

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	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		128897.14
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	235642.32									
(c) Total Receipts (from Line 19)	77039.48	232784.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	312681.80	361681.80								
7. Total Disbursements (from Line 31)	117500.00	166500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	195181.80	195181.80								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	66479.00	202932.94
(ii) Unitemized	6560.48	19351.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)	73039.48	222284.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	73039.48	227784.66
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	4000.00	5000.00
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))	77039.48	232784.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	77039.48	232784.66

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.....	117500.00	166500.00
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))..	117500.00	166500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	117500.00	166500.00

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	73039.48	227784.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73039.48	227784.66
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 / 47
(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)
Elizabeth Andreoli

Mailing Address 72 Pine Manor Dr

City State Zip Code
Little Rock AR 72207-5151

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

Name of Employer Attorney Occupation Hardin Law

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2010

Transaction ID: C881533

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 100 E San Marcos Blvd Suite 200

City State Zip Code
San Marcos CA 92069

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

Name of Employer Plum Healthcare Group Occupation Executive Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2010

Transaction ID: C891698

Amount of Each Receipt this Period
1250.00

C.

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2010

Transaction ID: C895507

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 47
(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)
Harry Baum

Mailing Address 8300 NW Eastside Drive

City State Zip Code
Weatherby Lake MO 64152

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

Name of Employer Sharon Lake Nursing Home Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2010

Transaction ID: C895100

Amount of Each Receipt this Period
275.00

B.

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

Mailing Address 101 Grace Street

City State Zip Code
Easley SC 29640

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

Name of Employer Health Management Resources Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2010

Transaction ID: C881627

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Lane Bowen

Mailing Address 680 South Fourth Street

City State Zip Code
Louisville KY 40202

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

Name of Employer Kindred Healthcare Occupation EVP & President, Health Services Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2010

Transaction ID: C881634

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► 4025.00

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 / 47
(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)
Ruth Brown

Mailing Address PO Box 16

City Bogata State TX Zip Code 75417-0016

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 01 / 2010
Transaction ID: C881788
Amount of Each Receipt this Period: 265.00

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

Mailing Address PO Box 16

City Bogata State TX Zip Code 75417-0016

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 22 / 2010
Transaction ID: C893652
Amount of Each Receipt this Period: 235.00

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

Mailing Address 3075 E Thousand Oaks Blvd

City Westlake Village State CA Zip Code 91362-3402

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

Name of Employer The Chase Group Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 03 / 22 / 2010
Transaction ID: C893023
Amount of Each Receipt this Period: 1250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 47
(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)
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 ▼ 2500.00

Date of Receipt 03 / 02 / 2010

Transaction ID: C881650

Amount of Each Receipt this Period 2500.00

B.

Full Name (Last, First, Middle Initial)
Susan Chase

Mailing Address 5374 Long Shadow Ct

City State Zip Code
Westlake Village CA 91362-5223

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 03 / 22 / 2010

Transaction ID: C893357

Amount of Each Receipt this Period 1250.00

C.

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

Mailing Address PO Box 506

City State Zip Code
Melbourne AR 72556-0506

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cooper Management Corporation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 18 / 2010

Transaction ID: C891697

Amount of Each Receipt this Period 330.00

SUBTOTAL of Receipts This Page (optional) 4080.00

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 / 47
(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) Tim Dundon		Date of Receipt MM / DD / YYYY 03 / 25 / 2010	
Mailing Address Medline HealthCare One Medline Place		Transaction ID: C895098	
City Mundelein	State IL	Zip Code 60060	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medline HealthCare	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B.

Full Name (Last, First, Middle Initial) Jack Dwyer		Date of Receipt MM / DD / YYYY 03 / 01 / 2010	
Mailing Address 1422A Clarkview Road		Transaction ID: C881785	
City Baltimore	State MD	Zip Code 21209	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Capital Lending & Mortgage Group, LLC	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

C.

Full Name (Last, First, Middle Initial) Gregory J. Elliot		Date of Receipt MM / DD / YYYY 03 / 22 / 2010	
Mailing Address AMFM, Inc. 240 Capitol Street		Transaction ID: C893020	
City Charleston	State WV	Zip Code 25301-2297	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMFM, Inc.	Occupation IT Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 748.00		

SUBTOTAL of Receipts This Page (optional)	6084.00
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 / 47
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mary Ford

Mailing Address 96 Balsam Drive

City State Zip Code
Bangor ME 04401

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

Name of Employer Occupation
Seabasticook Valley Health Care owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: C892768

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 3535 Wayward Wind Dr

City State Zip Code
Lake Havasu City AZ 86406-6359

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

Name of Employer Occupation
Lake Hills Inn Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: C892948

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Hugh J. Hall

Mailing Address 50 Maude St

City State Zip Code
Providence RI 02908-4325

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

Name of Employer Occupation
Elmhurst Extended Care Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2010

Transaction ID: C891858

Amount of Each Receipt this Period
248.00

SUBTOTAL of Receipts This Page (optional) ► **1348.00**

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 / 47

(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)
Michael Hamm

Mailing Address 1501 42nd St
Ste 375

City State Zip Code
West Des Moines IA 50266-1090

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

Name of Employer Occupation
Hawkeye Care Centers Inc 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	3		0	1		2	0	1	0

Transaction ID: C881640

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)
Dennis Haws

Mailing Address Midwestern Healthcare Center
601 Midwestern Parkway

City State Zip Code
Wichita Falls TX 76302

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

Name of Employer Occupation
Midwestern Healthcare Center Information Requested

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

Date of Receipt

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

Transaction ID: C882600

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer Occupation
AHCA Senior Vice President of Advocacy

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
269.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	0

Transaction ID: C891652

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

1088.47

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 47

(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)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer Occupation
AHCA Senior Vice President of Advocacy

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 269.07

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2010

Transaction ID: C903559

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

JOEL HERRING

Mailing Address 207 SADDLEBRIDGE LANE

City State Zip Code
FRANKLIN TN 37069

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

Name of Employer Occupation
QUALITY MOBILE X-RAY SERVICES, INC CEO

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 23 / 2010

Transaction ID: C893868

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sandra Higgins-Stinson

Mailing Address 170 Buckner Ridge Ln

City State Zip Code
Madisonville KY 42431-3822

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

Name of Employer Occupation
The Thomas Group President

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 02 / 2010

Transaction ID: C881780

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

838.47

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 14 / 47
(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 RLH Consulting
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 Information Requested

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: C892759

Amount of Each Receipt this Period
1250.00

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

Mailing Address 901 West Davis

City State Zip Code
Fayette MO 65248

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

Name of Employer Occupation
Truman W. Smith Children's Center Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2010

Transaction ID: C881793

Amount of Each Receipt this Period
500.00

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

Mailing Address 901 West Davis

City State Zip Code
Fayette MO 65248

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

Name of Employer Occupation
Truman W. Smith Children's Center Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2010

Transaction ID: C891921

Amount of Each Receipt this Period
110.00

SUBTOTAL of Receipts This Page (optional) ► **1860.00**

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 15 / 47

(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)
Frankie Knighton

Mailing Address 111 Westwood PI

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Brookdale Senior Living Regional VP

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2010

Transaction ID: C892760

Amount of Each Receipt this Period

1000.00

B.

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

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
AHCA Director, Assisted Living

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.92

Date of Receipt

M M / D D / Y Y Y Y
03 / 09 / 2010

Transaction ID: C891655

Amount of Each Receipt this Period

39.56

C.

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

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
AHCA Director, Assisted Living

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.92

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2010

Transaction ID: C903561

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

1079.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 47

(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)
Cynthia Leach

Mailing Address 4943 East Evans Drive

City State Zip Code
Scottsdale AZ 85254-2824

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

Name of Employer Occupation
CopperSands Inc. VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2010

Transaction ID: C892949

Amount of Each Receipt this Period
100.00

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
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2010

Transaction ID: C893663

Amount of Each Receipt this Period
1000.00

C.

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
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2010

Transaction ID: C893665

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 47

(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)

Paula Mitchell

Mailing Address 1100 Monroe

City State Zip Code
Globe AZ 85501

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

Name of Employer Occupation
Copper Mountain Inn Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2010

Transaction ID: C893664

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
American Health Care Association Government Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
321.48

Date of Receipt

M M / D D / Y Y Y Y
03 / 09 / 2010

Transaction ID: C891659

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
American Health Care Association Government Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
321.48

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2010

Transaction ID: C903587

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

176.94

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 / 47
(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)
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
03 / 22 / 2010

Transaction ID: C893649

Amount of Each Receipt this Period
1250.00

B.

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

Mailing Address 5281 Ventura Dr

City State Zip Code
Fremont NE 68025-9779

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

Name of Employer Occupation
Nye Senior Living Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: C895101

Amount of Each Receipt this Period
275.00

C.

Full Name (Last, First, Middle Initial)
Tom Pollock

Mailing Address 9899 Avocet Street, NW

City State Zip Code
Coon Rapids MN 55433-6413

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

Name of Employer Occupation
Park River Estates Care Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: C892762

Amount of Each Receipt this Period
220.00

SUBTOTAL of Receipts This Page (optional) ► 1745.00

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 / 47
(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)
Teddy Rae Price

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483-1438

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

Name of Employer Central Management Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 01 / 2010
Transaction ID: C881760
Amount of Each Receipt this Period 1250.00

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

Mailing Address Medline Industries
One Medline Place

City Mundelein State IL Zip Code 60060

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

Name of Employer Medline Industries Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 18 / 2010
Transaction ID: C891696
Amount of Each Receipt this Period 220.00

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

Mailing Address Preferred Care
5420 Plano Parkway

City Plano State TX Zip Code 75064

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 30 / 2010
Transaction ID: C903544
Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 3470.00

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 / 47
(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)
Gail Rader

Mailing Address 1503 South Main Street

City Phillipsburg State NJ Zip Code 08865

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

Name of Employer Care Perspectives Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 01 / 2010
Transaction ID: C881791
Amount of Each Receipt this Period: 2500.00

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

Mailing Address 4001 Pons Court

City Pleasanton State CA Zip Code 94566

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

Name of Employer CARREI Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 16 / 2010
Transaction ID: C890847
Amount of Each Receipt this Period: 5000.00

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

Mailing Address 1508 Landmark Drive

City Vallejo State CA Zip Code 94591

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

Name of Employer Hooper, Lundy & Bookman Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 03 / 02 / 2010
Transaction ID: C881651
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 7700.00

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 / 47
(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) Jon Reardon		Date of Receipt MM / DD / YYYY 03 / 02 / 2010
Mailing Address Hoyt Nursing & Rehab Centre 1202 Weiss Street		Transaction ID: C883490
City Saginaw	State MI	Zip Code 48602-5471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Hoyt Nursing & Rehab Centre	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) Daniel Richardson		Date of Receipt MM / DD / YYYY 03 / 22 / 2010
Mailing Address Latta Road Nurshing Home 2100 Latta Road		Transaction ID: C892769
City Rochester	State NY	Zip Code 14612-3728
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Robert Rosenthal		Date of Receipt MM / DD / YYYY 03 / 08 / 2010
Mailing Address 6400 SW 44th Street		Transaction ID: C883489
City Miami	State FL	Zip Code 33155-5145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer 21st Century Health Group Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1775.00
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 / 47
(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)
V. James Santarsiero

Mailing Address Executive Plaza 111
Suite 503

City State Zip Code
Hunt Valley MD 21021

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

Name of Employer Occupation
Perennial Healthcare Management, Inc. Managing Member

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2010

Transaction ID: C881652

Amount of Each Receipt this Period
5000.00

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

Mailing Address 4200 W Peterson Ave
Ste 140

City State Zip Code
Chicago IL 60646-6819

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

Name of Employer Occupation
Alden Management Inc President

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2010

Transaction ID: C903415

Amount of Each Receipt this Period
1250.00

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

Mailing Address 4200 W Peterson Ave
Ste 140

City State Zip Code
Chicago IL 60646-6819

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

Name of Employer Occupation
Alden Enterprises Special Operations

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2010

Transaction ID: C903416

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► 7500.00

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 / 47
(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) Tasha Schmieg		Date of Receipt MM / DD / YYYY 03 / 25 / 2010
Mailing Address Millbrook Healthcare & Rehabilitat 1850 West Pleasant Run Road		Transaction ID: C895520
City Lancaster	State Zip Code TX 75146	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 169.00
Name of Employer Millbrook Healthcare & Rehabilitation	Occupation Information Requested	Aggregate Year-to-Date ▼ 1219.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Tasha Schmieg		Date of Receipt MM / DD / YYYY 03 / 25 / 2010
Mailing Address Millbrook Healthcare & Rehabilitat 1850 West Pleasant Run Road		Transaction ID: C895524
City Lancaster	State Zip Code TX 75146	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1050.00
Name of Employer Millbrook Healthcare & Rehabilitation	Occupation Information Requested	Aggregate Year-to-Date ▼ 1219.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Russell Schwartz		Date of Receipt MM / DD / YYYY 03 / 25 / 2010
Mailing Address 8 Inwood Lane		Transaction ID: C903417
City Farmington	State Zip Code CT 06032	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 265.00
Name of Employer Avon Health Center	Occupation Director of Operations	Aggregate Year-to-Date ▼ 265.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1484.00
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 / 47
(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)
Brad Stebbins

Mailing Address 600 East Whaley

City State Zip Code
Longview TX 75601-6525

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

Name of Employer Occupation
Stebbins Five Companies Owner

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

Date of Receipt

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

Transaction ID: C888068

Amount of Each Receipt this Period
1250.00

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

Mailing Address 200 16th Avenue SE

City State Zip Code
Largo FL 33771

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

Name of Employer Occupation
Palm Gardens of Pinellas Administrator

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

Date of Receipt

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

Transaction ID: C893651

Amount of Each Receipt this Period
300.00

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

Mailing Address 404 Woodland Drive

City State Zip Code
Grand Island NE 68801

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

Name of Employer Occupation
Excel Development Group Chair/CEO

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

Date of Receipt

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

Transaction ID: C881732

Amount of Each Receipt this Period
1250.00

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

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

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

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

FOR LINE NUMBER: PAGE 25 / 47
(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)
Nicholas Thisse

Mailing Address 80 Access Rd

City State Zip Code
Norwood MA 02062

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

Name of Employer Occupation
Rehab Associates Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2010

Transaction ID: C895095

Amount of Each Receipt this Period
1100.00

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

Mailing Address PO Box 829

City State Zip Code
Brewster WA 98812-0829

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2010

Transaction ID: C881757

Amount of Each Receipt this Period
275.00

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

Mailing Address 104 S Freya, Suite 119

City State Zip Code
Spokane WA 99202

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

Name of Employer Occupation
CBSI Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: C888071

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2375.00**

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 / 47
(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)
Peter Van Runkle
Mailing Address 7460 Tottenham Pl
City State Zip Code
New Albany OH 43054-9443
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Ohio Health Care Association Executive Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00
Date of Receipt: MM / DD / YYYY 03 / 04 / 2010
Transaction ID: C881534
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Greg Ward
Mailing Address 1491 Anthony Way
City State Zip Code
Mount Juliet TN 37122
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Quality Mobile X-ray Services, Inc. Radiological Technologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: MM / DD / YYYY 03 / 23 / 2010
Transaction ID: C893811
Amount of Each Receipt this Period 500.00

C. 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 Occupation
Total Rehab Care Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00
Date of Receipt: MM / DD / YYYY 03 / 22 / 2010
Transaction ID: C893650
Amount of Each Receipt this Period 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 27 / 47
(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) Ted Weiner		Date of Receipt MM / DD / YYYY 03 / 22 / 2010
Mailing Address 1217 Nonchalant Dr		Transaction ID: C893653
City Simi Valley	State CA	Zip Code 93065-5717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Total Rehab Care	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) Arnold Whitman		Date of Receipt MM / DD / YYYY 03 / 05 / 2010
Mailing Address 1035 Powers Place		Transaction ID: C890842
City Alpharetta	State GA	Zip Code 30004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Formation Capital	Occupation CEO	
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) Jessica Whitney		Date of Receipt MM / DD / YYYY 03 / 01 / 2010
Mailing Address 1606 Memorial		Transaction ID: C881790
City Mount Pleasant	State TX	Zip Code 75455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nexion Health	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 / 47
(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)
Cathy Williams

Mailing Address 826 W Desmond Street

City Winslow State AZ Zip Code 86047-2321

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

Name of Employer Winslow Campus of Care Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 03 / 30 / 2010
Transaction ID: C903531
Amount of Each Receipt this Period 1100.00

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

Mailing Address iCare Management
341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer iCare Management, LLC Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 01 / 2010
Transaction ID: C881645
Amount of Each Receipt this Period 1100.00

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

Mailing Address iCare Management
341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer iCare Management, LLC Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 22 / 2010
Transaction ID: C892757
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 2350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 47	
	(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"/> 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) Douglas Wright, Jr.		Date of Receipt	
	Mailing Address 265 County Road 263		M M / D D / Y Y Y Y 03 / 02 / 2010	
	City	State	Zip Code	Transaction ID: C879823
	Saltillo	MS	38866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	5000.00
	Name of Employer Community Eldercare Services, LLC		Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	5000.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	66479.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 47
(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)
FRIENDS OF CHRIS DODD

Mailing Address PO BOX 270701

City State Zip Code
WEST HARTFORD CT 06127

FEC ID number of contributing federal political committee. **C** C00347310

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: C892667

Amount of Each Receipt this Period
4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol St SE</p> <p>City Washington State DC Zip Code 20003-4024</p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name Democratic Congressional Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D92893 Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 430 S Capitol St SE</p> <p>City Washington State DC Zip Code 20003-4024</p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name Democratic Senatorial Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D92894 Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 14000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 430 S Capitol St SE</p> <p>City Washington State DC Zip Code 20003-4024</p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name Democratic Senatorial Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D92916 Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	30000.00
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) ERICPAC	Transaction ID: D92897 Date of Disbursement 03 / 04 / 2010
	Mailing Address 209 Pennsylvania Ave SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003-1107	
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name ERICPAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Herron for Congress	Transaction ID: D93416 Date of Disbursement 03 / 25 / 2010
	Mailing Address 142 W Main St	Amount of Each Disbursement this Period 5000.00
	City Dresden State TN Zip Code 38225-1126	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Roy Herron	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TN District: 08	

C.	Full Name (Last, First, Middle Initial) Jim Renacci for Congress	Transaction ID: D93193 Date of Disbursement 03 / 17 / 2010
	Mailing Address 150 Smokerise Drive	Amount of Each Disbursement this Period 5000.00
	City Wadsworth State OH Zip Code 44281	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mr James B Renacci	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District: 16	

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)

<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) Missourians for Accountability & Change	Transaction ID: D93185 Date of Disbursement 03 / 17 / 2010
	Mailing Address 607 14th Street NW Suite 800	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contributions to Federal PACs	
	Candidate Name Missourians for Accountability & Change	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Missourians for Accountability & Change	Transaction ID: D93417 Date of Disbursement 03 / 25 / 2010
	Mailing Address 607 14th Street NW Suite 800	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contributions to Federal PACs	
	Candidate Name Missourians for Accountability & Change	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: D92900 Date of Disbursement 03 / 04 / 2010
	Mailing Address PO Box 133	Amount of Each Disbursement this Period 2000.00
	City Wilmington State DE Zip Code 19899	
	Purpose of Disbursement Contributions to Federal Candidates	
	Candidate Name Mr. Michael N. Castle	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: DE District:	

SUBTOTAL of Disbursements This Page (optional)	5000.00
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) National Republican Senatorial Committee	Transaction ID: D92895 Date of Disbursement
	Mailing Address 425 2nd St NE	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002-4914	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Committees	<input type="text" value="15000.00"/>
	Candidate Name National Republican Senatorial Committee	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) NODAK PAC	Transaction ID: D92905 Date of Disbursement
	Mailing Address PO Box 75214	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal PACs	<input type="text" value="2000.00"/>
	Candidate Name NODAK PAC	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Nunnelee for Congress	Transaction ID: D93419 Date of Disbursement
	Mailing Address 438 EAST MAIN ST	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Tupelo State MS Zip Code 38802	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Patrick Alan Nunnelee	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MS District: 01	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="18000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

<p>A. Full Name (Last, First, Middle Initial) ALAN MOLLOHAN FOR CONGRESS COMMITTEE</p> <p>Mailing Address P. O. Box 1343</p> <p>City Fairmont State WV Zip Code 26555</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Alan B. Mollohan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D93181 Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92903 Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CHRIS LEE FOR CONGRESS</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Christopher J. Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D93174 Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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) COMMITTEE TO ELECT CHRIS MURPHY	Transaction ID: D93175
	Mailing Address P.O. Box 127	Date of Disbursement 03 / 17 / 2010
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Christopher S. Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY	Transaction ID: D93176
	Mailing Address P.O. Box 127	Date of Disbursement 03 / 17 / 2010
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Christopher S. Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY	Transaction ID: D92904
	Mailing Address P.O. Box 127	Date of Disbursement 03 / 04 / 2010
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Christopher S. Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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) DAVE CAMP FOR CONGRESS 2008	Transaction ID: D93170 Date of Disbursement 03 / 17 / 2010
	Mailing Address 5915 EASTMAN AVE. SUITE 100	Amount of Each Disbursement this Period 2500.00
	City MIDLAND State MI Zip Code 48640	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Dave Camp	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 04	

B.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008	Transaction ID: D93171 Date of Disbursement 03 / 17 / 2010
	Mailing Address 5915 EASTMAN AVE. SUITE 100	Amount of Each Disbursement this Period 500.00
	City MIDLAND State MI Zip Code 48640	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Dave Camp	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 04	

C.	Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS	Transaction ID: D93422 Date of Disbursement 03 / 25 / 2010
	Mailing Address P.O.Box 1457	Amount of Each Disbursement this Period 1000.00
	City Iowa City State IA Zip Code 52244-1457	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Dave Loebsack	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District: 02	

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) MARKEY COMMITTEE, THE Mailing Address P.O. Box 526 City Medford State MA Zip Code 02155 Purpose of Disbursement Voided Contribution of 8/21/09 Candidate Name Rep. Edward J. Markey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D93172 Date of Disbursement 03 / 17 / 2010 Amount of Each Disbursement this Period -2000.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) MARKEY COMMITTEE, THE Mailing Address P.O. Box 526 City Medford State MA Zip Code 02155 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Edward J. Markey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D93173 Date of Disbursement 03 / 17 / 2010 Amount of Each Disbursement this Period 2000.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTEE Mailing Address P.O. BOX 391 City HOPKINSVILLE State KY Zip Code 42241 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Edward Whitfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D93184 Date of Disbursement 03 / 17 / 2010 Amount of Each Disbursement this Period 1000.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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) CANTOR FOR CONGRESS	Transaction ID: D92898
	Mailing Address P. O. Box 17813	Date of Disbursement 03 / 04 / 2010
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Eric I. Cantor	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: D93177
	Mailing Address PO BOX 3176	Date of Disbursement 03 / 17 / 2010
	City LONG BRANCH State NJ Zip Code 07740	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Frank Pallone, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS	Transaction ID: D93524
	Mailing Address P.O. Box 1961	Date of Disbursement 03 / 31 / 2010
	City South Bend State IN Zip Code 46634	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution to Federal Candidate	Category/ Type
	Candidate Name Rep. Joe Donnelly	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER</p> <p>Mailing Address 7908-I2 Cincinnati Dayton Road</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92899 Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS</p> <p>Mailing Address P.O. Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. John T. Salazar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D93178 Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Joseph Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D93462 Date of Disbursement 03 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

Use separate schedule(s)
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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) COURTNEY FOR CONGRESS	Transaction ID: D93463
	Mailing Address 38 Risley Road	Date of Disbursement 03 / 29 / 2010
	City: Vernon State: CT Zip Code: 06066	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement: Contributions to Federal Candidates Candidate Name: Rep. Joseph Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS	Transaction ID: D93418
	Mailing Address 38 Risley Road	Date of Disbursement 03 / 25 / 2010
	City: Vernon State: CT Zip Code: 06066	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement: Contributions to Federal Candidates Candidate Name: Rep. Joseph Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS	Transaction ID: D93421
	Mailing Address P.O. Box 8277	Date of Disbursement 03 / 25 / 2010
	City: The Woodlands State: TX Zip Code: 77387	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement: Contributions to Federal Candidates Candidate Name: Rep. Kevin Brady Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Category/Type
	Disbursement For: 2010 <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)	

**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) LEE TERRY FOR CONGRESS	Transaction ID: D93465
	Mailing Address 1107 So. 119th st	Date of Disbursement 03 / 29 / 2010
	City Omaha State NE Zip Code 68144	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Lee Terry	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS	Transaction ID: D93179
	Mailing Address 2118 CENTRAL AVENUE SE	Date of Disbursement 03 / 17 / 2010
	City Albuquerque State NM Zip Code 87106	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Martin Heinrich	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS	Transaction ID: D93182
	Mailing Address PO Box 581	Date of Disbursement 03 / 17 / 2010
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Michael J. Rogers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

<p>A. Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS</p> <p>Mailing Address 5435 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Mike Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92902</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) KEEP NICK RAHALL IN CONGRESS COMMITTEE</p> <p>Mailing Address P O Box 64</p> <p>City Beckley State WV Zip Code 25802</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Nick J. Rahall, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D93180</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS</p> <p>Mailing Address 21301 POWERLINE ROAD SUITE 204</p> <p>City BOCA RATON State FL Zip Code 33433</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Ron Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D93420</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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) LEVIN FOR CONGRESS Mailing Address 230 North Avenue City Mt. Clemens State MI Zip Code 48043 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D93186 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type

B. Full Name (Last, First, Middle Initial) SCOTT MURPHY FOR CONGRESS COMMITTEE Mailing Address 615 GLEN ST City GLENS FALLS State NY Zip Code 12801 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Scott Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D93464 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type

C. Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address PO Box 7397 City Las Vegas State NV Zip Code 89125-7397 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Shelley Berkley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D92906 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: D92907 Date of Disbursement 03 / 04 / 2010
	Mailing Address PO Box 7397	Amount of Each Disbursement this Period 500.00
	City Las Vegas State NV Zip Code 89125-7397	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA	Transaction ID: D93183 Date of Disbursement 03 / 17 / 2010
	Mailing Address PO Box 2009	Amount of Each Disbursement this Period 1000.00
	City Sioux Falls State SD Zip Code 57101	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Stephanie Herseth Sandlin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Murphy for Congress	Transaction ID: D92896 Date of Disbursement 03 / 04 / 2010
	Mailing Address PO Box 11721	Amount of Each Disbursement this Period 2000.00
	City Pittsburgh State PA Zip Code 15228-0721	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Timothy F. Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
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

<p>A. Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS</p> <p>Mailing Address 8150 W. Emerald Street</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Walt Clifford Minnick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D93525 Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D92901 Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE</p> <p>Mailing Address 714 N WOOSTER AVENUE</p> <p>City DOVER State OH Zip Code 44622</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Zack Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D93168 Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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. ZACK SPACE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 714 N WOOSTER AVENUE

City DOVER State OH Zip Code 44622

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Zack Space

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 18

Transaction ID: D93169

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

5000.00

B. MIKULSKI FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P O B 13147

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Barbara A. Mikulski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 00

Transaction ID: D92942

Date of Disbursement

03 / 08 / 2010

Amount of Each Disbursement this Period

2000.00

C. EVAN BAYH COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 850 FORT WAYNE AVENUE

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
Voided contribution of 1/21/10

Candidate Name
Sen. Evan Bayh

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District: 00

Transaction ID: D93215

Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

117500.00