

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2009 through 08 31 2009

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

Type or Print Name of Treasurer Ms. Gail Clarkson

Signature of Treasurer Electronically Filed by Ms. Gail Clarkson Date 09 21 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		121831.57
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	164630.70									
(c) Total Receipts (from Line 19)	55862.91	641923.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	220493.61	763754.92								
7. Total Disbursements (from Line 31)	27452.36	570713.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	193041.25	193041.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	51198.55	584207.95
(ii) Unitemized	4664.36	47715.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	55862.91	631923.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	55862.91	641923.35
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	55862.91	641923.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55862.91	641923.35

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.....	2052.36	10443.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2052.36	10443.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25400.00	560270.00
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))..	27452.36	570713.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27452.36	570713.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	55862.91	641923.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55862.91	641923.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2052.36	10443.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2052.36	10443.67

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

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

FOR LINE NUMBER: PAGE 6 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Robin I. Allen

Mailing Address Cypress Health Care
10550-920 Bay Meadow Road

City Jacksonville State FL Zip Code 32256

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

Name of Employer Cypress Health Care Occupation VP - Risk Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2009
Transaction ID: C769322
Amount of Each Receipt this Period 500.00

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

Mailing Address 411 Alabama Ave

City League City State TX Zip Code 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 ▼ 750.00

Date of Receipt 08 / 13 / 2009
Transaction ID: C768758
Amount of Each Receipt this Period 250.00

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

Mailing Address 1217 24th Avenue NE

City Aberdeen State SD Zip Code 57401

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 ▼ 723.50

Date of Receipt 08 / 25 / 2009
Transaction ID: C770798
Amount of Each Receipt this Period 723.50

SUBTOTAL of Receipts This Page (optional) ► 1473.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 36
(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) Lyn Bentley		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 1201 L Street NW		Transaction ID: C764174
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.

Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
Mailing Address 1201 L Street NW		Transaction ID: C775527
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.

Full Name (Last, First, Middle Initial) Jeri Berg		Date of Receipt MM / DD / YYYY 08 / 20 / 2009
Mailing Address SmartLinx Solutions 7271-A Investment Drive		Transaction ID: C769316
City North Charleston	State SC	Zip Code 29418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer SmartLinx Solutions	Occupation National Director of Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	340.00
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 / 36
(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) James A. Blalock, III		Date of Receipt MM / DD / YYYY 08 / 25 / 2009
Mailing Address Health Care Navigator 12410 Ansin Circle Drive		Transaction ID: C770668
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Health Care Navigator	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Julie Bowman		Date of Receipt MM / DD / YYYY 08 / 18 / 2009
Mailing Address Copeland, Cook, Taylor & Bush 1076 Highland Colony Parkway		Transaction ID: C768718
City Ridgeland	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Copeland, Cook, Taylor & Bush	Occupation Health Care Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Hugh E. Cassidy, III		Date of Receipt MM / DD / YYYY 08 / 20 / 2009
Mailing Address 34 Riverbirch Court		Transaction ID: C769956
City Mandeville	State LA	Zip Code 70448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 236.32
Name of Employer Marrero Healthcare Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	786.32
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 36
(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)
Hugh E. Cassidy, III
Mailing Address 34 Riverbirch Court
City State Zip Code
Mandeville LA 70448
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Marrero Healthcare Center Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00
Date of Receipt M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9
Transaction ID: C773751
Amount of Each Receipt this Period 63.68

B. Full Name (Last, First, Middle Initial)
Gary Catlett
Mailing Address 4 Wisteria Ct
City State Zip Code
Spartanburg SC 29307-3513
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
White Oak Manor Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 9
Transaction ID: C770600
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Cliff Coldren
Mailing Address 1950 Cliffside Drive
City State Zip Code
State College PA 16801-7662
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Brookline Developer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2700.00
Date of Receipt M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9
Transaction ID: C766227
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 713.68
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 / 36
(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) Gregory J. Elliot		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address AMFM, Inc. 240 Capitol Street		Transaction ID: C764173
City Charleston	State Zip Code WV 25301-2297	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.00
Name of Employer AMFM, Inc.	Occupation Information Requested	Aggregate Year-to-Date 216.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B.

Full Name (Last, First, Middle Initial) Teresa Eyt		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 1201 L Street NW		Transaction ID: C764175
City Washington	State Zip Code DC 20001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Education	Aggregate Year-to-Date 360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C.

Full Name (Last, First, Middle Initial) Teresa Eyt		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
Mailing Address 1201 L Street NW		Transaction ID: C775528
City Washington	State Zip Code DC 20001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Education	Aggregate Year-to-Date 360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	112.00
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 / 36
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Susan Feeney		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 7005 Metropolitan PI		Transaction ID: C764176
City Falls Church	State VA	Zip Code 22043-2330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.08	

B.

Full Name (Last, First, Middle Initial) Susan Feeney		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
Mailing Address 7005 Metropolitan PI		Transaction ID: C775529
City Falls Church	State VA	Zip Code 22043-2330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.08	

C.

Full Name (Last, First, Middle Initial) Mary Ellen Gaudette		Date of Receipt MM / DD / YYYY 08 / 14 / 2009
Mailing Address Manchester Manor Health Care Center 385 West Center Street		Transaction ID: C766228
City Manchester	State CT	Zip Code 06040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Manchester Manor Health Care Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	338.48
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 / 36

(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)

Edward Graham

Mailing Address 182 Westridge Drive

City State Zip Code
Huntsville TX 77340

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

Name of Employer Occupation
Vivian Healthcare Center Administrator

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

Date of Receipt

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

Transaction ID: C773745

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Julie Gutzmann

Mailing Address Cypress Health Care
4 West Red Oak Lane

City State Zip Code
White Plains NY 10604

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

Name of Employer Occupation
Cypress Health Care Chief Financial Officer

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

Date of Receipt

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

Transaction ID: C769320

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Merrilee Hawk

Mailing Address Nexion -- McKinney Healthcare
215 Enterprise Drive

City State Zip Code
McKinney TX 75069

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

Name of Employer Occupation
Nexion -- McKinney Health-care Administrator

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

Date of Receipt

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

Transaction ID: C773750

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 36
(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 AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.45

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: C764180

Amount of Each Receipt this Period
38.47

B.

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 AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.45

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: C775537

Amount of Each Receipt this Period
38.47

C.

Full Name (Last, First, Middle Initial)
Jane Hibbard-Merrill

Mailing Address Gulford St PO Box 159

City State Zip Code
Dover-Foxcroft ME 04426

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

Name of Employer Hibbard Nsg Hm Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2009

Transaction ID: C765768

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **226.94**

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 14 / 36
(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) Brian Holloway		Date of Receipt MM / DD / YYYY 08 / 06 / 2009
Mailing Address 1001 Center Street		Transaction ID: C764001
City Little Egg Harbor	State NJ	Zip Code 08087-1364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Seacrest Village	Occupation Owner/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) Matthew Horwitz		Date of Receipt MM / DD / YYYY 08 / 20 / 2009
Mailing Address Cypress Health Care Management 5 Dayton Drive		Transaction ID: C769319
City Mahopac	State NY	Zip Code 10541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Cypress Health Care Management	Occupation VP - Information Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Norm Hyatt		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 5102 Scenic Dr		Transaction ID: C765775
City Yakima	State WA	Zip Code 98908-2229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hyatt Management Corp.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5125 Pine Rocklands Avenue

City State Zip Code
Lithia FL 33547

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

Name of Employer Occupation
Cypress Healthcare President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: C763992

Amount of Each Receipt this Period
500.00

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

Mailing Address Cypress Health Care
4716 Cupper Drive

City State Zip Code
Bradenton FL 34208

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

Name of Employer Occupation
Cypress Health Care Regional President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: C770666

Amount of Each Receipt this Period
375.00

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 ▼ 712.08

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: C764181

Amount of Each Receipt this Period
39.56

SUBTOTAL of Receipts This Page (optional) ► **914.56**

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 / 36

(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 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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 712.08

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: C775539

Amount of Each Receipt this Period

39.56

B.

Full Name (Last, First, Middle Initial)

Brian Lee

Mailing Address 517 Overdale Road

City State Zip Code
Baltimore MD 21229

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

Name of Employer Occupation
Nexion Health Management, Inc. Attorney

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

Date of Receipt

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

Transaction ID: C769393

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tania Lemaire

Mailing Address Kaplan Healthcare Center
1300 West 8th Street

City State Zip Code
Kaplan LA 70548

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

Name of Employer Occupation
Kaplan Healthcare Center Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: C766231

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

789.56

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 / 36
(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)
William Levering

Mailing Address 201 North Main Street

City State Zip Code
Mount Vernon OH 43050

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

Name of Employer Occupation
Levering Management Inc. President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: C764012

Amount of Each Receipt this Period
2000.00

B.

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

Mailing Address 108 8th St NW

City State Zip Code
Waseca MN 56093-1912

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

Name of Employer Occupation
Lake Shore Inn Nursing Home CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: C764014

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John Masternick

Mailing Address 101 W Liberty St

City State Zip Code
Girard OH 44420-2844

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

Name of Employer Occupation
Attorney AT LAW Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: C768759

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 36
(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) Richard Miller		Date of Receipt MM / DD / YYYY 08 / 18 / 2009
Mailing Address 3611 Glenfield Ct		Transaction ID: C768719
City Louisville	State KY	Zip Code 40241-2513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Health Care Association	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) Cynthia Klisz Morton		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 4609 Overbrook Road		Transaction ID: C764182
City Bethesda	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association	Occupation Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.18	

C.

Full Name (Last, First, Middle Initial) Cynthia Klisz Morton		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
Mailing Address 4609 Overbrook Road		Transaction ID: C775540
City Bethesda	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association	Occupation Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.18	

SUBTOTAL of Receipts This Page (optional)	288.48
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 / 36
(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)
Steve Mulder

Mailing Address 7300 Del Pardo Street

City State Zip Code
Boca Raton FL 33433

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

Name of Employer Whitehall Boca Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: C769325

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dwight Muse

Mailing Address 482 S 100 W

City State Zip Code
Orem UT 84058

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

Name of Employer Legend Healthcare Occupation Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2009

Transaction ID: C770150

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

Name of Employer Sr. Director of Congressional Affairs Occupation American Health Care Association

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: C764183

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **5270.00**

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 / 36

(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)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

Name of Employer Occupation
Sr. Director of Congressional Affairs American Health Care Association

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: C775544

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Marvin Ostreicher

Mailing Address 184 Wildacre Avenue

City State Zip Code
Lawrence NY 11559-1413

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

Name of Employer Occupation
National Health Care Associates President

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

Date of Receipt

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

Transaction ID: C769317

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

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

Name of Employer Occupation
AHCA Senior Director of Constituency Affairs

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 207.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: C764184

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional)

5031.54

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 / 36
(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) Julie Painter		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
Mailing Address 3614 Connecticut Ave NW Apt 22		Transaction ID: C775545
City Washington	State DC	Zip Code 20008-2436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.54
Name of Employer AHCA	Occupation Senior Director of Constituency Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.68	

B.

Full Name (Last, First, Middle Initial) Shelly Peterson		Date of Receipt MM / DD / YYYY 08 / 27 / 2009
Mailing Address 1900 N 11th Street		Transaction ID: C775526
City Bismarck	State ND	Zip Code 58501-1914
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer North Dakota LTC Associat- ion	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Wade Peterson		Date of Receipt MM / DD / YYYY 08 / 11 / 2009
Mailing Address MedCenter One Care Center 201 14th Street NW		Transaction ID: C765398
City Mandan	State ND	Zip Code 58554-2063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MedCenter One Care Center	Occupation Administrator	
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)	561.54
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 / 36
(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)
Mohammad Qazi

Mailing Address 6405 Middlebelt Rd

City State Zip Code
W.Bloomfield MI 48322

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

Name of Employer Ciena Healthcare Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 08 / 20 / 2009
Transaction ID: C769377
Amount of Each Receipt this Period: 5000.00

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

Mailing Address 3308 Ocean Bld Suite 280

City State Zip Code
Corona Del Mar CA 92625

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

Name of Employer SR Management Svcs. Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 08 / 13 / 2009
Transaction ID: C766188
Amount of Each Receipt this Period: 1250.00

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

Mailing Address 3939 S 92nd Street

City State Zip Code
Greenfield WI 53228-2140

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

Name of Employer Clement Manor Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 08 / 13 / 2009
Transaction ID: C766187
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► **6375.00**

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 / 36
(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)
Linda H. Roberts

Mailing Address 1607 Saint Jude Ave

City State Zip Code
New Iberia LA 70560-6527

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

Name of Employer Occupation
New Iberia Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: C766229

Amount of Each Receipt this Period
500.00

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

Mailing Address Health Care Navigator, LLC
4 West Red Oak Lane

City State Zip Code
White Plains NY 10604

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

Name of Employer Occupation
Health Care Navigator, LLC President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: C769321

Amount of Each Receipt this Period
1000.00

C. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2009

Transaction ID: C765769

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 36
(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)
Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City State Zip Code
Arlington VA 22204

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

Name of Employer AHCA Occupation Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.68

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: C764187

Amount of Each Receipt this Period
11.54

B.

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

Mailing Address 1324 South Kenmore Circle

City State Zip Code
Arlington VA 22204

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

Name of Employer AHCA Occupation Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.68

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: C775551

Amount of Each Receipt this Period
11.54

C.

Full Name (Last, First, Middle Initial)
Jeff Schade

Mailing Address 2532 West Cadillac Drive
PO Box 579

City State Zip Code
Farwell MI 48622-9757

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

Name of Employer The Peplinski Group Inc. Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: C769318

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **523.08**

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 / 36
(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) Tasha Schmieg		Date of Receipt MM / DD / YYYY 08 / 20 / 2009
Mailing Address Millbrook Healthcare & Rehabilitat 1850 West Pleasant Run Road		Transaction ID: C769958
City Lancaster	State Zip Code TX 75146	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 331.01
Name of Employer Millbrook Healthcare & Rehabilitation	Occupation Information Requested	Aggregate Year-to-Date 331.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Jerry Schroer, Jr.		Date of Receipt MM / DD / YYYY 08 / 06 / 2009
Mailing Address 1608 Muirfield NW		Transaction ID: C763985
City Canton	State Zip Code OH 44708	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Altercare	Occupation Executive	Aggregate Year-to-Date 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Kelsey Schwartz		Date of Receipt MM / DD / YYYY 08 / 24 / 2009
Mailing Address 17515 West Nine Mile Road Suite 925		Transaction ID: C771153
City Southfield	State Zip Code MI 48075	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Information Requested	Occupation Information Requested	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1531.01
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 / 36

(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)

Michael Shepard

Mailing Address PO Box 125

City State Zip Code
Mena AR 71953

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

Name of Employer Occupation
Shepard Group President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: C768755

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

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

Name of Employer Occupation
AHCA Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 207.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: C764188

Amount of Each Receipt this Period

11.54

C.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

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

Name of Employer Occupation
AHCA Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 207.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: C775553

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional)

2523.08

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 / 36
(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)
John K Smith

Mailing Address PO Box 311

City Commerce State TX Zip Code 75429-0311

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

Name of Employer Smith Investments Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 07 / 2009
Transaction ID: C766186
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
MaryAnn Smith

Mailing Address Cypress Health Care
6109 Brookhollow Drive

City Plano State TX Zip Code 75093

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

Name of Employer Cypress Health Care Occupation VP - Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: C770660
Amount of Each Receipt this Period: 225.00

C.

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.31

Date of Receipt: 08 / 07 / 2009
Transaction ID: C764189
Amount of Each Receipt this Period: 19.24

SUBTOTAL of Receipts This Page (optional) ► **494.24**

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 / 36
(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)
Matthew D. Smyth

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.31

Date of Receipt 08 / 31 / 2009

Transaction ID: C775554

Amount of Each Receipt this Period 19.24

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

Mailing Address 600 East Whaley

City Longview State TX Zip Code 75601-6525

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

Name of Employer Stebbins Five Companies Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 08 / 05 / 2009

Transaction ID: C764171

Amount of Each Receipt this Period 1250.00

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

Mailing Address Cypress Health Care Management
1035 City Market Street

City Hoschton State GA Zip Code 30548

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

Name of Employer Cypress Health Care Management Occupation VP - Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 25 / 2009

Transaction ID: C770654

Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional) ► 1494.24

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 / 36
(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 ▼ 2960.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: C764004

Amount of Each Receipt this Period
500.00

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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2009

Transaction ID: C765772

Amount of Each Receipt this Period
125.00

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

Mailing Address 6323 Panorama Drive

City State Zip Code
Panora IA 50216

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

Name of Employer Occupation
Thomas Rest Haven Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: C765773

Amount of Each Receipt this Period
101.00

SUBTOTAL of Receipts This Page (optional) ► **726.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 36
(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)
John A. Vinson

Mailing Address 329 Townepark Circle
Suite 100

City State Zip Code
Louisville KY 40243

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

Name of Employer Health Systems of Kentucky Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: C763993

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 2740 Cherokee Rd

City State Zip Code
Birmingham AL 35216-1039

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

Name of Employer Preston Health Services, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: C764007

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Bill Watson

Mailing Address Vivian Healthcare Center
912 South Pecan

City State Zip Code
Vivian LA 71082

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 ▼
535.30

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: C773746

Amount of Each Receipt this Period
535.30

SUBTOTAL of Receipts This Page (optional) ► **4035.30**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 36
(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
							17

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

A.

Full Name (Last, First, Middle Initial) Barton D. Weisman		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 5310 NW 33rd Ave Ste 211		Transaction ID: C765776
City Ft Lauderdale	State FL	Zip Code 33309-6319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3750.00
Name of Employer Weisman Associates	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

B.

Full Name (Last, First, Middle Initial) Cathy Williams		Date of Receipt MM / DD / YYYY 08 / 20 / 2009
Mailing Address 826 W Desmond Street		Transaction ID: C769314
City Winslow	State AZ	Zip Code 86047-2321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Winslow Campus of Care	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

C.

Full Name (Last, First, Middle Initial) Alecia Zaun		Date of Receipt MM / DD / YYYY 08 / 25 / 2009
Mailing Address 920 8th Avenue S		Transaction ID: C770799
City Faulkton	State SD	Zip Code 57438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Faulkton Healthcare Center	Occupation Interim Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	4600.00
TOTAL This Period (last page this line number only)	▶	51198.55

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 36

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

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

A. Full Name (Last, First, Middle Initial) BB & T CREDIT CARD Mailing Address 2200 Wilson Blvd Ste 200 City Arlington State VA Zip Code 22201-3324 Purpose of Disbursement CC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D88743 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1769.81
B. Full Name (Last, First, Middle Initial) BB & T Mailing Address PO Box 819 Operations Center City Wilson State NC Zip Code 27894-0819 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D88742 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 282.55

SUBTOTAL of Disbursements This Page (optional) ▶

2052.36

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

2052.36

**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) Garamendi for Congress	Transaction ID: D88529 Date of Disbursement 08 / 21 / 2009
	Mailing Address PO Box 496	Amount of Each Disbursement this Period 2000.00
	City Sacramento State CA Zip Code 95812	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Garamendi for Congress	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Special	

B.	Full Name (Last, First, Middle Initial) DEDE FOR CONGRESS INC	Transaction ID: D88562 Date of Disbursement 08 / 26 / 2009
	Mailing Address 63 GLEASON STREET	Amount of Each Disbursement this Period 1000.00
	City Gouverneur State NY Zip Code 13642	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name MS. DIERDRE SCOZZAFAVA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: NY District: 23 Special	

C.	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS	Transaction ID: D88536 Date of Disbursement 08 / 24 / 2009
	Mailing Address PO Box 636	Amount of Each Disbursement this Period 5000.00
	City Annandale State VA Zip Code 22003-0636	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Anna Eshoo	
	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: CA District: 14	

SUBTOTAL of Disbursements This Page (optional)	8000.00
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) BOB ETHERIDGE FOR CONGRESS COMMITTEE	Transaction ID: D88435
	Mailing Address POST OFFICE BOX 28001	Date of Disbursement 08 / 12 / 2009
	City RALEIGH State NC Zip Code 27611	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Bob Etheridge	
	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: NC District: 02	

B.	Full Name (Last, First, Middle Initial) MARKEY COMMITTEE, THE	Transaction ID: D88528
	Mailing Address P.O. Box 526	Date of Disbursement 08 / 21 / 2009
	City Medford State MA Zip Code 02155	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Edward J. Markey	
	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: MA District: 07	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN	Transaction ID: D88436
	Mailing Address Post Office Box 12567	Date of Disbursement 08 / 12 / 2009
	City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period 3500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. James Clyburn	
	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: SC District: 06	

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN	Transaction ID: D88437 Date of Disbursement 08 / 12 / 2009
	Mailing Address Post Office Box 12567	Amount of Each Disbursement this Period 1500.00
	City Columbia State SC Zip Code 29211	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. James Clyburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS	Transaction ID: D88530 Date of Disbursement 08 / 21 / 2009
	Mailing Address P.O. Box 12667	Amount of Each Disbursement this Period 3000.00
	City Bakersfield State CA Zip Code 93389	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Kevin McCarthy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LOUIE GOHMERT FOR CONGRESS COMMITTEE	Transaction ID: D88438 Date of Disbursement 08 / 12 / 2009
	Mailing Address PO BOX 8060	Amount of Each Disbursement this Period 1000.00
	City TYLER State TX Zip Code 75711	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Louie Gohmert	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS</p> <p>Mailing Address 200 North Main St. P.O. Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Steve Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88563 Date of Disbursement 08 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CLAY JR. FOR CONGRESS</p> <p>Mailing Address P.O. BOX 4544</p> <p>City ST. LOUIS State MO Zip Code 63108</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Wm. Lacy Clay</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO 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: D88256 Date of Disbursement 08 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DAN 10</p> <p>Mailing Address 1088 BISHOP STREET SUITE 1009</p> <p>City HONOLULU State HI Zip Code 96813</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Daniel K. Inouye</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88254 Date of Disbursement 08 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2400.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5400.00

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

25400.00