

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2008 through 01 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Ms. Gail Clarkson  
Signature of Treasurer Electronically Filed by Ms. Gail Clarkson Date 02 20 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		112871.46
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	112871.46									
(c) Total Receipts (from Line 19) .....	97364.56	97364.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	210236.02	210236.02								
7. Total Disbursements (from Line 31) .....	17095.07	17095.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	193140.95	193140.95								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	87875.00	87875.00
(i) Itemized (use Schedule A) .....	6989.56	6989.56
(ii) Unitemized .....	94864.56	94864.56
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	2500.00	2500.00
(c) Other Political Committees (such as PACs) .....	97364.56	97364.56
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	97364.56	97364.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	97364.56	97364.56

**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.....	845.07	845.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	845.07	845.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	12500.00
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 .....	3750.00	3750.00
(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)) .....	3750.00	3750.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17095.07	17095.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17095.07	17095.07

**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) .....	97364.56	97364.56
34. Total Contribution Refunds (from Line 28(d)) .....	3750.00	3750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	93614.56	93614.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	845.07	845.07
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	845.07	845.07

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 38

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Steve Ackerson

Mailing Address 6750 Westown Pkwy  
Ste 100

City State Zip Code  
West Des Moines IA 50266-7716

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

Name of Employer Occupation  
Iowa Health Care Assn. Executive Director

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 0 8

Transaction ID: C387634

Amount of Each Receipt this Period

1000.00

**B.**

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

Mailing Address 713 E Park Ave

City State Zip Code  
Tallahassee FL 32301-2618

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

Name of Employer Occupation  
Buigas, Aszталos & Associates Lobbyist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 8

Transaction ID: C388575

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address PO Box 5349

City State Zip Code  
Sevierville TN 37864-5349

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

Name of Employer Occupation  
Sevier County Health Care Center Assistant Administrator

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

Date of Receipt

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

Transaction ID: C388627

Amount of Each Receipt this Period

1000.00

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

2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 38  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Terry Bane		Date of Receipt MM / DD / YYYY 01 / 02 / 2008
Mailing Address 1469 Humboldt Rd # 175		<b>Transaction ID:</b> C375172
City Chico	State CA	Zip Code 95928-9116
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer President	Occupation Riverside Health Care Corp.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**B.**

Full Name (Last, First, Middle Initial) Terry Bane		Date of Receipt MM / DD / YYYY 01 / 25 / 2008
Mailing Address 1469 Humboldt Rd # 175		<b>Transaction ID:</b> C387680
City Chico	State CA	Zip Code 95928-9116
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer President	Occupation Riverside Health Care Corp.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**C.**

Full Name (Last, First, Middle Initial) Dee Bangert		Date of Receipt MM / DD / YYYY 01 / 17 / 2008
Mailing Address 5250 Commerce Drive Suite 310		<b>Transaction ID:</b> C387667
City Salt Lake City	State UT	Zip Code 84107-5390
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Rocky Mountain Healthcare	Occupation Owner & 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address PO Box 3347

City State Zip Code  
Spartanburg SC 29304-3347

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

Name of Employer Occupation  
White Oak Manor Executive VP/CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2008

**Transaction ID:** C387682

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Loretha Barnes

Mailing Address PO Box 511

City State Zip Code  
Paonia CO 81428

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

Name of Employer Occupation  
Paonia Care and Rehabilitation Center Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2008

**Transaction ID:** C376406

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Chance Becnel

Mailing Address 935 Bellevue Pl

City State Zip Code  
Jackson MS 39202-2702

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

Name of Employer Occupation  
Tara Cares COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** C387598

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3050.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 38  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Elton Beebe

Mailing Address PO Box 6015

City State Zip Code  
Ridgeland MS 39158-6015

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

Name of Employer Occupation  
Magnolia Management Corp President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2008

**Transaction ID:** C387677

Amount of Each Receipt this Period  
5000.00

**B.**

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

Mailing Address 101 Grace Street

City State Zip Code  
Easley SC 29640

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

Name of Employer Occupation  
Health Managemnet Resourc- Executive Director  
es

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2008

**Transaction ID:** C390308

Amount of Each Receipt this Period  
1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Orlando Jr Bisbano, Jr.

Mailing Address 135 Tripps Lane

City State Zip Code  
Riverside RI 02915

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

Name of Employer Occupation  
Orchard View Manor Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2008

**Transaction ID:** C378872

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 38

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Orlando Jr Bisbano, Jr.

Mailing Address 135 Tripps Lane

City State Zip Code  
Riverside RI 02915

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

Name of Employer Occupation  
Orchard View Manor Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: C388631

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Bretton J Bolt

Mailing Address 1430 Progress Way  
Ste 108

City State Zip Code  
Eldersburg MD 21784-6484

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

Name of Employer Occupation  
Nexion Health Care CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

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

Transaction ID: C387684

Amount of Each Receipt this Period  
1250.00

**C.**

Full Name (Last, First, Middle Initial)

Steve Boymel

Mailing Address 12100 Reed Hartman Hwy

City State Zip Code  
Cincinnati OH 45241-6036

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

Name of Employer Occupation  
Brookwood Retirement Comm. Owner/Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: C388471

Amount of Each Receipt this Period  
250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 3674 Pacific Avenue

City State Zip Code  
Riverside CA 92509

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

Name of Employer Occupation  
Vista Pacifica Enterprises Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2008

**Transaction ID:** C388595

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert M. Chur

Mailing Address 7 Limestone Dr

City State Zip Code  
Williamsville NY 14221-7051

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

Name of Employer Occupation  
Elderwood Affiliates Inc President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2008

**Transaction ID:** C388474

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Cliff Coldren

Mailing Address 1950 Cliffside Drive

City State Zip Code  
State College PA 16801-7662

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

Name of Employer Occupation  
Brookline Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2008

**Transaction ID:** C376321

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Bernard Dana

Mailing Address 1402 W Nettleton Ct

City State Zip Code  
Springfield MO 65810

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

Name of Employer Occupation  
Vetter Health Services Executive VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2008

**Transaction ID: C388589**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Judith Dicker

Mailing Address 18215 Hillside Avenue

City State Zip Code  
Jamaica NY 11432

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

Name of Employer Occupation  
Hillside Manor Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2008

**Transaction ID: C388591**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Stanley Dicker

Mailing Address 18215 Hillside Ave

City State Zip Code  
Jamaica NY 11432

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

Name of Employer Occupation  
Hillside Manor Rehab Ctr Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2008

**Transaction ID: C388592**

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 38  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Joseph Donchess		Date of Receipt MM / DD / YYYY 01 / 17 / 2008
Mailing Address 7844 Office Park Boulevard		<b>Transaction ID:</b> C387665
City Baton Rouge	State LA	Zip Code 70809-7603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Louisiana Nursing Home Assn	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Jack Dwyer		Date of Receipt MM / DD / YYYY 01 / 18 / 2008
Mailing Address 1422A Clarkview Road		<b>Transaction ID:</b> C387685
City Baltimore	State MD	Zip Code 21209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Capital Lending & Mortgage Group, LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Tripp Francis		Date of Receipt MM / DD / YYYY 01 / 07 / 2008
Mailing Address 102 Woodchase Park Drive		<b>Transaction ID:</b> C379609
City Clinton	State MS	Zip Code 39056-4113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Trinity Mission of Clinton LLC	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) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tripp Francis	Date of Receipt MM / DD / YYYY 01 / 15 / 2008
	Mailing Address 102 Woodchase Park Drive	<b>Transaction ID:</b> C387630
	City State Zip Code Clinton MS 39056-4113	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Trinity Mission of Clinton Administrator LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Don Gormly	Date of Receipt MM / DD / YYYY 01 / 17 / 2008
	Mailing Address 1685 Shaffer Rd	<b>Transaction ID:</b> C379860
	City State Zip Code Atwater CA 95301-4456	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Anberry Rehab Hosp Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Don Greiner	Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 4350 Will Rogers Pkwy Ste 350	<b>Transaction ID:</b> C387679
	City State Zip Code Oklahoma OK 73108-1857	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Grace Living Centers President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 38  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Howard Groff

Mailing Address 9031 Penn Ave S

City State Zip Code  
Bloomington MN 55431-2225

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

Name of Employer Occupation  
Tealwood Care Centers Inc President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2008

**Transaction ID:** C388599

Amount of Each Receipt this Period  
1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark Gunnell

Mailing Address 3535 Wayward Wind Dr

City State Zip Code  
Lake Havasu City AZ 86406-6359

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

Name of Employer Occupation  
Lake Hills Inn Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2008

**Transaction ID:** C387611

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert W. Hagan

Mailing Address 16 Norcross Street #100

City State Zip Code  
Roswell GA 30075

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

Name of Employer Occupation  
Sterling Healthcare President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2008

**Transaction ID:** C379861

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 16 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Hebert Heflich

Mailing Address 857 Vosseller Avenue

City State Zip Code  
Martinsville NJ 08836-2387

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2008

**Transaction ID:** C379799

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Jessica Hernandez

Mailing Address 211 E 3rd Avenue

City State Zip Code  
Mancos CO 81328-9079

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

Name of Employer Information Requested Occupation Information Requested  
The Valley inn Medical Records

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2008

**Transaction ID:** C387629

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 33 Elk Street  
300

City State Zip Code  
Albany NY 12207

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

Name of Employer Information Requested Occupation Information Requested  
NYS Health Facilities Ass-ociation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** C379606

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 38  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Lisa Higgins		Date of Receipt MM / DD / YYYY 01 / 25 / 2008
Mailing Address 1004 Edgewater Blvd		<b>Transaction ID:</b> C388493
City Lake Havasu City	State AZ	Zip Code 86404-9562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cedar Ridge Inn, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Brian Holloway		Date of Receipt MM / DD / YYYY 01 / 11 / 2008
Mailing Address 1001 Center Street		<b>Transaction ID:</b> C379443
City Little Egg Harbor	State NJ	Zip Code 08087-1364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Seacrest Village	Occupation Owner/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Paul Hubbard		Date of Receipt MM / DD / YYYY 01 / 31 / 2008
Mailing Address 16540 North Woodson Drive		<b>Transaction ID:</b> C388593
City Ramona	State CA	Zip Code 92065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Plum Healthcare Group LLC	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

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

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

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

FOR LINE NUMBER: PAGE 18 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Joyce Humiston-Berger  
Mailing Address 448 N Main St  
City Mancos State CO Zip Code 81328-9039  
FEC ID number of contributing federal political committee. **C**  
Name of Employer C&G Management Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 01 / 17 / 2008  
Transaction ID: C387669  
Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Jesse Johnson, Jr.  
Mailing Address 1500 E. First St  
City Newberg State OR Zip Code 97132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Newberg Care Home Occupation Administrator/Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 11 / 2008  
Transaction ID: C379441  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Samuel Kaplan  
Mailing Address 5500 Wells Fargo Center  
90 South Seventh St  
City Minneapolis State MN Zip Code 55402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tealwood Care Centers Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 14 / 2008  
Transaction ID: C387596  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5750.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Debra Kriner	Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 7608 Shadywood Ln	<b>Transaction ID:</b> C387683
	City State Zip Code Sylvania OH 43560-1841	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer D. Kriner & Assoc. Occupation Nurse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward L. Kuntz	Date of Receipt MM / DD / YYYY 01 / 28 / 2008
	Mailing Address 680 S 4th St	<b>Transaction ID:</b> C388584
	City State Zip Code Louisville KY 40202-2407	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Occupation Chairman, CEO & President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kelli Likes	Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 1221 N Mildred Rd	<b>Transaction ID:</b> C379486
	City State Zip Code Cortez CO 81321-2218	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer The Valley Inn Occupation Med. Records 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) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 38

(check only one)

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

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

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

**A.**

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

Mailing Address 800 Saguaro Trl

City State Zip Code  
Farmington NM 87401-9632

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

Name of Employer Occupation  
C&G Health Care Management Inc. Health Care Admin.

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

Date of Receipt

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

Transaction ID: C388629

Amount of Each Receipt this Period

5000.00

**B.**

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

Mailing Address 108 8th St NW

City State Zip Code  
Waseca MN 56093-1912

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

Name of Employer Occupation  
Lake Shore Inn Nursing Home CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: C379484

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Lee Marchant

Mailing Address 3800 West Gifford Road

City State Zip Code  
Bloomington IN 47403-2612

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

Name of Employer Occupation  
LJM Enterprises President

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

Date of Receipt

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

Transaction ID: C378866

Amount of Each Receipt this Period

1000.00

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

6250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 38  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) John Masternick		Date of Receipt MM / DD / YYYY 01 / 22 / 2008
Mailing Address 101 W Liberty St		<b>Transaction ID:</b> C388468
City Girard	State OH	Zip Code 44420-2844
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Attorney AT LAW	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Van Moore		Date of Receipt MM / DD / YYYY 01 / 31 / 2008
Mailing Address 3155 River Rd S Ste 100		<b>Transaction ID:</b> C388596
City Salem	State OR	Zip Code 97302-9819
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Westcare Management, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Michael Morton		Date of Receipt MM / DD / YYYY 01 / 25 / 2008
Mailing Address 415 Rogers Avenue		<b>Transaction ID:</b> C388580
City Fort Smith	State AR	Zip Code 72901-1903
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Central Arkansas Nursing Centers	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 38  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Steve Mulder

Mailing Address 7300 Del Pardo Street

City State Zip Code  
Boca Raton FL 33433

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

Name of Employer Whitehall Boca Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2008

**Transaction ID:** C387688

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address PO Box 1408  
179 Lisbon St.

City State Zip Code  
Lewiston ME 04243

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

Name of Employer North Country Associates Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2008

**Transaction ID:** C378871

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Delbert Ousley

Mailing Address 300 Provider Court

City State Zip Code  
Richmond KY 40475-8488

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

Name of Employer PMD Corporation Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2008

**Transaction ID:** C387666

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 38

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary Ousley

Mailing Address 101 Bittersweet Dr

City State Zip Code  
Richmond KY 40475-8639

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

Name of Employer Information Requested Occupation  
Consultant

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

Date of Receipt

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

Transaction ID: C388473

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Pagels

Mailing Address 5020 N 8th Ste A

City State Zip Code  
Phoenix AZ 85014-3265

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 8

Transaction ID: C387678

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Russell V Peterson

Mailing Address 5281 Ventura Dr

City State Zip Code  
Fremont NE 68025-9779

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

Name of Employer Information Requested Occupation  
Nye Senior Living Regional Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: C378851

Amount of Each Receipt this Period

375.00

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

1625.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 38

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bill Phelan

Mailing Address 307 Westpark Ave.

City State Zip Code  
Tallahassee FL 32301

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

Name of Employer Occupation  
Florida Health Care Assn Executive Director

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

Date of Receipt

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

Transaction ID: C387593

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Cheryl Rapp

Mailing Address 4001 Pons Court

City State Zip Code  
Pleasanton CA 94566

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

Name of Employer Occupation  
CARREI President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

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

Transaction ID: C388590

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Sally Rapp

Mailing Address 3308 Ocean Bld  
Suite 280

City State Zip Code  
Corona Del Mar CA 92625

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

Name of Employer Occupation  
SR Management Svcs. Inc. CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

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

Transaction ID: C388594

Amount of Each Receipt this Period

1250.00

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

3500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 38  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Stephen Reissman		Date of Receipt MM / DD / YYYY 01 / 25 / 2008	
Mailing Address 5120 W Goldleaf Cir Ste 400		Transaction ID: C388576	
City Los Angeles	State CA	Zip Code 90056-1297	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Country Villa Health Services	Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

**B.**

Full Name (Last, First, Middle Initial) Jolene Roberts		Date of Receipt MM / DD / YYYY 01 / 25 / 2008	
Mailing Address 1702 Hillcrest Drive		Transaction ID: C387681	
City Bellevue	State NE	Zip Code 68005-3652	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hillcrest	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

**C.**

Full Name (Last, First, Middle Initial) Robert Rosenthal		Date of Receipt MM / DD / YYYY 01 / 09 / 2008	
Mailing Address 6400 SW 44th St		Transaction ID: C379652	
City Miami	State FL	Zip Code 33155-5145	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Health Group Inc.	Occupation President		
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) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 38

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Terry Schmoyer, Jr.GPA, Pr

Mailing Address 1330 Lady St  
Ste 507

City State Zip Code  
Columbia SC 29201-3300

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

Name of Employer Occupation  
Schmoyer & Co. ,LLC President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: C379604

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Rickie Shearer

Mailing Address PO Box 1259

City State Zip Code  
Laurens SC 29360-1259

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

Name of Employer Occupation  
National Healthcare of La-  
urens Administrator

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

Date of Receipt

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

Transaction ID: C388470

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Shriver

Mailing Address 617 Comstock Rd  
Ste 8

City State Zip Code  
Berlin VT 05602-8498

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

Name of Employer Occupation  
Vermont Health Care Assn. Executive Director

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

Date of Receipt

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

Transaction ID: C388626

Amount of Each Receipt this Period

300.00

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

1550.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Siebel

Mailing Address 13185 W Great Mountain Drive

City State Zip Code  
Lakewood CO 80228-3512

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

Name of Employer Carriage Healthcare Companies, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 07 / 2008  
Transaction ID: C376323  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Patricia Snyder

Mailing Address 3900 NW 12th St Ste 100

City State Zip Code  
Lincoln NE 68521-3037

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

Name of Employer Nebraska Health Care Assn Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 22 / 2008  
Transaction ID: C388472  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dean Solden

Mailing Address 12005 Scio Church Road

City State Zip Code  
Chelsea MI 48118-9612

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

Name of Employer Solden Development Company LLC Occupation President & Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 23 / 2008  
Transaction ID: C388479  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 38  
(check only one)

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

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

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

**A.**

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

Mailing Address 600 E Whaley St

City State Zip Code  
Longview TX 75601-6525

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

Name of Employer Occupation  
Stebbins Five Companies Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

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

Transaction ID: C388587

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Nicholas Thisse

Mailing Address 80 Access Rd

City State Zip Code  
Norwood MA 02062

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

Name of Employer Occupation  
Rehab Associates Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: C378876

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)  
Travis Tomlinson

Mailing Address 513 East Whitaker Mill Road

City State Zip Code  
Raleigh NC 27608-2633

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

Name of Employer Occupation  
Mayview Conv Home Inc Administrator

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

Date of Receipt

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

Transaction ID: C379650

Amount of Each Receipt this Period

500.00

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

2125.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 38  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jerry R. Tretwold

Mailing Address PO Box 829

City State Zip Code  
Brewster WA 98812-0829

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

Name of Employer: Harmony House Health Care Center  
Occupation: Owner/ Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 01 / 03 / 2008  
Transaction ID: C379426  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerry R. Tretwold

Mailing Address PO Box 829

City State Zip Code  
Brewster WA 98812-0829

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

Name of Employer: Harmony House Health Care Center  
Occupation: Owner/ Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 01 / 15 / 2008  
Transaction ID: C387633  
Amount of Each Receipt this Period: 125.00

**C.**

Full Name (Last, First, Middle Initial)  
Jack Vetter

Mailing Address 5020 S 118th St

City State Zip Code  
Omaha NE 68137-2209

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

Name of Employer: Vetter Health Services  
Occupation: President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 01 / 24 / 2008  
Transaction ID: C388572  
Amount of Each Receipt this Period: 1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1625.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 38  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
James R. Westbury, Sr.

Mailing Address 922 McDonough Road

City Jackson State GA Zip Code 30233-1522

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

Name of Employer Westbury Medical Care Home Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 02 / 2008  
**Transaction ID: C375171**  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Frank Wronski

Mailing Address 64500 Van Dyke Road

City Washington State MI Zip Code 48095-2583

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

Name of Employer Medilodge Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 25 / 2008  
**Transaction ID: C388496**  
Amount of Each Receipt this Period 5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Bruce Yarwood

Mailing Address 200 P Street Apt F31

City Sacramento State CA Zip Code 95814-6259

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

Name of Employer AHCA Occupation CEO & President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2008  
**Transaction ID: C387676**  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6250.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Alan Zuccari

Mailing Address 7712 Carlton Place

City State Zip Code  
McLean VA 22102-2149

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

Name of Employer Occupation  
Hamilton Insurance Agency Insurance Representative

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

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

Transaction ID: C388598

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	87875.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 38  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

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

**A.** Full Name (Last, First, Middle Initial)  
DIRECT SUPPLY INC. PARTNERS PAC (DSI PARTNERS PAC)

Mailing Address 6767 North Industrial Road

City State Zip Code  
Milwaukee WI 53223

FEC ID number of contributing federal political committee. **C** C00409516

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

Transaction ID: C388686

Amount of Each Receipt this Period  
2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 38

<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

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) BB & T CREDIT CARD	Transaction ID: D60151 Date of Disbursement 01 / 31 / 2008
	Mailing Address 2200 Wilson Blvd Ste 200	Amount of Each Disbursement this Period 685.28
	City Arlington State VA Zip Code 22201-3324	
	Purpose of Disbursement CC Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB & T	Transaction ID: D60150 Date of Disbursement 01 / 31 / 2008
	Mailing Address PO Box 819 Operations Center	Amount of Each Disbursement this Period 159.79
	City Wilson State NC Zip Code 27894-0819	
	Purpose of Disbursement Bank Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	845.07
<b>TOTAL</b> This Period (last page this line number only) .....	▶	845.07

# 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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Albert Wynn for Congress</p> <p>Mailing Address 8700 Central Ave Ste 306</p> <p>City Landover State MD Zip Code 20785-4853</p> <p>Purpose of Disbursement Contributions to Federal candidates</p> <p>Candidate Name Rep. Albert Wynn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D59865</p> <p>Date of Disbursement 01 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brown-Waite for Congress</p> <p>Mailing Address 6135 Deltona Blvd</p> <p>City Spring Hill State FL Zip Code 34606-1000</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Ginny Brown-Waite</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D56997</p> <p>Date of Disbursement 01 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brown-Waite for Congress</p> <p>Mailing Address 6135 Deltona Blvd</p> <p>City Spring Hill State FL Zip Code 34606-1000</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Ginny Brown-Waite</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D56998</p> <p>Date of Disbursement 01 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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) Friends of Mark Warner	Transaction ID: D59869 Date of Disbursement 01 / 28 / 2008
	Mailing Address 201 North Union Suite 350	Amount of Each Disbursement this Period 2000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Contributions to Federal candidates	Category/Type
	Candidate Name Mark Warner	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Grassley Committee Inc.	Transaction ID: D56996 Date of Disbursement 01 / 04 / 2008
	Mailing Address 5327 Holmes Run Pkwy	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22304-2801	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Sen. Charles E. Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION	Transaction ID: D59868 Date of Disbursement 01 / 28 / 2008
	Mailing Address 104 Hume Ave	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22301-1015	
	Purpose of Disbursement Contributions to Federal Committees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<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

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)  
**LOT OF PEOPLE FOR DAVE OBEY**

Mailing Address 932 Ross Ave

City WAUSAU State WI Zip Code 54403-6721

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name  
Rep. David R. Obey

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Transaction ID: D59867

Date of Disbursement

01 / 28 / 2008

Amount of Each Disbursement this Period

500.00

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

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Contributions to Federal candidates

Candidate Name  
Rep. Eric I. Cantor

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Transaction ID: D59866

Date of Disbursement

01 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**VOLUNTEERS FOR SHIMKUS**

Mailing Address PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name  
Rep. John M. Shimkus

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

Transaction ID: D59947

Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

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

2500.00

**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)

PAGE 37 / 38

<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

A.

Full Name (Last, First, Middle Initial)

YARMUTH FOR CONGRESS

Mailing Address 1819 Brownsboro Road

City State Zip Code  
Louisville KY 40206

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. John Yarmuth

Office Sought:  House  
 Senate  
 President

State: KY District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: D56999

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

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

500.00

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

12500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 38

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

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. Mark Woolpert

Transaction ID: D57159

Date of Disbursement

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

Mailing Address 200 S 13th St  
Ste 205

City State Zip Code  
Grover Beach CA 93433-2263

Amount of Each Disbursement this Period

3750.00
---------

Purpose of Disbursement  
Refunded contribution

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

3750.00
---------

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

3750.00
---------