ave
 Suite 200
 City Lakewood State CO Zip Code 80228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 QP Health Services, LLC Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1166.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : C1768859
 Amount of Each Receipt this Period
 1166.67
[MEMO ITEM]
 *

C. Jay Moskowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3885 Upham St
 Ste 55
 City Wheat Ridge State CO Zip Code 80033-4654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Quality Life Management CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2166.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : C1768857
 Amount of Each Receipt this Period
 1166.67
[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Steve Silva

Mailing Address 2932 Fenton St

City Wheat Ridge State CO Zip Code 80214-8116

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

Name of Employer Quality Health Care Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2166.66

Date of Receipt
05 / 03 / 2012
Transaction ID : C1768858

Amount of Each Receipt this Period
1166.66

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. QL Harmony Pointe Nursing Center LLC

Mailing Address 1655 Yarrow Street

City Lakewood State CO Zip Code 80214

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 03 / 2012
Transaction ID : C1655042

Amount of Each Receipt this Period
500.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 3885 Upham St Ste 55

City Wheat Ridge State CO Zip Code 80033-4654

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

Name of Employer Quality Life Management Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2166.67

Date of Receipt
05 / 03 / 2012
Transaction ID : C1768860

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 76
<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. Steve Silva
Full Name (Last, First, Middle Initial)

Mailing Address 2932 Fenton St

City Wheat Ridge State CO Zip Code 80214-8116

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

Name of Employer Quality Health Care Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2166.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012

Transaction ID : **C1768861**

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
*

B. Weisman Associates LLC
Full Name (Last, First, Middle Initial)

Mailing Address 5310 NW 33rd Ave Ste 211

City Fort Lauderdale State FL Zip Code 33309-6319

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012

Transaction ID : **C1663656**

Amount of Each Receipt this Period
 1250.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 12371 County Road 391

City Holts Summit State MO Zip Code 65043-1608

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

Name of Employer Weisman Associates LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012

Transaction ID : **C1663659**

Amount of Each Receipt this Period
 337.50

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 76
	<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. Arthur Krosnick
 Full Name (Last, First, Middle Initial)
 Mailing Address 12371 County Road 391
 City Holts Summit State MO Zip Code 65043-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Weisman Associates LLC Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : C1663663
 Amount of Each Receipt this Period
 337.50
[MEMO ITEM]
 *

B. Howard Lipshutz
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 NW 35th Ave Ste 211
 City Fort Lauderdale State FL Zip Code 33309-6314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NuVision Management Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : C1663658
 Amount of Each Receipt this Period
 337.50
[MEMO ITEM]
 *

C. Howard Lipshutz
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 NW 35th Ave Ste 211
 City Fort Lauderdale State FL Zip Code 33309-6314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NuVision Management Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : C1663662
 Amount of Each Receipt this Period
 337.50
[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 36 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Barton D. Weisman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 NW 33rd Ave
 Ste 211
 City Ft Lauderdale State FL Zip Code 33309-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Health Systems Occupation Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1897.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : C1663657
 Amount of Each Receipt this Period
 587.50
[MEMO ITEM]
 *

B. Barton D. Weisman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 NW 33rd Ave
 Ste 211
 City Ft Lauderdale State FL Zip Code 33309-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Health Systems Occupation Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1897.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : C1663661
 Amount of Each Receipt this Period
 587.50
[MEMO ITEM]
 *

C. Weisman Associates LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 NW 33rd Ave
 Ste 211
 City Fort Lauderdale State FL Zip Code 33309-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : C1663660
 Amount of Each Receipt this Period
 1250.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 37 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Tradewater Pointe, LLC
 Mailing Address 95 YMCA Dr
 City State Zip Code
 Madisonville KY 42431-9005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2012
Transaction ID : C1663892
 Amount of Each Receipt this Period
 2500.00
 PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. David Lowry
 Mailing Address 2309 N Stratford Dr
 City State Zip Code
 Owensboro KY 42301-3425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tradewater Pointe, LLC Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2012
Transaction ID : C1663893
 Amount of Each Receipt this Period
 2500.00
[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
c. Chelsea Place Care Center, LLC
 Mailing Address 341 Bidwell St
 City State Zip Code
 Manchester CT 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2012
Transaction ID : C1666743
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

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 38 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Self Employed Occupation Nursing Home Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012

Transaction ID : **C1666735**

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 *

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	61667.91

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

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

FOR LINE NUMBER: PAGE 39 OF 76
(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. American Health Care Association
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 L St. NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 9790.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 02 / 2012
Transaction ID : C1768812
 Amount of Each Receipt this Period
 1403.13
 Refund of Bank Fees

B. American Health Care Association
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 L St. NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 9790.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 02 / 2012
Transaction ID : C1768813
 Amount of Each Receipt this Period
 265.50
 Refund of Bank Fees

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1668.63
TOTAL This Period (last page this line number only).....▶	1668.63

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : D133911

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2012

Transaction ID : D133912

Amount of Each Disbursement this Period

141.92

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2012

Transaction ID : D133913

Amount of Each Disbursement this Period

44.00

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

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

265.92

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2012

Transaction ID : D133914

Amount of Each Disbursement this Period

47.20

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : D133915

Amount of Each Disbursement this Period

2.40

Full Name (Last, First, Middle Initial)

C. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2012

Transaction ID : D133916

Amount of Each Disbursement this Period

49.40

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

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

99.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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

Full Name (Last, First, Middle Initial)

A. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D133917

Amount of Each Disbursement this Period

5	6	6	.	4	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D133918

Amount of Each Disbursement this Period

5	8	.	5	3
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D133910

Amount of Each Disbursement this Period

3	0	8	.	7	3
---	---	---	---	---	---

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

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

9	3	3	.	7	3
---	---	---	---	---	---

1	2	9	.	6	5
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANGUS KING FOR US SENATE CAMPAIGN

Mailing Address PO BOX 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement Contribution

Candidate Name
Angus King

Office Sought: House Senate President
State: ME District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2012

Transaction ID : D128743

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BLUE HEN PAC

Mailing Address PO BOX 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2012

Transaction ID : D129156

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BLUE HEN PAC

Mailing Address PO BOX 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement Void of 3/30/12 Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2012

Transaction ID : D133921

Amount of Each Disbursement this Period

-5000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVE., SE
BASEMENT UNIT

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : D128100

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVE., SE
BASEMENT UNIT

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : D128101

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Elect Clark Hall

Mailing Address PO Box 276

City Marvell State AR Zip Code 72366

Purpose of Disbursement
Contribution

Candidate Name

Clark Hall

Office Sought: House Senate President
State: AR District: 01

Disbursement For: 2012 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : D128104

Amount of Each Disbursement this Period

500.00

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

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

10500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Elect Clark Hall

Mailing Address PO Box 276

City Marvell State AR Zip Code 72366

Purpose of Disbursement
Contribution

Candidate Name

Clark Hall

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AR District: 01

Date of Disbursement

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

Transaction ID : D128105

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. DAVE CROOKS FOR CONGRESS

Mailing Address 324 EAST MAIN STREET

City Washington State IN Zip Code 47501

Purpose of Disbursement
Contribution

Candidate Name

David Crooks

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

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

Transaction ID : D128871

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. DENNY HECK FOR CONGRESS

Mailing Address PO BOX 235

City OLYMPIA State WA Zip Code 98507-0235

Purpose of Disbursement
Contribution

Candidate Name

Denny Heck

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

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

Transaction ID : D128866

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0

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

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

1	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City State Zip Code
Palm Beach Gardens FL 33418

Purpose of Disbursement
Contribution

Candidate Name

Patrick Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2012

Transaction ID : D128873

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. GEORGE ALLEN FOR US SENATE

Mailing Address 2819 NORTH PARHAM ROAD
SUITE 210

City State Zip Code
Richmond VA 23294

Purpose of Disbursement
Contribution

Candidate Name

George Allen

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	30	/	2012

Transaction ID : D129176

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HEATHER WILSON FOR SENATE

Mailing Address PO Box 14070

City State Zip Code
Albuquerque NM 87191-4070

Purpose of Disbursement
Contribution

Candidate Name

Heather Wilson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	16	/	2012

Transaction ID : D128739

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. HORSFORD FOR CONGRESS

Mailing Address 6100 ELTON AVE SUITE 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement
Contribution

Candidate Name

STEVEN ALEXZANDER HORSFORD

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

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

Transaction ID : D128874

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CASTRO FOR CONGRESS

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292-0544

Purpose of Disbursement
Contribution

Candidate Name

Joaquin Castro

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

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

Transaction ID : D128106

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CASTRO FOR CONGRESS

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292-0544

Purpose of Disbursement
Contribution

Candidate Name

Joaquin Castro

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

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

Transaction ID : D128107

Amount of Each Disbursement this Period

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

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

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

1	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. JOE KENNEDY FOR CONGRESS

Mailing Address PO BOX 590464

City State Zip Code
Newton Center MA 02459

Purpose of Disbursement
Contribution

Candidate Name

Joe Kennedy

Office Sought: House
 Senate
 President
State: MA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D128872

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. NEW PAC

Mailing Address P.O. BOX 7480

City State Zip Code
VISALIA CA 93290

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D129157

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. PAM GULLESON FOR NORTH DAKOTA

Mailing Address PO BOX 6517

City State Zip Code
Fargo ND 58109

Purpose of Disbursement
Contribution

Candidate Name

Pam Gulleson

Office Sought: House
 Senate
 President
State: ND District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D129159

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

7	5	0	0	0	0	0	0	0	0
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2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PRIORITY PAC

Mailing Address 12 Blue Ridge Circle

City Little Rock State AR Zip Code 72207

Purpose of Disbursement
Contribution

Candidate Name
Mark Pryor

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D128738

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ANDY HARRIS FOR CONGRESS

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Contribution

Candidate Name
Rep. Andy Harris

Office Sought: House Senate President
State: MD District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D127979

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ANN MARIE BUERKLE FOR CONGRESS

Mailing Address 3779 Underwood Way

City Syracuse State NY Zip Code 13215

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ann Marie Buerkle

Office Sought: House Senate President
State: NY District: 25

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D128887

Amount of Each Disbursement this Period

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

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

Full Name (Last, First, Middle Initial)

A. BILL JOHNSON FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2012

Mailing Address P.O. BOX 14496

Transaction ID : D128888

City POLAND State OH Zip Code 44514

Amount of Each Disbursement this Period

5,000.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Rep. Bill Johnson

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. BILL OWENS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2012

Mailing Address PO Box 1575

Transaction ID : D128864

City Plattsburgh State NY Zip Code 12901

Amount of Each Disbursement this Period

1,500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Rep. Bill Owens

Office Sought: House
 Senate
 President
State: NY District: 21

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. BILL OWENS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2012

Mailing Address PO Box 1575

Transaction ID : D128865

City Plattsburgh State NY Zip Code 12901

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Rep. Bill Owens

Office Sought: House
 Senate
 President
State: NY District: 21

Disbursement For: 2012
 Primary General
 Other (specify) ▼

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. GIBBS FOR CONGRESS

Mailing Address 13871 TR 473

City LAKEVILLE State OH Zip Code 44638

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bob Gibbs

Office Sought: House
 Senate
 President
State: OH District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : D128889

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BRIAN BILBRAY FOR CONGRESS

Mailing Address 991C Lomas Santa Fe Drive

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brian P. Bilbray

Office Sought: House
 Senate
 President
State: CA District: 52

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : D128877

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BASS VICTORY COMMITTEE

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement
Contribution

Candidate Name

Rep. Charles Bass

Office Sought: House
 Senate
 President
State: NH District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : D128885

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CHRIS GIBSON FOR CONGRESS

Mailing Address PO Box 247

City: Kinderhook State: NY Zip Code: 12106

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chris Gibson

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : D128881

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COLLEEN FOR CONGRESS

Mailing Address C/O 1357 KAPIOLANI BLVD

City: HONOLULU State: HI Zip Code: 96814

Purpose of Disbursement
Contribution

Candidate Name
Rep. Colleen Hanabusa

Office Sought: House
 Senate
 President
State: HI District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : D128018

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LUNGREN FOR CONGRESS

Mailing Address 9321 Silverbend Lane

City: Elk Grove State: CA Zip Code: 95624

Purpose of Disbursement
Contribution

Candidate Name
Rep. Dan Lungren

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : D128875

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LOEBSACK FOR CONGRESS

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dave Loeb sack

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2012

Transaction ID : D128858

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LOEBSACK FOR CONGRESS

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dave Loeb sack

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2012

Transaction ID : D128859

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution

Candidate Name

Rep. Earl Blumenauer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2012

Transaction ID : D128669

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PERLMUTTER FOR CONGRESS

Mailing Address 3440 Youngfield Street

City State Zip Code
Wheat Ridge CO 80033

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ed Perlmutter

Office Sought: House
 Senate
 President
State: CO District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2012

Transaction ID : D128895

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF FRANK GUINTA

Mailing Address P.O. Box 877

City State Zip Code
Manchester NH 03105

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frank Guinta

Office Sought: House
 Senate
 President
State: NH District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2012

Transaction ID : D128884

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GARY MILLER FOR CONGRESS

Mailing Address 721 S. BREA CANYON ROAD, SUITE 7

City State Zip Code
DIAMOND BAR CA 91789

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gary G. Miller

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2012

Transaction ID : D128879

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CONGRESSMAN GEORGE MILLER

Mailing Address P.O. Box 5864

City State Zip Code
Concord CA 94524

Purpose of Disbursement
Contribution

Candidate Name
Rep. George Miller

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	2

Transaction ID : **D128759**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. FRIENDS OF CONGRESSMAN GEORGE MILLER

Mailing Address P.O. Box 5864

City State Zip Code
Concord CA 94524

Purpose of Disbursement
Contribution

Candidate Name
Rep. George Miller

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	2

Transaction ID : **D128760**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 WASHINGTON STREET

City State Zip Code
LAREDO TX 78042

Purpose of Disbursement
Contribution

Candidate Name
Rep. Henry Cuellar

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	2

Transaction ID : **D128670**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

6	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR #150

City State Zip Code
SACRAMENTO CA 95833

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jeff Denham

Office Sought: House
 Senate
 President
State: CA District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : D128876

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JEFF DUNCAN FOR CONGRESS

Mailing Address PO BOX 845

City State Zip Code
LAURENS SC 29360

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jeff Duncan

Office Sought: House
 Senate
 President
State: SC District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2012

Transaction ID : D128742

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City State Zip Code
Las Vegas NV 89136

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe Heck

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : D128880

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LARSON FOR CONGRESS

Mailing Address 330 Main Street

City Hartford State CT Zip Code 06106

Purpose of Disbursement
Contribution

Candidate Name

Rep. John B. Larson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	2

Transaction ID : D127977

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. JON RUNYAN FOR CONGRESS, INC

Mailing Address PO BOX 225

City COLNIA State NJ Zip Code 07067-0225

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jon Runyan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

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

Transaction ID : D128893

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. CROWLEY FOR CONGRESS

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph Crowley

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

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

Transaction ID : D129158

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. KATHY HOCHUL FOR CONGRESS

Mailing Address PO BOX 64

City: BUFFALO State: NY Zip Code: 14231

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathy Hochul

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2012

Transaction ID : D128862

Amount of Each Disbursement this Period

2005.00

Full Name (Last, First, Middle Initial)

B. KATHY HOCHUL FOR CONGRESS

Mailing Address PO BOX 64

City: BUFFALO State: NY Zip Code: 14231

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathy Hochul

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2012

Transaction ID : D128863

Amount of Each Disbursement this Period

2995.00

Full Name (Last, First, Middle Initial)

C. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City: Oregon City State: OR Zip Code: 97045

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kurt Schrader

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2012

Transaction ID : D128102

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kurt Schrader

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : D128103

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2012

Transaction ID : D128857

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. LOU BARLETTA FOR CONGRESS

Mailing Address P.O. BOX 128

City Hazleton State PA Zip Code 18201

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lou Barletta

Office Sought: House
 Senate
 President
State: PA District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : D128878

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

Full Name (Last, First, Middle Initial)

A. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lynn Jenkins

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	2

Transaction ID : D127976

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D128856

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MARY BONO MACK COMMITTEE

Mailing Address PO Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mary Bono Mack

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	2

Transaction ID : D127978

Amount of Each Disbursement this Period

1	5	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FITZPATRICK FOR CONGRESS

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael G. Fitzpatrick

Office Sought: House
 Senate
 President
State: PA District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : D128891

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COFFMAN FOR CONGRESS

Mailing Address 9249 South Broadway

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike Coffman

Office Sought: House
 Senate
 President
State: CO District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : D128882

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF NAN HAYWORTH

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement
Contribution

Candidate Name

Rep. Nan Hayworth

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : D128886

Amount of Each Disbursement this Period

2500.00

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

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

11500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PAT MEEHAN FOR CONGRESS

Mailing Address 50 S. Providence Road

City State Zip Code
Media PA 19063

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick Meehan

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : D128890

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCOTT DESJARLAIS

Mailing Address P O BOX 90133

City State Zip Code
NASHVILLE TN 37209

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott DesJarlais

Office Sought: House
 Senate
 President
State: TN District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : D128740

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SCOTT RIGELL FOR CONGRESS

Mailing Address 915 FIRST COLONIAL ROAD

City State Zip Code
VIRGINIA BEACH VA 23454

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott Rigell

Office Sought: House
 Senate
 President
State: VA District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : D128894

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. VOTETIPTON.COM

Mailing Address PO BOX 1582

City State Zip Code
CORTEZ CO 81321

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott Tipton

Office Sought: House
 Senate
 President
State: CO District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2012

Transaction ID : D128174

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DUFFY FOR CONGRESS

Mailing Address PO Box 538

City State Zip Code
Wausau WI 54402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sean P. Duffy

Office Sought: House
 Senate
 President
State: WI District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : D128892

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City State Zip Code
Charleston WV 25339

Purpose of Disbursement
Contribution

Candidate Name

Rep. Shelley Moore Capito

Office Sought: House
 Senate
 President
State: WV District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : D128017

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BONAMICI FOR CONGRESS

Mailing Address 2236 SE 10TH AVE

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement
Contribution

Candidate Name
Rep. Suzanne Bonamici

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2012

Transaction ID : D128108

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TIM WALZ FOR US CONGRESS

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tim Walz

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2012

Transaction ID : D128860

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. TIM WALZ FOR US CONGRESS

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tim Walz

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2012

Transaction ID : D128861

Amount of Each Disbursement this Period

5000.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Contribution

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

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

Transaction ID : D128868

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Contribution

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

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

Transaction ID : D128869

Amount of Each Disbursement this Period

3	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
Contribution

Candidate Name

Sen. Charles E. Schumer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	2

Transaction ID : D128671

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Mr. Brendan Aarons

Mailing Address Medline Industries
One Medline Place

City Mundelein State IL Zip Code 60060

Purpose of Disbursement
Refund of 5/4/2012 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	2

Transaction ID : D133980

Amount of Each Disbursement this Period

7	2	.	9	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Stacie Aman

Mailing Address 5124 27th Rd N

City Arlington State VA Zip Code 22207-1723

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	2

Transaction ID : D133832

Amount of Each Disbursement this Period

7	6	.	9	4
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Ms. Lyn C. Bentley

Mailing Address 2212 Hidden Valley Ln

City Silver Spring State MD Zip Code 20904-5240

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	2

Transaction ID : D133833

Amount of Each Disbursement this Period

4	0	.	0	0
---	---	---	---	---

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

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

1	8	.	9	8	6
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Mike Edwards

Mailing Address 2905 E Side Dr

City Alexandria State VA Zip Code 22306-1714

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	03	/	2012

Transaction ID : D133834

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Joanne Erickson

Mailing Address 911 S Randolph St

City Arlington State VA Zip Code 22204-1564

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	03	/	2012

Transaction ID : D133835

Amount of Each Disbursement this Period

76.94

Full Name (Last, First, Middle Initial)

C. Cara Gavagan

Mailing Address 2500 Clarendon Blvd
Apt 518

City Arlington State VA Zip Code 22203

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	03	/	2012

Transaction ID : D133836

Amount of Each Disbursement this Period

19.24

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

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

106.18

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Jennifer Knorr Hahs

Mailing Address 900 N Randolph St
Apt 1927

City Arlington State VA Zip Code 22203-4082

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D133837

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. David Kylo

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D133838

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. Luiz Lee

Mailing Address 7105 Tanworth Drive

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D133839

Amount of Each Disbursement this Period

Category/
Type

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

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

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

Full Name (Last, First, Middle Initial)

A. Beth Martino

Mailing Address 8559 Window Latch Way

City Columbia State MD Zip Code 21045

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2012

Transaction ID : D133840

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Kate McCullough

Mailing Address 9217 Kingsbury Drive

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2012

Transaction ID : D133841

Amount of Each Disbursement this Period

11.37

Full Name (Last, First, Middle Initial)

C. Mr. Richard Miller

Mailing Address 3201 Vista Verde Ln SW

City Tumwater State WA Zip Code 98512-1444

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2012

Transaction ID : D133978

Amount of Each Disbursement this Period

250.00

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

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

301.37

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

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

Full Name (Last, First, Middle Initial)

A. Mr. Timothy F Nicholson

Mailing Address 15 Ocean Harbour Cir

City State Zip Code
Ocean Ridge FL 33435-6207

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : D133979

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Mrs. Julie Painter

Mailing Address 5023 Waple Ln

City State Zip Code
Alexandria VA 22304-7727

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : D133842

Amount of Each Disbursement this Period

23.08

Full Name (Last, First, Middle Initial)

C. Mark Parkinson

Mailing Address 8930 Harvest Square Ct

City State Zip Code
Potomac MD 20854-4475

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : D133843

Amount of Each Disbursement this Period

1000.00

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

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

2273.08

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

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

Full Name (Last, First, Middle Initial)

A. Chris Parks

Mailing Address 1532 Falston Lane

City State Zip Code
Crofton MD 21114

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : D133844

Amount of Each Disbursement this Period

19.24

Full Name (Last, First, Middle Initial)

B. Mr. Karl Polzer

Mailing Address 2619 Sigmara Street

City State Zip Code
Falls Church VA 22046

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : D133845

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

C. Ms. Sharon Purvis

Mailing Address 7805 Sycamore Drive

City State Zip Code
Falls Church VA 22042

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : D133846

Amount of Each Disbursement this Period

23.81

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

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

55.05

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

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

Full Name (Last, First, Middle Initial)

A. Clinton Robertson

Mailing Address 450 S 400 E
Ste 200

City Bountiful State UT Zip Code 84010-5094

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D133929

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. Rashunda Rowell

Mailing Address 10700 Jacksonhole Place

City White Plains State MD Zip Code 20695

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D133847

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City Arlington State VA Zip Code 22204

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D133848

Amount of Each Disbursement this Period

Category/
Type

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

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

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

Full Name (Last, First, Middle Initial)

A. Christy Sharp

Mailing Address 1644 Mount Eagle Pl

City Alexandria State VA Zip Code 22302-2121

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D133849

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City Fairfax State VA Zip Code 22031-4720

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D133850

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Matthew D. Smyth

Mailing Address 2405 I St NW

City Washington State DC Zip Code 20037-2206

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D133851

Amount of Each Disbursement this Period

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

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

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

Full Name (Last, First, Middle Initial)

A. Ms. Melissa Temkin

Mailing Address 610 Ridgemont Ave

City State Zip Code
Rockville MD 20850-6059

Purpose of Disbursement
Partial Refund of 4/27/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	3		2	0	1	2		

Transaction ID : D133852

Amount of Each Disbursement this Period

1	3	.	8	6
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

1	3	.	8	6
---	---	---	---	---

7	5	5	3	.	1	4
---	---	---	---	---	---	---

**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 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)

A. James E. Clyburn Research and Scholarship Foundation

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Mailing Address 499 South Capitol Street SW, Suite

Transaction ID : D128854

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

5,000.00

Purpose of Disbursement
Donation

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

5000.00

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

5000.00
