

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2005 through 06 30 2005

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

Type or Print Name of Treasurer Anna Lee -Assistant Treas

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		168941.11
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	253171.92									
(c) Total Receipts (from Line 19) .....	51675.50	408288.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	304847.42	577229.54								
7. Total Disbursements (from Line 31) .....	113438.94	385821.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	191408.48	191408.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	45995.03	372826.48
(i) Itemized (use Schedule A) .....	4180.47	34211.95
(ii) Unitemized .....	50175.50	407038.43
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	50175.50	407038.43
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	-250.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	51675.50	408288.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	51675.50	408288.43

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	438.94	4123.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	438.94	4123.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	113000.00	379350.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	1250.00
29. Other Disbursements.....	0.00	1098.03
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	113438.94	385821.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	113438.94	385821.06

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	50175.50	407038.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50175.50	405788.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	438.94	4123.03
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	-250.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	438.94	4373.03

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 50	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Gordon Smith for US Senate

Mailing Address 5285 SW Meadows Road No. 181

City State Zip Code  
Lake Oswego OR 97035

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

Name of Employer Occupation

Receipt For: 1996  
 Primary  General  
 Other (specify) ▼  
 '96 GENERAL CONGR-ESS

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	5

Transaction ID: 22193453

Amount of Each Receipt this Period  
1500.00

Fund for 1996 General Debt Retirement

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael Shepard		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5	
Mailing Address 6810 S. Hazel		Transaction ID: 22197650	
City State Zip Code PineBluff AR	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Daois Life Care	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Dion Sena		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5	
Mailing Address 1301 NE 104th Street		Transaction ID: 22197662	
City State Zip Code Miami Shores FL 33138-2661	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alachua Health Consultants Inc.	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Jim Birchem		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5	
Mailing Address 211 1 st Street SE		Transaction ID: 22198269	
City State Zip Code Little Falls MN 56345-3064	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Eldercare of Minneata	Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr Mark A. Piersma</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5	
Mailing Address 3075 Orchard Vista Drive SE		<b>Transaction ID: 22212382</b>	
City State Zip Code Grand Rapids MI 49546-7069	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Metron Integrated Health Systems	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr Marvin L. Piersma</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5	
Mailing Address 3075 Orchard Vista Drive SE		<b>Transaction ID: 22212384</b>	
City State Zip Code Grand Rapids MI 49546-7069	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Metron Integrated Health Systems	Occupation Chairman		
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) <b>C. Mr Jack Markovitz</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 5	
Mailing Address P.O. Box 605		<b>Transaction ID: 22231449</b>	
City State Zip Code Sunset Beach CA 90742-0605	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer JK Health Care Mgmt. Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. John Derr

Mailing Address 2001 Piper Circle

City State Zip Code  
Anacortes WA 98221-3125

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

Name of Employer Occupation  
JD 7 Associates Enterprises Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2005

Transaction ID: 22232751

Amount of Each Receipt this Period  
84.25

**B.** Full Name (Last, First, Middle Initial)  
Ms Penny Prue

Mailing Address 1201 L Street, NW  
PAYROLL DEDUCTION

City State Zip Code  
Washington DC 20005-4024

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

Name of Employer Occupation  
AHCA Vice President, Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2005

Transaction ID: 22232754

Amount of Each Receipt this Period  
38.47

**C.** Full Name (Last, First, Middle Initial)  
Mr. James B. Smith

Mailing Address 1201 L St. NW  
PAYROLL DEDUCTION

City State Zip Code  
Washington DC 20005-4024

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

Name of Employer Occupation  
American Health Care Association Sr. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2005

Transaction ID: 22232799

Amount of Each Receipt this Period  
192.31

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>315.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4621 28th Road South  
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206-1143

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 13 / 2005

Transaction ID: 22233162

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Moore

Mailing Address 2749 E. Covenanter Dr.

City Bloomington State IN Zip Code 47401-5454

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

Name of Employer CarDon & Associates Occupation Director of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 10 / 2005

Transaction ID: 22239692

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Gail Clarkson

Mailing Address 1387 Club Drive

City Bloomfield Hills State MI Zip Code 48302-0823

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

Name of Employer The Medilodge Group Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
06 / 13 / 2005

Transaction ID: 22254881

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 775.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard Lyons

Mailing Address 600 University Blvd Suite L

City State Zip Code  
Harrisonburg VA 22801-8438

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

Name of Employer Sunnyside Retirement Comm. Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2005

**Transaction ID:** 22261888

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Sandy Klein

Mailing Address 4315 Gaidalupe #300

City State Zip Code  
Austin TX 78751-3644

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

Name of Employer Mariner Health Care Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2005

**Transaction ID:** 22262295

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce W Weinstein

Mailing Address 562 Tepi Drive

City State Zip Code  
Southbury CT 06488-1027

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

Name of Employer Litchfield Occupation Nursing Home Adm.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2005

**Transaction ID:** 22263146

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Tom Balderston

Mailing Address 1972 Thatch Palm Drive

City State Zip Code  
Boca Raton FL 33432-7457

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

Name of Employer Occupation  
Heather Hills Care Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 20 / 2005

Transaction ID: 22305335

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Barton D. Weisman

Mailing Address 5310 NW 33rd Ave #211

City State Zip Code  
Ft Lauderdale FL 33309-6319

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

Name of Employer Occupation  
Weisman Associates President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2005

Transaction ID: 22310200

Amount of Each Receipt this Period  
2125.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew S Weisman

Mailing Address 5310 NW 33rd Avenue Suite 211

City State Zip Code  
Fort Lauderdale FL 33309-6376

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

Name of Employer Occupation  
NuVision Management Vice 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  
06 / 23 / 2005

Transaction ID: 22312407

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5375.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr Kent Stebbins

Mailing Address 1009 Clyde Street

City State Zip Code  
Amarillo TX 79106

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

Name of Employer Stebbins Five Companies Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 23 / 2005

Transaction ID: 22312418

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Darlene Daugherty

Mailing Address 2247 C.R. 341

City State Zip Code  
Marble Falls TX 78654

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

Name of Employer Gateway Villa Occupation Owner/Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
06 / 23 / 2005

Transaction ID: 22312426

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Dick Stebbins

Mailing Address 600 E Whaley

City State Zip Code  
Longview TX 75601-6525

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

Name of Employer Stebbins Five Companies Occupation Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
06 / 23 / 2005

Transaction ID: 22312436

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steve A Streetman

Mailing Address 2 ROB Roy Road

City State Zip Code  
Austin TX 78746-3120

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

Name of Employer Occupation  
Littleton Company Risk Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2005

**Transaction ID: 22312439**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Candace Read

Mailing Address 2501 Maple Avenue

City State Zip Code  
Waco TX 76707-1399

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

Name of Employer Occupation  
Quality Care of Waco Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2005

**Transaction ID: 22312442**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr John Elliot

Mailing Address 240 Captol Street 500

City State Zip Code  
Charleston WV 25301-2297

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

Name of Employer Occupation  
AMFM Inc CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2005

**Transaction ID: 22314690**

Amount of Each Receipt this Period  
1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Fonda Elliot		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 5
Mailing Address 240 Captol Street Suite 500		Transaction ID: 22314692
City State Zip Code Charleston WV 25301-2297	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation AMFM, Inc. Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Beverly Miller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 3594 E US Highway 30		Transaction ID: 22315325
City State Zip Code Warsaw IN 46580-6720	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation MMM Invest Inc. Treasurer Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kim Pernerewski		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 98 Stoddard Road		Transaction ID: 22317991
City State Zip Code Waterbury CT 06708-1846	Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Endure Care Marketing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2030.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frederick Kessler

Mailing Address PO Box 32

City Northumberland State PA Zip Code 17857-0032

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

Name of Employer Nottingham Village 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
0	6	/	2	8	/	2	0	0	5

Transaction ID: 22318438

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 57 Summer St.

City Rowley State MA Zip Code 01969-1835

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

Name of Employer Essex Group Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	5

Transaction ID: 22320938

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Steven E. Chies

Mailing Address 1995 E. Rum River Drive S.

City Cambridge State MN Zip Code 55008-2656

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

Name of Employer Benedictine Health System-Cambridge Occupation VP, Long Term Care Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	5

Transaction ID: 22320987

Amount of Each Receipt this Period  
2500.00

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr Troy Brigham

Mailing Address PO Box 23227

City State Zip Code  
Santa Fe NM 87502-3227

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

Name of Employer IHS Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2005

Transaction ID: 22320992

Amount of Each Receipt this Period  
300.00

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

Mailing Address 3594 E US Highway 30

City State Zip Code  
Warsaw IN 46580-6720

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

Name of Employer MMM Invest Inc Occupation CEO/CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2005

Transaction ID: 22332807

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 1029 S 4th St

City State Zip Code  
Springfield IL 62703-2224

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

Name of Employer Illinois Health Care Assn Occupation Director of Membership

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2005

Transaction ID: 22332808

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard Miller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 9403 Mill Brook Rd		<b>Transaction ID:</b> 22332809	
City State Zip Code Louisville KY 40223-4010	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kentucky Health Care Assn.	Occupation State Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms Dixie Taylor-Huff		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 932 Baddour Parkway		<b>Transaction ID:</b> 22332810	
City State Zip Code Lebanon TN 37087-3707	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Quality Care Health Center	Occupation Administrator/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Leona Tinkey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 803 Cherry Drive		<b>Transaction ID:</b> 22332811	
City State Zip Code Hershey PA 17033-2008	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Country Meadows	Occupation VP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Ruth Braswell</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 3674 Pacific Ave		<b>Transaction ID: 22332812</b>	
City State Zip Code Riverside CA 92509-1948		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Vista Pacifica Enterprises Comm. Relations Coordinator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) <b>B. Mr Jesse Samples</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 110 Association Drive		<b>Transaction ID: 22332814</b>	
City State Zip Code Charleston WV 25311-1217		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation West Virginia Health Care Association CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Francis P. Kirley</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 3315 Timbers Rd		<b>Transaction ID: 22332816</b>	
City State Zip Code Flower Mound TX 75028-2064		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Nexion Health, Inc. President & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr Don C. Bedell

Mailing Address 731 North Main St.  
PO Box 1210

City State Zip Code  
Sikeston MO 63801-2176

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

Name of Employer Health Facilities Mgmt Co-  
rp Occupation President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2005

**Transaction ID: 22332825**

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Don B. Bedell

Mailing Address P.O. Box 1210

City State Zip Code  
Sikeston MO 63801-1210

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

Name of Employer Health Facilities Mgmt Co. Occupation President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2005

**Transaction ID: 22332827**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Thomas Mabry

Mailing Address PO Box 7

City State Zip Code  
Gainesboro TN 38562-0007

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

Name of Employer Mabry Health Care Occupation Administrator

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2005

**Transaction ID: 22332835**

Amount of Each Receipt this Period  
500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Alfred Santos		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2005	
Mailing Address 57 Kilvert Street Suite 200		<b>Transaction ID:</b> 22332918	
City State Zip Code Warwick RI 02886-1009		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rhode Island Healthcare Assn		Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James Gomez		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2005	
Mailing Address 2201 K Street		<b>Transaction ID:</b> 22332989	
City State Zip Code Sacramento CA 95816-4922		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CA Association of Health Facilities		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Don Gormly		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2005	
Mailing Address 1685 Shaffer		<b>Transaction ID:</b> 22333084	
City State Zip Code Atwater CA 95301-4456		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Anberry Rehab Hosp		Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3750.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Darrell R. Cammack

Mailing Address 9900 Walthen Blvd

City State Zip Code  
Baltimore MD 21234-5785

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

Name of Employer Occupation  
Quail Run Assisted Living Owner, CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2005

**Transaction ID: 22333183**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank Bellinger

Mailing Address 3215 East Cheyenne Ave.

City State Zip Code  
North Las Vegas NV 89030-4215

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

Name of Employer Occupation  
North Las Vegas Care Center President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2005

**Transaction ID: 22333263**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael Shepard

Mailing Address 6810 S. Hazel

City State Zip Code  
PineBioff AR

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

Name of Employer Occupation  
Daois Life Care President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2005

**Transaction ID: 22333425**

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 50
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Charles Perry		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 2912 W. Oakley Blvd.		<b>Transaction ID:</b> 22333557
City State Zip Code Las Vegas NV 89102-2081	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nevada Health Care Assn. Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr William Biggs		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 101 Grace Street		<b>Transaction ID:</b> 22333682
City State Zip Code Easley SC 29640	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Health Managemnet Resources Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr Gerald Baker		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 11394 North Linden Road Suite F		<b>Transaction ID:</b> 22333755
City State Zip Code Clio MI 48420-8587	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Beecher Manor Inc. Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 50						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms Linda Sechovec		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2005	
Mailing Address 4411 McLeod NE Suite G		<b>Transaction ID:</b> 22347517	
City State Zip Code Albuquerque NM 87109-2227		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer New Mexico Health Care As- sn		Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms Mary Ousley		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2005	
Mailing Address 101 Bittersweet Drive		<b>Transaction ID:</b> 22347556	
City State Zip Code Richmond KY 40475-8639		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Consultant	
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) <b>C.</b> Mr William Levering		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2005	
Mailing Address 201 North Main St.		<b>Transaction ID:</b> 22347661	
City State Zip Code Mount Vernon OH 43050-2400		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Levering Management Inc.		Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr James Unverferth

Mailing Address 1100 Shawnee Road

City State Zip Code  
Lima OH 45805-3583

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

Name of Employer Occupation  
HCF, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2005

**Transaction ID: 22347671**

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Wade Peterson

Mailing Address 201 14th St., NW

City State Zip Code  
Mandan ND 58554-2063

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

Name of Employer Occupation  
MedCenter One Care Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2005

**Transaction ID: 22347794**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1325.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	45995.03

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 50

<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 Health Care Assoc PAC

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 22415808

Date of Disbursement

/  /

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) <b>A. John Spratt for Congress</b>		Transaction ID: 22182952 Date of Disbursement 06 / 01 / 2005
Mailing Address PO Box 636		Amount of Each Disbursement this Period 1000.00
City Annandale	State VA	
Zip Code 22003		
Purpose of Disbursement		
Candidate Name Mr John Spratt		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 5		

Full Name (Last, First, Middle Initial) <b>B. Ben Cardin for Congress</b>		Transaction ID: 22183009 Date of Disbursement 06 / 01 / 2005
Mailing Address 711 W. 40th St. Ste. 330		Amount of Each Disbursement this Period 1000.00
City Baltimore	State MD	
Zip Code 21211		
Purpose of Disbursement		
Candidate Name Mr. Benjamin Cardin		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 3		

Full Name (Last, First, Middle Initial) <b>C. Chet Edwards for Congress</b>		Transaction ID: 22182821 Date of Disbursement 06 / 01 / 2005
Mailing Address 5006 Lakeland Circle 328 Cannon House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City Waco	State TX	
Zip Code 76710		
Purpose of Disbursement		
Candidate Name Mr. Chet Edwards		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 11		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Thompson for Congress</b>		Transaction ID: 22183053 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5	
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 1000.00	
City Sacramento State CA Zip Code 95841	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr Mike Thompson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mary Bono for Congress</b>		Transaction ID: 22182885 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5	
Mailing Address 1842 Mesa Dr		Amount of Each Disbursement this Period 1000.00	
City Palm Springs State CA Zip Code 92264	Purpose of Disbursement 011 Category/ Type		
Candidate Name Ms Mary Bono			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Berkley for Congress</b>		Transaction ID: 22182668 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5	
Mailing Address PO Box 7397		Amount of Each Disbursement this Period 1000.00	
City Las Vegas State NV Zip Code 89125	Purpose of Disbursement 011 Category/ Type		
Candidate Name Ms Shelley Berkley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 50

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

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

Full Name (Last, First, Middle Initial) <b>A. Committee for the Preservation of Capitalism</b>		<b>Transaction ID: 22183103</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address PO Box 65314		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Lois Capps</b>		<b>Transaction ID: 22182981</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tiberi for Congress</b>		<b>Transaction ID: 22183025</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 211 South Fifth St.		Amount of Each Disbursement this Period 250.00
City Columbus State OH Zip Code 43215	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Patrick Tiberi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 50

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Craig Thomas</b>		<b>Transaction ID: 22182616</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address P.O. ?Box s1580 302 Hart SOB		Amount of Each Disbursement this Period 1000.00
City Casper State WY Zip Code 82602		
Purpose of Disbursement Candidate Name Mr. Craig Thomas Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 2	011 Category/ Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends of Clay Shaw</b>		<b>Transaction ID: 22182717</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 1512 East Broward Blvd. Suite 101		Amount of Each Disbursement this Period 2000.00
City Fort Lauderdale State FL Zip Code 33301		
Purpose of Disbursement Candidate Name Mr. Clay Shaw, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	011 Category/ Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mike Dewine For Us Senate</b>		<b>Transaction ID: 22182930</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43234		
Purpose of Disbursement Candidate Name Sen. Mike DeWine Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1	011 Category/ Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 50

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeff Flake For Congress</b>		<b>Transaction ID: 22182855</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2005	
Mailing Address 1911 E. Bendix Dr.		Amount of Each Disbursement this Period 1000.00	
City Tempe State AZ Zip Code 85283	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Jeffrey Flake			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sue Myrick For Congress</b>		<b>Transaction ID: 22182591</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2005	
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 1000.00	
City Charlotte State NC Zip Code 28237	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Sue Myrick			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gordon Smith for US Senate</b>		<b>Transaction ID: 22194569</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2005	
Mailing Address 5285 SW Meadows Road No. 181		Amount of Each Disbursement this Period 1500.00	
City Lake Oswego State OR Zip Code 97035	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Gordon Smith			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 1996 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ '96 PRIMARY CONGRESS		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Senator Akaka in 2000</b>		<b>Transaction ID: 22197730</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 3125 Kaohinani Drive SH-720 Hart Senate Ofc Bldg		Amount of Each Disbursement this Period 2000.00
City Honolulu State HI Zip Code 96817	Purpose of Disbursement 011 Category/Type	
Candidate Name Senator Daniel Akaka	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. John D. Dingell for Congress Committee</b>		<b>Transaction ID: 22197817</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 19855 W. Outer Drive #103 A-E		Amount of Each Disbursement this Period 1000.00
City Dearborn State MI Zip Code 48124	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. John Dingell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Friends of John Boehner</b>		<b>Transaction ID: 22197731</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 7908 Cincinnati-Dayton Rd. 1020 Longworth House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City West Chester State OH Zip Code 45069	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. John Boehner	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Norwood for Congress</b>		<b>Transaction ID: 22197739</b> Date of Disbursement 06 / 06 / 2005
Mailing Address PO Box 499		Amount of Each Disbursement this Period 1000.00
City Evans State GA Zip Code 30809-9906	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Dr. Charles Norwood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pickering for Congress</b>		<b>Transaction ID: 22197740</b> Date of Disbursement 06 / 06 / 2005
Mailing Address PO Box 4297		Amount of Each Disbursement this Period 1000.00
City Brandon State MS Zip Code 39048	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Chip Pickering		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rogers for Congress</b>		<b>Transaction ID: 22197733</b> Date of Disbursement 06 / 06 / 2005
Mailing Address 1321 E. Michigan Avenue		Amount of Each Disbursement this Period 1000.00
City Lansing State MI Zip Code 48912	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mike Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Rogers for Congress</b>		<b>Transaction ID: 22198105</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 1321 E. Michigan Avenue		Amount of Each Disbursement this Period 1000.00
City Lansing State MI Zip Code 48912	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mike Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Talent for Senate</b>		<b>Transaction ID: 22198103</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 507 Capitol Court NE #100		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Jim Talent		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Heather Wilson for Congress</b>		<b>Transaction ID: 22197783</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Heather Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Joe Lieberman</b>		<b>Transaction ID: 22198107</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 236 Massachusetts Ave. NE #306		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Senator Joseph Lieberman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Craig Thomas</b>		<b>Transaction ID: 22197950</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address P.O. ?Box s1580 302 Hart SOB		Amount of Each Disbursement this Period 1000.00
City Casper State WY Zip Code 82602	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Craig Thomas		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jo Ann Davis for Congress</b>		<b>Transaction ID: 22197880</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address PO Box 1834		Amount of Each Disbursement this Period 1000.00
City Yorktown State VA Zip Code 23692	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Jo Ann Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LINC PAC</b>		Transaction ID: 22198108 Date of Disbursement 06 / 06 / 2005
Mailing Address 122 Maryland Avenue NE Ste. 3D		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) <b>B. Jeff Fortenberry for US Congress</b>		Transaction ID: 22196304 Date of Disbursement 06 / 06 / 2005
Mailing Address PO Box 30265		Amount of Each Disbursement this Period 2000.00
City Lincoln State NE Zip Code 68503-0265	Purpose of Disbursement Debt Retirement Candidate Name Mr. Jeff Fortenberry	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 1		Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		011 Category/Type Debt Retirement

Full Name (Last, First, Middle Initial) <b>C. Kurita For Us Senate</b>		Transaction ID: 22197729 Date of Disbursement 06 / 06 / 2005
Mailing Address 211 Deerwood Road		Amount of Each Disbursement this Period 500.00
City Clarksville State TN Zip Code 37043	Purpose of Disbursement Candidate Name Rosalind Kurita	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 2		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		011 Category/Type

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ben Cardin for Congress</b>		<b>Transaction ID: 22216935</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 711 W. 40th St. Ste. 330		Amount of Each Disbursement this Period 3000.00
City Baltimore State MD Zip Code 21211		
Purpose of Disbursement	011 Category/Type	
Candidate Name Mr. Benjamin Cardin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 3		

Full Name (Last, First, Middle Initial) <b>B. Ben Cardin for Congress</b>		<b>Transaction ID: 22216937</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 711 W. 40th St. Ste. 330		Amount of Each Disbursement this Period 2000.00
City Baltimore State MD Zip Code 21211		
Purpose of Disbursement	011 Category/Type	
Candidate Name Mr. Benjamin Cardin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 3		

Full Name (Last, First, Middle Initial) <b>C. Earl Pomeroy for Congress</b>		<b>Transaction ID: 22216931</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address PO Box 746		Amount of Each Disbursement this Period 3000.00
City Bismarck State ND Zip Code 58502		
Purpose of Disbursement	011 Category/Type	
Candidate Name Mr. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 1		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Earl Pomeroy for Congress</b>		<b>Transaction ID: 22216933</b> Date of Disbursement 06 / 10 / 2005
Mailing Address PO Box 746		Amount of Each Disbursement this Period 2000.00
City Bismarck	State ND	
Zip Code 58502		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 1		

Full Name (Last, First, Middle Initial) <b>B. Nathan Deal for Congress</b>		<b>Transaction ID: 22216939</b> Date of Disbursement 06 / 10 / 2005
Mailing Address 4775 Clarks Bridge Road		Amount of Each Disbursement this Period 4000.00
City Gainesville	State GA	
Zip Code 30506		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Nathan Deal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 9		

Full Name (Last, First, Middle Initial) <b>C. Stabenow for Senate</b>		<b>Transaction ID: 22216943</b> Date of Disbursement 06 / 10 / 2005
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 1000.00
City East Lansing	State MI	
Zip Code 48826		
Purpose of Disbursement 011 Category/Type		
Candidate Name Ms. Debbie Stabenow		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 2		

**SUBTOTAL** of Disbursements This Page (optional) ..... **7000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Capito for Congress</b>		Transaction ID: 22216942 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address PO Box 11519		Amount of Each Disbursement this Period 1500.00
City Charleston State WV Zip Code 28339	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Shelly Moore Capito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Herseth for Congress</b>		Transaction ID: 22216941 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address PO Box 85352		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57118	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Stephanie Herseth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. McConnell Senate Committee</b>		Transaction ID: 22315297 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 1930 Bishop Lane, Ste 1018		Amount of Each Disbursement this Period 1000.00
City Louisville State KY Zip Code 40218	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Senator Mitch McConnell		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ben Cardin for Congress</b>		<b>Transaction ID: 22315278</b> Date of Disbursement 06 / 27 / 2005
Mailing Address 711 W. 40th St. Ste. 330		Amount of Each Disbursement this Period 1000.00
City Baltimore State MD Zip Code 21211	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Benjamin Cardin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Eshoo for Congress</b>		<b>Transaction ID: 22315275</b> Date of Disbursement 06 / 27 / 2005
Mailing Address 555 Bryant, Box 335		Amount of Each Disbursement this Period 1000.00
City Palo Alto State CA Zip Code 94301	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Anna Eshoo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Patrick Kennedy</b>		<b>Transaction ID: 22315267</b> Date of Disbursement 06 / 27 / 2005
Mailing Address P.O. Box 1356 1505 Longworth HOB		Amount of Each Disbursement this Period 1000.00
City Providence State RI Zip Code 02901	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Patrick Kennedy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Mark Foley</b>		<b>Transaction ID: 22315280</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address P.O. Box 30505		Amount of Each Disbursement this Period 1000.00
City West Palm Gardens State FL Zip Code 33420	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Mark Foley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Ron Lewis for Congress</b>		<b>Transaction ID: 22315298</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 1705 N. Dixie Star PLaza, #73 2233 Rayburn House Ofc Bldg		Amount of Each Disbursement this Period 250.00
City ?Elizabethtown State KY Zip Code 42701	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Ron Lewis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. People for English</b>		<b>Transaction ID: 22315282</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 1528 South Shore Dr.		Amount of Each Disbursement this Period 2500.00
City Erie State PA Zip Code 16505	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Philip English	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 21	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. People for English</b>		<b>Transaction ID: 22315284</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 1528 South Shore Dr.		Amount of Each Disbursement this Period 5000.00
City Erie State PA Zip Code 16505	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Philip English		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Shadegg for Congress</b>		<b>Transaction ID: 22315274</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address P.O. Box 45444		Amount of Each Disbursement this Period 1000.00
City Phoenix State AZ Zip Code 85064	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. John Shadegg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Gordon Smith for US Senate</b>		<b>Transaction ID: 22315286</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 5285 SW Meadows Road No. 181		Amount of Each Disbursement this Period 5000.00
City Lake Oswego State OR Zip Code 97035	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Gordon Smith		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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) <b>A. Hulshof for Congress</b>		<b>Transaction ID: 22315271</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 1005 Cherry Street, Suite 203		Amount of Each Disbursement this Period 1000.00
City Columbia State MO Zip Code 65201	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Kenny Hulshof	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Thompson for Congress</b>		<b>Transaction ID: 22315291</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 4000.00
City Sacramento State CA Zip Code 95841	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr Mike Thompson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Brown-Waite for Congress</b>		<b>Transaction ID: 22315269</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 6135 Deltona Blvd.		Amount of Each Disbursement this Period 1000.00
City Spring Hill State FL Zip Code 34606	Purpose of Disbursement 011 Category/Type	
Candidate Name Ms. Ginny Brown-Waite	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Lincoln Davis for Congress</b>		Transaction ID: 22315296 Date of Disbursement 06 / 27 / 2005	
Mailing Address PO box 2002		Amount of Each Disbursement this Period 1000.00	
City Pall Mall	State TN	Zip Code 38577	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Mr. Lincoln Davis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TN District: 4		

Full Name (Last, First, Middle Initial) <b>B. Mike Dewine For Us Senate</b>		Transaction ID: 22315543 Date of Disbursement 06 / 27 / 2005	
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 2000.00	
City Columbus	State OH	Zip Code 43234	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Sen. Mike DeWine			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 1		

Full Name (Last, First, Middle Initial) <b>C. Mark Pryor for US Senate</b>		Transaction ID: 22315288 Date of Disbursement 06 / 27 / 2005	
Mailing Address 227 Massachusetts Ave. NE #101		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20002	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Sen. Mark Pryor			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AR District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) <b>A. Rick Renzi For Congress</b>		<b>Transaction ID: 22315264</b> Date of Disbursement 06 / 27 / 2005
Mailing Address P.O. Box 219		Amount of Each Disbursement this Period 1000.00
City Flagstaff State AZ Zip Code 86002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Rick Renzi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jeff Flake For Congress</b>		<b>Transaction ID: 22315273</b> Date of Disbursement 06 / 27 / 2005
Mailing Address 1911 E. Bendix Dr.		Amount of Each Disbursement this Period 1000.00
City Tempe State AZ Zip Code 85283	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Jeffrey Flake		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lungren for Congress</b>		<b>Transaction ID: 22315293</b> Date of Disbursement 06 / 27 / 2005
Mailing Address 8958 Ivanpah Court		Amount of Each Disbursement this Period 2000.00
City Elk Grove State CA Zip Code 95624	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Dan Lungren		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. McMorris for Congress</b>		Transaction ID: 22315295 Date of Disbursement 06 / 27 / 2005
Mailing Address 301 W Main Street		Amount of Each Disbursement this Period 1000.00
City Spokane	State WA Zip Code 99210	
Purpose of Disbursement		
Candidate Name Ms. Cathy McMorris Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 5		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) <b>B. Chafee For Senate</b>		Transaction ID: 22315290 Date of Disbursement 06 / 27 / 2005
Mailing Address PO Box 7329		Amount of Each Disbursement this Period 5000.00
City Warwick	State RI Zip Code 02887	
Purpose of Disbursement		
Candidate Name Sen. Lincoln Chafee Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) <b>C. Schmidt for Congress Committee</b>		Transaction ID: 22315301 Date of Disbursement 06 / 27 / 2005
Mailing Address 771 Wards Corner Road		Amount of Each Disbursement this Period 2000.00
City Loveland	State OH Zip Code 45140	
Purpose of Disbursement		
Candidate Name Jean Schmidt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 2		
Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2005SpecialGeneral		011 Category/Type

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Alliance for the West</b>		<b>Transaction ID: 22315304</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 429 North Saint Asaph Street		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mark Pryor for US Senate</b>		<b>Transaction ID: 22317566</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 227 Massachusetts Ave. NE #101		Amount of Each Disbursement this Period -1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Void - Mark Pryor for US Senate Candidate Name Sen. Mark Pryor	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Void - Mark Pryor for US Senate

Full Name (Last, First, Middle Initial) <b>C. Mark Pryor for US Senate</b>		<b>Transaction ID: 22317567</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 227 Massachusetts Ave. NE #101		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Candidate Name Sen. Mark Pryor	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Mark Pryor for US Senate</b>		<b>Transaction ID: 22317568</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 227 Massachusetts Ave. NE #101		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Candidate Name Sen. Mark Pryor Category/Type 011		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:		

Full Name (Last, First, Middle Initial) <b>B. LINC PAC</b>		<b>Transaction ID: 22317571</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 122 Maryland Avenue NE Ste. 3D		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Candidate Name Category/Type 011		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Impact America</b>		<b>Transaction ID: 22318769</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 228 S. Washington St. #340		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Candidate Name Category/Type 011		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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



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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of John Peterson</b>		Transaction ID: 22321075 Date of Disbursement 06 / 29 / 2005
Mailing Address 1524 West College Avenue		Amount of Each Disbursement this Period 2000.00
City State College,	State PA Zip Code 16801	
Purpose of Disbursement		
Candidate Name Mr. John Peterson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
State: PA District: 5		

Full Name (Last, First, Middle Initial) <b>B. Tiberi for Congress</b>		Transaction ID: 22321053 Date of Disbursement 06 / 29 / 2005
Mailing Address 211 South Fifth St.		Amount of Each Disbursement this Period 1000.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement		
Candidate Name Mr. Patrick Tiberi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
State: OH District: 12		

Full Name (Last, First, Middle Initial) <b>C. Impact America</b>		Transaction ID: 22321059 Date of Disbursement 06 / 29 / 2005
Mailing Address 228 S. Washington St. #340		Amount of Each Disbursement this Period -5000.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Void - Impact America		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
State: District:		Void - Impact America

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

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Impact America

Mailing Address 228 S. Washington St. #340

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 22321060

Date of Disbursement

06 / 29 / 2005

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

113000.00