

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 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
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| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 1 | | 110057.22 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 1 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 152516.80 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 170851.45 | 213311.03 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 323368.25 | 323368.25 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 41500.00 | 41500.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 281868.25 | 281868.25 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 153743.00 | 188108.00 |
| (ii) Unitemized | 12108.45 | 15203.03 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 165851.45 | 203311.03 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 5000.00 | 10000.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 170851.45 | 213311.03 |
| 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)) | 170851.45 | 213311.03 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 170851.45 | 213311.03 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 41500.00 | 41500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 41500.00 | 41500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 41500.00 | 41500.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 170851.45 | 213311.03 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 170851.45 | 213311.03 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 50
(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)
Ron Arrison

Mailing Address 4088 N Lake Forest Dr

City State Zip Code
Memphis TN 38128-2412

FEC ID number of contributing federal political committee. C

Name of Employer King's Daughters & Sons Home Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
02 / 03 / 2011

Transaction ID: C1182386

Amount of Each Receipt this Period 500.00

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

Mailing Address 411 Alabama Ave

City State Zip Code
League City TX 77573-2615

FEC ID number of contributing federal political committee. C

Name of Employer Baywind Village Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt M M / D D / Y Y Y Y
02 / 24 / 2011

Transaction ID: C1241354

Amount of Each Receipt this Period 275.00

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

Mailing Address PO Box 3849

City State Zip Code
Salem OR 97302-0849

FEC ID number of contributing federal political committee. C

Name of Employer IDL Services, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
02 / 18 / 2011

Transaction ID: C1191107

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1025.00

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 7 / 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

| | | | | |
|---|---|------------------------------------|--|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Harve Bauguess | | Date of Receipt | |
| | Mailing Address 3715 Northside Pkwy. #3000 Ste. 715 | | M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 1 1 | |
| | City | State | Zip Code | Transaction ID: C1182395 |
| | Atlanta | GA | 30327 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 400.00 | |
| Name of Employer Bauguess Management Co | | Occupation President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 400.00 | | |

| | | | | |
|---|---|------------------------------------|--|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Harry Baum | | Date of Receipt | |
| | Mailing Address 8300 NW Eastside Drive | | M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 1 1 | |
| | City | State | Zip Code | Transaction ID: C1182962 |
| | Weatherby Lake | MO | 64152 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer Sharon Lake Nursing Home | | Occupation Owner | | |
| 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) Brad Bedell | | Date of Receipt | |
| | Mailing Address 731 North Main | | M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 1 1 | |
| | City | State | Zip Code | Transaction ID: C1182963 |
| | Sikeston | MO | 63801-1210 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 1250.00 | |
| Name of Employer Health Facilities Management | | Occupation President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1250.00 | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1900.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 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)
Bobby Beebe

Mailing Address 763 Avery Boulevard North

City State Zip Code
Ridgeland MS 39157-5218

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

Name of Employer Magnolia Management Corporation
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: C1186472

Amount of Each Receipt this Period
4000.00

B.

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 Magnolia Management Corp
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: C1182320

Amount of Each Receipt this Period
5000.00

C.

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

Mailing Address 14 Northtown Dr
Ste 202

City State Zip Code
Jackson MS 39211-3018

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

Name of Employer Delco Inc.
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: C1183916

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **9275.00**

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 / 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)
Patricia J. Benesh

Mailing Address 916 Tyler Drive

City Williamsburg State VA Zip Code 23185

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

Name of Employer Golden Living Occupation Safety & Loss Control Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: C1191122
Amount of Each Receipt this Period: 265.00

B.

Full Name (Last, First, Middle Initial)
Roger Bernier

Mailing Address 316 South Avenue

City Fanwood State NJ Zip Code 07023

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

Name of Employer Chelsea Senior Living Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 04 / 2011
Transaction ID: C1183094
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Jim Birchem

Mailing Address 920 4th Street, SE

City Little Falls State MN Zip Code 56345

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

Name of Employer Eldercare of Minnesota Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 02 / 07 / 2011
Transaction ID: C1187603
Amount of Each Receipt this Period: 1100.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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 / 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)
Orlando Bisbano, Jr.

Mailing Address 14 Donna Court

City Bristol State RI Zip Code 02809

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

Name of Employer Orchard View Manor and Rehab
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 04 / 2011
Transaction ID: C1182996
Amount of Each Receipt this Period 375.00

B.

Full Name (Last, First, Middle Initial)
Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City Dayton State OH Zip Code 45459-3911

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

Name of Employer LBK Healthcare, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 02 / 03 / 2011
Transaction ID: C1182322
Amount of Each Receipt this Period 1250.00

C.

Full Name (Last, First, Middle Initial)
Ashley Blankenship

Mailing Address 1306 S. Donaghey

City Conway State AR Zip Code 72034

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

Name of Employer Blankenship Management, Co.
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2011
Transaction ID: C1187637
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 11 / 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)
Susan S. Bourgogne

Mailing Address 1018 South Union Street

City State Zip Code
Opelousas LA 70570

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

Name of Employer Occupation
Magnolia Management NFA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: C1186479

Amount of Each Receipt this Period
500.00

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

Mailing Address 600 Stevens Post Dr.

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
Care Center Mgmt Co Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: C1183030

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Jennifer G. Brady

Mailing Address 5 Pelham Road

City State Zip Code
Wilmington DE 19803

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

Name of Employer Occupation
Potter Anderson & Corroon LLP Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: C1239250

Amount of Each Receipt this Period
250.00

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 12 / 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)
Greg H. Brown

Mailing Address 155 West Point Court

City State Zip Code
Tonka Bay MN 55331

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

Name of Employer Occupation
Covenire Care, LLC President & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: C1239140

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 1626 Jeurgens Court

City State Zip Code
Norcross GA 30096

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

Name of Employer Occupation
UHS-Pruitt Corporation, Inc. Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: C1187640

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Virginia Burke

Mailing Address 17 Heritage Road

City State Zip Code
Barrington RI 02806

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

Name of Employer Occupation
Rhode Island Health Care Association Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: C1186295

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1185 Wilde Run Court

City State Zip Code
Roswell GA 30075

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

Name of Employer Occupation
Cypress Administrative Services, LLC VP Finance

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

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

Transaction ID: C1187644

Amount of Each Receipt this Period
275.00

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

Mailing Address 2201 Wilson Blvd
Apt 620

City State Zip Code
Arlington VA 22201-3384

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

Name of Employer Occupation
AHCA Director, Govt Relations

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

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

Transaction ID: C1187641

Amount of Each Receipt this Period
250.00

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

Mailing Address 1101 S. Capital of TX Hwy

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
ONR Inc. CEO

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: C1186270

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 5525.00

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 14 / 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

| | | | |
|---|---|-------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Joseph Carillo | | Date of Receipt |
| | Mailing Address 830 Park Avenue | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 3 / 2 0 1 1 |
| | City | State | Zip Code |
| | Huntington | NY | 11743 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C1182305 |
| Name of Employer Carillon Nursing and Rehab Center | | Occupation Information Requested | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 1000.00 |

| | | | |
|---|---|--------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Elizabeth Casey | | Date of Receipt |
| | Mailing Address 3075 E Thousand Oaks Blvd | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 9 / 2 0 1 1 |
| | City | State | Zip Code |
| | Westlake Village | CA | 91362-3402 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C1187614 |
| Name of Employer The Chase Group | | Occupation Partner | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 1250.00 |

| | | | |
|---|---|-----------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Joe Castillo | | Date of Receipt |
| | Mailing Address 623 State Highway 155 N | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 7 / 2 0 1 1 |
| | City | State | Zip Code |
| | Gilmer | TX | 75644-5725 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C1186474 |
| Name of Employer Upshur Manor Nursing Home | | Occupation Administrator | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 338.00 |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 2588.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 15 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KaraLe Causey

Mailing Address 1441 Frenchman's Bend Road

City State Zip Code
Monroe LA 71203

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

Name of Employer Occupation
Haven Nursing Center, Inc. Owner/ Administrator/ CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: C1188726

Amount of Each Receipt this Period
1000.00

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

Mailing Address 7 Sweets View Drive

City State Zip Code
Fairport NY 14450

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

Name of Employer Occupation
Maplewood Nursing Home Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: C1186290

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
Thousand Oaks CA 91362-3402

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

Name of Employer Occupation
The Chase Group Nursing Home Consult

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: C1187611

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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 16 / 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

| | | | |
|---|--|------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Susan Chase | | Date of Receipt |
| | Mailing Address 5374 Long Shadow Ct | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 9 / 2 0 1 1 |
| | City | State | Zip Code |
| | Westlake Village | CA | 91362-5223 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: C1187613 |
| | | Amount of Each Receipt this Period | |
| | | <input type="text"/> 1250.00 | |
| Name of Employer The Chase Group | | Occupation Partner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text"/> 1250.00 | |

| | | | |
|---|---|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Donald Chensvold | | Date of Receipt |
| | Mailing Address 2126 Blue Heron Dr. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 4 / 2 0 1 1 |
| | City | State | Zip Code |
| | Springville | IA | 52336 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: C1241356 |
| | | Amount of Each Receipt this Period | |
| | | <input type="text"/> 500.00 | |
| Name of Employer Healthcare of Iowa, Inc. | | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text"/> 500.00 | |

| | | | |
|---|--|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Sharon K. Colling | | Date of Receipt |
| | Mailing Address PO Box 313 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 1 1 |
| | City | State | Zip Code |
| | Tecumseh | NE | 68450-0313 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: C1239296 |
| | | Amount of Each Receipt this Period | |
| | | <input type="text"/> 300.00 | |
| Name of Employer Pivotal Healthcare | | Occupation Regional VP | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text"/> 300.00 | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 2050.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 17 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO Box 7728

City State Zip Code
Rocky Mount NC 27804-0728

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

Name of Employer Autumn Corp Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: C1189750

Amount of Each Receipt this Period
2500.00

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

Mailing Address 9801 La Duke Drive

City State Zip Code
Kensington MD 20895

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

Name of Employer American Health Care Association Occupation Director of Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C1239246

Amount of Each Receipt this Period
250.00

C. 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 Hillside Manor Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: C1182307

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 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)

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

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

Transaction ID: C1182302

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Tim Dundon

Mailing Address Medline HealthCare
One Medline Place

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Medline HealthCare President, Health Care Sales

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

Date of Receipt

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

Transaction ID: C1186459

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jack Dwyer

Mailing Address 1422A Clarkview Road

City State Zip Code
Baltimore MD 21209

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

Name of Employer Occupation
Capital Lending & Mortgage Group, LLC President

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

Date of Receipt

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

Transaction ID: C1188727

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

7250.00

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 19 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lowell Feldman

Mailing Address 163 West Kingsbridge Road

City State Zip Code
Bronx NY 10463

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

Name of Employer Terrace Healthcare Center, Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: C1183095

Amount of Each Receipt this Period
1100.00

B. Full Name (Last, First, Middle Initial)
Phillip Fogg, Jr.

Mailing Address 4560 SE International Way

City State Zip Code
Milwaukie OR 97222

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

Name of Employer Marquis Companies, Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: C1188157

Amount of Each Receipt this Period
5000.00

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

Mailing Address 2201 K Street

City State Zip Code
Sacramento CA 95816-4922

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

Name of Employer CA Association of Health Facilities Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: C1183034

Amount of Each Receipt this Period
250.00

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 20 / 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)
Ronald Goux

Mailing Address 2045 Highway 59
PO Box 1429

City State Zip Code
Mandeville LA 70448-1909

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

Name of Employer Occupation
Gulf South Medical Enterprises President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

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

Transaction ID: C1187632

Amount of Each Receipt this Period
550.00

B.

Full Name (Last, First, Middle Initial)
Tim Graves

Mailing Address 4214 Medical Parkway
Suite 300

City State Zip Code
Austin TX 78756

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

Name of Employer Occupation
Texas Health Care Association President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

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

Transaction ID: C1187811

Amount of Each Receipt this Period
550.00

C.

Full Name (Last, First, Middle Initial)
Don Greiner

Mailing Address 4350 Will Rogers Pkwy
Ste 350

City State Zip Code
Oklahoma City OK 73108-1857

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

Name of Employer Occupation
Grace Living Centers President

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

Date of Receipt

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

Transaction ID: C1186265

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)

6100.00

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 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 11337 Louisiana Circle

City State Zip Code
Bloomington MN 55438

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
02 / 04 / 2011

Transaction ID: C1183035

Amount of Each Receipt this Period
1250.00

B. 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 ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: C1186264

Amount of Each Receipt this Period
5000.00

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

Mailing Address 680 E Hospital Dr

City State Zip Code
Cortez CO 81321-6200

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

Name of Employer Occupation
Vista Grandé Inn Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: C1239300

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **7250.00**

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 22 / 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) Gerald Hamilton | | Date of Receipt MM / DD / YYYY 02 / 04 / 2011 |
| Mailing Address 7612 Rio Penasco Court NW | | Transaction ID: C1183036 |
| City Albuquerque | State NM | Zip Code 87120-5315 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer R&G Healthcare Management | Occupation Owner/Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Richard Herrick | | Date of Receipt MM / DD / YYYY 02 / 14 / 2011 |
| Mailing Address 33 Elk Street 300 | | Transaction ID: C1188151 |
| City Albany | State NY | Zip Code 12207 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer NYS Health Facilities Association | Occupation 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) Lisa Higgins | | Date of Receipt MM / DD / YYYY 02 / 17 / 2011 |
| Mailing Address 604 E. 38th St. | | Transaction ID: C1191488 |
| City Farmington | State NM | Zip Code 87401 |
| 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 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 23 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robin L. Hillier

Mailing Address 22 Parrish Road

City State Zip Code
Conneaut OH 44030

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

Name of Employer Occupation
RLH Consulting Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: C1183037

Amount of Each Receipt this Period
1250.00

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

Mailing Address 1001 Center Street

City State Zip Code
Little Egg Harbor NJ 08087-1364

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

Name of Employer Occupation
Seacrest Village Owner/President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: C1182324

Amount of Each Receipt this Period
500.00

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

Mailing Address 448 North Main Street

City State Zip Code
Mancos CO 81328

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

Name of Employer Occupation
C & H Health Care Management Registered Nurse/ Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: C1239301

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **6750.00**

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 / 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)
Joyce Humphrey

Mailing Address 6831 Chapel Road

City State Zip Code
Madison OH 44057-2255

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

Name of Employer Cardinal Woods Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: C1183917

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey N Hyatt

Mailing Address 701 N. 39th Avenue

City State Zip Code
Selah WA 98902

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

Name of Employer Hyatt Family Facilities Occupation SNF AL Owner Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: C1183038

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1501 42nd Street

City State Zip Code
West Des Moines IA 50266-1005

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

Name of Employer Hawkeye Care Centers, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: C1182321

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional) ► **1950.00**

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 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard Kase
 Mailing Address 5125 Pine Rocklands Avenue
 City Lithia State FL Zip Code 33547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cypress Healthcare Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 02 / 04 / 2011
Transaction ID: C1183039
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Francis P. Kirley
 Mailing Address 12834 Amberwoods Way
 City Sykesville State MD Zip Code 21784-7454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Health, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt 02 / 11 / 2011
Transaction ID: C1188159
 Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Marian Kirley
 Mailing Address 6937 Warfield Avenue
 City Sykesville State MD Zip Code 21784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt 02 / 14 / 2011
Transaction ID: C1188160
 Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 10250.00
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 26 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Evan Lansing Kolb

Mailing Address 2701 Marye Street

City State Zip Code
Alexandria LA 71301

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

Name of Employer Magnolia Management Corporation
Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: C1188704

Amount of Each Receipt this Period
265.00

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

Mailing Address 7608 Shadywood Lane

City State Zip Code
Sylvania OH 43560-1841

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

Name of Employer D. Kriner & Associates
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: C1239235

Amount of Each Receipt this Period
500.00

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

Mailing Address 1300 West 8th Street

City State Zip Code
Kaplan LA 70548

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

Name of Employer Nexion Health
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: C1191386

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1015.00**

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 / 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 |

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)
Martin Liebman

Mailing Address 1381 Sally Court

City State Zip Code
East Meadow NY 11554

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Grand Manor Nsg & Rehab Ctr CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 11 / 2011

Transaction ID: C1188074

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Eirin Likes

Mailing Address 211 East 3rd Avenue

City State Zip Code
Mancos CO 81328

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Valley Inn Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 25 / 2011

Transaction ID: C1241360

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Kelli Likes

Mailing Address 580 E. Hospital Dr.

City State Zip Code
Cortez CO 81321-2218

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Vista Grandé Inn Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 24 / 2011

Transaction ID: C1241358

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) 3000.00

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 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard Loucks
 Mailing Address 40220 County Road
 City State Zip Code
 Mancos CO 81328
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 5 / 2 0 1 1
 Transaction ID: C1239302
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer C&G Health Care Management Inc. Occupation Health Care Admin.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
Janet Lumpkin
 Mailing Address 2781 Osborn Dr
 City State Zip Code
 Lake Havasu City AZ 86406-8629
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 1 1
 Transaction ID: C1191379
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Lake Hills Inn Occupation NH Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
R. Peter Madel, Jr.
 Mailing Address 108 8th St NW
 City State Zip Code
 Waseca MN 56093-1912
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 1 1
 Transaction ID: C1187818
 Amount of Each Receipt this Period
 275.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Lake Shore Inn Nursing Home Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

SUBTOTAL of Receipts This Page (optional) ► 6275.00
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 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Karen McCormack
 Mailing Address 455 Reynolds Mill Rd
 City York State PA Zip Code 17403
 Date of Receipt 02 / 23 / 2011
Transaction ID: C1191477
 Amount of Each Receipt this Period 5000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilmac Corporation Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
Ronald McNeill
 Mailing Address 102 Magnolia Drive
 City Wilmington State NC Zip Code 28409
 Date of Receipt 02 / 03 / 2011
Transaction ID: C1182303
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Healthcare Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Richard Mendlen
 Mailing Address 2151 Calle Poco
 City San Diego State CA Zip Code 92019
 Date of Receipt 02 / 04 / 2011
Transaction ID: C1183052
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennon S. Shea & Associates Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 6500.00
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 / 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) Arlene Miles | | Date of Receipt MM / DD / YYYY 02 / 03 / 2011 |
| Mailing Address 6061 South Brook Valley | | Transaction ID: C1186482 |
| City Centennial | State CO | Zip Code 80121-3103 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Colorado Health Care Association | Occupation State Executive | |
| 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) Richard Miller | | Date of Receipt MM / DD / YYYY 02 / 04 / 2011 |
| Mailing Address 303 Cleveland Ave SE Ste 206 | | Transaction ID: C1183053 |
| City Tumwater | State WA | Zip Code 98501-3340 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer American Health Care Association | Occupation Membership Liasion | |
| 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) V. Richard Miller | | Date of Receipt MM / DD / YYYY 02 / 04 / 2011 |
| Mailing Address 2849 Spanish River Road | | Transaction ID: C1183054 |
| City Boca Raton | State FL | Zip Code 33432 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1250.00 |
| Name of Employer Retired | Occupation Information Requested | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | |

| | |
|--|---------|
| 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 31 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Abraham Morse

Mailing Address 21 Sagamore Road

City State Zip Code
Newton Highlands MA 02461

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

Name of Employer
Massachusetts Senior Care Association
Occupation
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 | 2 | / | 2 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: C1241353
 Amount of Each Receipt this Period
1000.00

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

Mailing Address 415 Rogers Avenue

City State Zip Code
Fort Smith AR 72901-1903

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

Name of Employer
Central Arkansas Nursing Centers
Occupation
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 | 2 | / | 1 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: C1239139
 Amount of Each Receipt this Period
1250.00

C. 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 ▼
275.00

Date of Receipt

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

Transaction ID: C1239141
 Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **2525.00**

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 32 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Roberts Nelson

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
Westlake Village CA 91362-3402

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

Name of Employer Occupation
The Chase Group Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: C1187615

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Michael A Newton

Mailing Address 6937 Warfield Avenue

City State Zip Code
Sykesville MD 21784

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

Name of Employer Occupation
Nexion Health Director of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: C1187813

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Timothy F Nicholson

Mailing Address 15 Ocean Harbour Cir

City State Zip Code
Ocean Ridge FL 33435-6207

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

Name of Employer Occupation
Lyric Health Care President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: C1191483

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: (check only one) | PAGE 33 / 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

| | | | | | |
|---|---|-------------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Tony E Oglesby | | Date of Receipt MM / DD / YYYY 02 / 18 / 2011 | | |
| | Mailing Address PO Box 350 | | Transaction ID: C1191110 | | |
| | City Benton | State TN | Zip Code 37307-0350 | Amount of Each Receipt this Period 1250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer SavaSenior Care | 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) Mary Ousley | | Date of Receipt MM / DD / YYYY 02 / 01 / 2011 | | |
| | Mailing Address 101 Bittersweet Drive | | Transaction ID: C1183962 | | |
| | City Richmond | State KY | Zip Code 40475-8639 | Amount of Each Receipt this Period 2000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PMD Corp | Occupation Consultant | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2000.00 | | | |

| | | | | | |
|---|---|-------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Mark Parkinson | | Date of Receipt MM / DD / YYYY 02 / 25 / 2011 | | |
| | Mailing Address 8930 Harvest Square Ct | | Transaction ID: C1239244 | | |
| | City Potomac | State MD | Zip Code 20854-4475 | Amount of Each Receipt this Period 1250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer American Healthcare Association | Occupation President and CEO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1250.00 | | | |

| | | |
|--|---|---------|
| 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 34 / 50
(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)
Stacy Parkinson
 Mailing Address 8930 Harvest Square Ct
 City Potomac State MD Zip Code 20854-4475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00
 Date of Receipt 02 / 25 / 2011
Transaction ID: C1239243
 Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
John Poirier
 Mailing Address 21 Rasanen Drive
 City Chichester State NH Zip Code 03258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Health Care Association Occupation Exec Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 02 / 24 / 2011
Transaction ID: C1241359
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Neil L. Pruitt, Jr.
 Mailing Address 1626 Jeurgens Court
 City Norcross State GA Zip Code 30093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00
 Date of Receipt 02 / 10 / 2011
Transaction ID: C1187642
 Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 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) Sally Rapp | | Date of Receipt MM / DD / YYYY 02 / 03 / 2011 |
| Mailing Address 3308 Ocean Blvd # 280 | | Transaction ID: C1182304 |
| City Corona Del Mar | State CA | Zip Code 92625 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1250.00 |
| Name of Employer SR Management Svcs. Inc. | Occupation 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) Thomas G. Rau | | Date of Receipt MM / DD / YYYY 02 / 03 / 2011 |
| Mailing Address PO Box 2215 | | Transaction ID: C1182306 |
| City Brighton | State MI | Zip Code 48116 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1250.00 |
| Name of Employer Nexcare Health Systems, Inc. | Occupation Owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Stephen Reissman | | Date of Receipt MM / DD / YYYY 02 / 01 / 2011 |
| Mailing Address 5120 W Goldleaf Circle Suite 400 | | Transaction ID: C1183963 |
| City Los Angeles | State CA | Zip Code 90056-1297 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1250.00 |
| 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 | |

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

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

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

FOR LINE NUMBER: PAGE 36 / 50
(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)
Clinton Robertson

Mailing Address 7112 S 21556

City State Zip Code
Salt Lake City UT 84124

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

Name of Employer Occupation
24-7 Long Term Care Owner CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: C1191481

Amount of Each Receipt this Period
1250.00

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

Mailing Address 61 Summer Street

City State Zip Code
Rowley MA 01969-1835

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

Name of Employer Occupation
Essex Group CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: C1188150

Amount of Each Receipt this Period
1250.00

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

Mailing Address 40 Keogh Lane

City State Zip Code
New Rochelle NY 10805-1308

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

Name of Employer Occupation
Bayberry Nursing Home Owner/Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: C1187643

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► 3750.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Daniel Salmon

Mailing Address 85 Beaumont Dr

City Northbridge State MA Zip Code 01534-1093

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

Name of Employer Beaumont Nursing Home Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 10 / 2011
Transaction ID: C1188714
Amount of Each Receipt this Period 550.00

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

Mailing Address 979 Lily Pond Lane

City Franklin Lakes State NJ Zip Code 07417

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

Name of Employer Bartley Healthcare Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 10 / 2011
Transaction ID: C1187633
Amount of Each Receipt this Period 275.00

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

Mailing Address 6330 South 104th Street

City Omaha State NE Zip Code 68127

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

Name of Employer Vetter Health Services, Inc. Occupation Director of Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2011
Transaction ID: C1241349
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1825.00

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 38 / 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

| | | | | | |
|---|---|--|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Shawn Scott | | Date of Receipt MM / DD / YYYY 02 / 04 / 2011 | | |
| | Mailing Address 8106 Boulder Ct. | | Transaction ID: C1183057 | | |
| | City Long Grove | State IL | Zip Code 60047 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Medline Industries | Occupation VP, Healthcare Corporate | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|---|-------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Dean Shuford | | Date of Receipt MM / DD / YYYY 02 / 10 / 2011 | | |
| | Mailing Address 103 Club Ct | | Transaction ID: C1188724 | | |
| | City Warner Robins | State GA | Zip Code 31088-7534 | Amount of Each Receipt this Period 1250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Ethica Health & Retirement Communities | Occupation Executive VP | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1250.00 | | | |

| | | | | | |
|---|---|-------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Robert Siebel | | Date of Receipt MM / DD / YYYY 02 / 04 / 2011 | | |
| | Mailing Address 13185 W Great Mountain Drive | | Transaction ID: C1183058 | | |
| | City Lakewood | State CO | Zip Code 80228-3512 | Amount of Each Receipt this Period 1250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Carriage Healthcare Companies, Inc. | Occupation President | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1250.00 | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 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)
Todd Smith

Mailing Address 5902 Carlton Ln

City State Zip Code
Bethesda MD 20816-2308

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

Name of Employer AHCA Occupation Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: C1239294

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1305 West Causeway Approach #212

City State Zip Code
Mandeville LA 70471

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

Name of Employer Covington Suites Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: C1183059

Amount of Each Receipt this Period
1250.00

C.

Full Name (Last, First, Middle Initial)
Chris Stenger

Mailing Address 5300 West Sam Houston Parkway Nort

City State Zip Code
Houston TX 77041

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

Name of Employer Sava Senior Care Occupation VP of Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: C1187816

Amount of Each Receipt this Period
250.00

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 40 / 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)

Dixie Taylor-Huff

Mailing Address 932 East Baddour Parkway

City State Zip Code
Lebanon TN 37087-3707

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

Name of Employer Occupation
Quality Care Health Center Administrator/Owner

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

Date of Receipt

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

Transaction ID: C1183075

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Morris Tenenbaum

Mailing Address Kings Harbor Multicare Center
2000 East Gun Hill Road

City State Zip Code
Bronx NY 10469

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

Name of Employer Occupation
Kings Harbor Multicare Ctr Owner/Operator

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

Date of Receipt

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

Transaction ID: C1191482

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Michael Torgan

Mailing Address 5120 West Goldleaf Circle
400

City State Zip Code
Los Angeles CA 90056-1297

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

Name of Employer Occupation
Country Villa Health Services Vice President, Customer Services

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

Date of Receipt

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

Transaction ID: C1183076

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

6500.00

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 41 / 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)
Robert Van Dyk

Mailing Address 304 South Van Dien Avenue

City State Zip Code
Ridgewood NJ 07450-5200

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

Name of Employer Van Dyk Health Care Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: C1183918

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Maryjane Venteicher

Mailing Address 6323 Panorama Drive

City State Zip Code
Panora IA 50216

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

Name of Employer Thomas Rest Haven Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: C1186476

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Brett Waters

Mailing Address 2416 Mesa St.

City State Zip Code
Idaho Falls ID 83401

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

Name of Employer New Beginnings Community Living Home Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: C1183093

Amount of Each Receipt this Period
250.00

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: PAGE 42 / 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)
Kathy Weiner

Mailing Address 1217 Nonchalant Dr

City State Zip Code
Simi Valley CA 93065-5717

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

Name of Employer Total Rehab Care Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: C1187612

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Ted Weiner

Mailing Address 1217 Nonchalant Dr

City State Zip Code
Simi Valley CA 93065-5717

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

Name of Employer Total Rehab Care Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: C1187616

Amount of Each Receipt this Period
2500.00

C.

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

Mailing Address 922 McDonough Road

City State Zip Code
Jackson GA 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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: C1182318

Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional) ► **5550.00**

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 43 / 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)
Frank Wronski

Mailing Address 64500 Van Dyke Road

City State Zip Code
Washington MI 48095-2583

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

Name of Employer Occupation
Medilodge Group 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 2 / 0 7 / 2 0 1 1

Transaction ID: C1187602

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 7712 Carlton Place

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation
Hamilton Insurance Agency 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 2 / 0 3 / 2 0 1 1

Transaction ID: C1182396

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

153743.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Nexion Fund for Quality Long Term Care

Mailing Address 228 S WASHINGTON STREET SUITE 115

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| ALEXANDRIA | VA | 22314 |

FEC ID number of contributing federal political committee. **C** C00434233

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: C1188158

Amount of Each Receipt this Period
5000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 5000.00 |
| TOTAL This Period (last page this line number only) | 5000.00 |

**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 45 / 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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Bluegrass Cmte | Transaction ID: D115333 Date of Disbursement 02 / 25 / 2011 |
| | Mailing Address 400 N Capitol St NW #585 #585 | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20001 | |
| | 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. | Full Name (Last, First, Middle Initial) FREEDOM FUND | Transaction ID: D111187 Date of Disbursement 02 / 07 / 2011 |
| | Mailing Address 1155 21st Street NW Suite 300 | Amount of Each Disbursement this Period 2500.00 |
| | City Washington State DC Zip Code 20036 | |
| | 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) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS | Transaction ID: D111261 Date of Disbursement 02 / 16 / 2011 |
| | Mailing Address PO Box 10555 | Amount of Each Disbursement this Period 2500.00 |
| | City Peoria State IL Zip Code 61612 | |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/ Type |
| | Candidate Name Rep. Aaron Schock | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 10000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 Avenue I

City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Adrian Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District: 03

Transaction ID: D115331

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Allyson Y. Schwartz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 13

Transaction ID: D115330

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City State Zip Code
Bowling Green KY 42102

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 02

Transaction ID: D115329

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Debt Retirement Contribution for Federal Candidates

Candidate Name
Rep. Diane Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: TN District: 06

Transaction ID: D111191

Date of Disbursement

02 / 07 / 2011

Amount of Each Disbursement this Period

2500.00

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 Cantor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 07

Transaction ID: D111186

Date of Disbursement

02 / 07 / 2011

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GLENN THOMPSON

Mailing Address PO Box 1112

City State College State PA Zip Code 16804

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Glenn Thompson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 05

Transaction ID: D111190

Date of Disbursement

02 / 07 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS | Transaction ID: D111262 Date of Disbursement 02 / 16 / 2011 |
| | Mailing Address PO BOX 775 | Amount of Each Disbursement this Period 1000.00 |
| | City Unionville State PA Zip Code 19375 | |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/ Type |
| | Candidate Name Rep. Joe Pitts | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS | Transaction ID: D111264 Date of Disbursement 02 / 16 / 2011 |
| | Mailing Address P.O. BOX 661 | Amount of Each Disbursement this Period 1500.00 |
| | City COLLINSVILLE State IL Zip Code 62234 | |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/ Type |
| | Candidate Name Rep. John Shimkus | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS | Transaction ID: D111263 Date of Disbursement 02 / 16 / 2011 |
| | Mailing Address PO Box 12667 | Amount of Each Disbursement this Period 1500.00 |
| | City Bakersfield State CA Zip Code 93389 | |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/ Type |
| | Candidate Name Rep. Kevin McCarthy | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 4000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) POMPEO FOR CONGRESS INC Mailing Address PO BOX 780146 City WICHITA State KS Zip Code 67212 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mike Pompeo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D111185 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 1 1 Amount of Each Disbursement this Period 5000.00 |
| B. | Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS Mailing Address PO Box U City Marietta State GA Zip Code 30060 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Phil Gingrey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D115332 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1 Amount of Each Disbursement this Period 5000.00 |
| C. | Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE Mailing Address ONE GATEWAY CENTER SUITE 520 City NEWARK State NJ Zip Code 07102 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Robert Menendez Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D111282 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 1 Amount of Each Disbursement this Period 5000.00 |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 15000.00 |
| 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 50 / 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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN | Transaction ID: D111188 Date of Disbursement 02 / 07 / 2011 |
| | Mailing Address PO BOX 76187 | |
| | City WASHINGTON State DC Zip Code 20013 | Amount of Each Disbursement this Period 1500.00 |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/ Type |
| | Candidate Name Sen. Sherrod Brown | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN | Transaction ID: D111189 Date of Disbursement 02 / 07 / 2011 |
| | Mailing Address PO BOX 76187 | |
| | City WASHINGTON State DC Zip Code 20013 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/ Type |
| | Candidate Name Sen. Sherrod Brown | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

41500.00